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EXECUTIVE SUMMARY

The Round Table on Adolescent Sexual and Reproductive Health met to review progress made towards the implementation of the recommendations of the 1994 International Conference on Population and Development (ICPD) in Cairo, identify constraints and propose key future actions. These findings will be reported to the more than 120 countries that will attend the ICPD+5 International Forum in February 1999, and to the United Nations General Assembly Special Session on the review and appraisal of the implementation of the ICPD Programme of Action on 30 June-2 July 1999.

Adolescent Reproductive Health in Today's World

The Round Table noted the importance of current adolescent sexual and reproductive health concerns. The world now has the largest group of adolescents in history, with some 85 per cent living in developing countries. Changing conditions have brought risks as well as opportunities. While early marriage and some harmful traditional practices are diminishing, measures to prevent unwanted pregnancy and sexually transmitted diseases (STDs) among adolescents remain inadequate, and there is an alarming rise in HIV infection among young people. In addition to these reproductive health issues, which are beginning to be better documented, there remain areas of special concern which need more research and policy consideration. These include sexual abuse and exploitation, including trafficking, of children and youth.

Progress Since the 1994 ICPD

The consensus of the Round Table was that considerable progress has been achieved on a number of fronts. The rights to reproductive health of adolescents are gradually being realized, and more countries are formulating policies and initiating effective programming. Increased programme evaluation has created a consensus around principles for effective action. A holistic and integrated approach to the reproductive health needs of young people is now recognized as the surest way to protect and enhance sexual and reproductive health. Adolescent participation in the process is gradually increasing and gender equality has improved. Emphasis is being placed on fostering a safe and supportive environment in both the home and work environments, and to make information, education, counselling and health services more accessible to adolescents. Cross sectoral collaboration has increased as well. There is more cooperation across disciplines and among different organizations, with greater private sector involvement.

Constraints and Approaches to Overcome Them

Resistance to providing information and services to address the sexual and reproductive health needs of adolescents has deterred young people from seeking help. Programmes are too narrowly focused and often do not engage young people in their work or in their natural settings. Financial constraints prevent successful projects from being sustained, expanded or replicated. Poverty remains a formidable enemy of health. Action is needed to strengthen the knowledge and skills of people in local communities

as they struggle to create a more enabling environment. Differences can diminish if people unite around the well-being of their adolescent children. Coalitions can be created in communities, and mechanisms established for cooperation among government, non-governmental organizations, the private sector, international agencies and the donor community. Research is needed to expand knowledge of effective programmes that can sustain and expand action on a scale large enough to meet the needs of adolescents, including those marginalised by poverty and lack of education. Better indicators of adolescent development will help stimulate and measure progress. Resources for innovative strategies and initiatives should be more accessible to young people engaged as partners with adults.

Key Future Actions

The Round Table participants placed special emphasis on taking action to foster an enabling environment by targeting adults in their communities. They also favoured greater emphasis on promoting a holistic and integrated approach to adolescents, without losing sight of the central importance of their sexual and reproductive health. The participants gave special attention to cooperation across sectors, especially with the private sector, the establishment of coalitions, converting adversaries to allies, and strengthening the knowledge base for better policy, programming and advocacy. The key suggestions made by the Round Table participants, include the following:

* Equip adults to better help adolescents
* Expand national policies and implement rights
* Increase and sustain youth participation
* Establish better indicators of progress
* Conduct more evaluation of initiatives
* Encourage cost-sharing and innovative financing

Conclusions

The Round Table concluded that considerable progress has occurred since the ICPD. People are more committed to seeing that adolescents exercise their rights to sexual and reproductive health. Effective action has increased in most countries, and a strong and growing consensus has arisen around key principles of what works. Increased recognition is being given to the vital importance of the healthy development of adolescents in achieving sexual and reproductive health and to the need for integrated approaches. This cannot be done without adults from all sectors creating an environment conducive for the provision of information, education, skills, counselling and services for adolescents.

I. INTRODUCTION

1. The 1994 Cairo ICPD proved to be a landmark for adolescent reproductive health. It brought together people from virtually all countries and cultures of the world to address population and development issues. Delegates reached a high degree of consensus on issues regarding the sexual and reproductive health and well-being of young people. The difficult issues raised at the ICPD nevertheless are only partly resolved. One reason is that adolescent sexuality, lying at the heart of adolescent reproductive health, is an area of great sensitivity. Adolescence occurs when the individual's sexual response and reproductive health systems mature, bringing the potential for sexual relations, premature pregnancy and sexually transmitted diseases (STDs). Today this happens as societies are undergoing rapid change. The traditional influence of the family has diminished relative to other influences, while young people are living in conditions which differ markedly from their parents' generation. Cairo recognized that young people "...are the most important resource for the future". Consensus was reached on the urgency of implementing a Programme of Action[1] to meet, among other things, adolescents' needs, with clear recommendations for adolescent reproductive health.

2. The Programme of Action is specific. In the special section on adolescents in Chapter VII, on Reproductive Rights and Reproductive Health, the objectives are: "(a) to address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases , including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group; and (b) to substantially reduce all adolescent pregnancies."(7.44) The Programme of Action also states that "Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the numbers of adolescent pregnancies."(7.46)

3. The Programme of Action also states as objectives in Chapter VI the need "(a) to promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child; (b) to meet the special needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services; and (c) to encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce associated mortality and morbidity". (6.7)

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[1]Population and Development, Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Volume 1, Department for Economic and Social Information and Policy Analysis, ST/ESA/SER.A/149, United Nations, New York, 1995.

4. In other words, the Programme of Action recognized that the sexual and reproductive health of adolescents depends not only on what ***they*** do, but also on what ***adults*** do to provide emotional support for adolescents and create opportunities for them to develop their full potential, as well as ensuring that they have access to high quality, appropriate and accessible counselling, information, education and health services.

5. The Round Table on Adolescent Sexual and Reproductive Health was convened to examine the further implementation of the Programme of Action adopted at the ICPD. This report has four major sections which cover the current state of adolescent reproductive health; progress since the 1994 ICPD; constraints on achieving the ICPD objectives for adolescents and how they may be overcome; and key actions for the future.

II. ADOLESCENT REPRODUCTIVE HEALTH IN TODAY'S WORLD

6. The Round Table noted the seriousness of adolescent sexual and reproductive health concerns, especially with respect to emerging trends and hidden issues. The world has the largest population of adolescents in history. In 1995 half the world's population was under 25, including more than one billion adolescents between the ages of 10 and 19. Nearly 85 precent of them live in developing countries. Girls remain disadvantaged, though the gender gap is narrowing.

7. The mean age at marriage is rising, although early marriage remains a problem in many countries. The onset of menarche comes typically earlier, however. Sexual relations often begin in adolescence, either during or before marriage. Although more adults than ever are now using some form of modern contraception, most adolescents who have sexual relations do not use contraceptives or condoms to prevent pregnancy or STDs and HIV/AIDS. Adolescent pregnancies and early childbirth endanger the health and lives of both mother and child. In many cases, adolescent girls who become pregnant and give birth forgo any chance of finishing their education or of finding suitable employment. A large proportion of adolescent pregnancies are unwanted and it is estimated that as many as 4.4 million abortions are sought by adolescents each year.

8. One in twenty adolescents is estimated to be suffering from a STD, often untreated, and more than 50% of new HIV infections occur among 15-24 year olds, with young women being especially vulnerable to infertility and premature death. Harmful practices such as female genital mutilation appear to be decreasing but continue to pose a hazard.

9. In addition to these reproductive health issues which are beginning to be better documented, there remain areas of special concern, such as the sexual abuse of adolescents, where evidence is just beginning to emerge. Many adolescent problems, particularly of an emotional and sexual nature, remain hidden because young people are

afraid to discuss them. Anxieties about sexual feelings and sexual orientation are usually kept secret, and ignorance exacerbates many problems.

10. Adolescent girls are especially vulnerable to reproductive health problems not only because of pregnancy but because of their lower societal status, compared to boys. Accordingly, special attention must be given to promote their sexual and reproductive health. However, the Round Table also emphasized the importance of addressing the needs of adolescent boys whose concerns are often overlooked.

11. Adolescent sexual and reproductive health problems are closely intertwined with other individual problems and unmet needs. For people to understand the antecedents and take effective action to prevent or ameliorate them, attention must be given to the familial, social, cultural and economic aspects of their environment.

III. PROGRESS SINCE THE 1994 ICPD

12. The consensus of the Round Table was that considerable progress has been achieved on a number of fronts. The rights of adolescents are gradually being realized, especially at the international level. Countries requesting help are now asking not just what to do but how to do it. The focus has shifted to a broader approach to addressing sexual and reproductive health and the need to achieve overall economic and social development of the adolescent. The heterogeneity of the adolescent population and their attendant differing needs is receiving more attention. The status of women is improving, as is the participation of youth in development efforts. Greater attention is being given to the evaluation of what works. Traditionally narrowly-structured, or vertical, programmes are gradually giving way to a more integrated approach. Consensus is being reached on key principles for effective action. There is more cooperation across disciplines, among different organizations and between the public and private sectors. Greater attention is being given to the importance of creating a safe and supportive environment for adolescents through establishment of family and community support systems, relevant policies and better programming. Ultimately, adults must create a nurturing climate for adolescents and make available sound information, education, counselling and health services.

A. Rights and Policy

13. **At the international level,** the ICPD built on the legal foundations of the 1981 Convention on the Elimination of All Forms of Discrimination Against Women and the 1989 Convention on the Rights of the Child. The ICPD gave a strong voice to the rights of adolescents to reproductive health information and care. It also recognized that young people should be involved in the planning, implementation and evaluation of adolescent reproductive health programmes. In preparation for the 42nd Commission on the Status of Women, the UN Division for the Advancement of Women, together with UNICEF,

UNFPA, and the Economic Commission for Africa, convened an Expert Group Meeting on Adolescent Girls and their Rights in October 1997, which strongly advocated these rights. Its conclusions were well received by the Commission on the Status of Women in March 1998. These powerful international endorsements represent major steps in advancing a rights agenda for adolescents.

14. At the **national** level, as reported in reviews of country programmes as well as in national and regional meetings, many countries have formulated policies for adolescent health, giving specific attention to the sexual and reproductive health needs of adolescents. Attempts are underway to harmonize laws and regulations within countries to achieve consistency across sectors that include health, education, social welfare, labour, justice, religious affairs, and the mass media. Such efforts involve the removal of barriers to existing information and services for adolescents as well as greater efforts to meet their needs. Examples from Costa Rica, Ghana and South Africa were described during the Round Table. An initiative by WHO, UNFPA, UNICEF and Advocates for Youth is underway to update the 1987 WHO publication, "Laws and Policies Affecting Adolescent Health with Respect to Reproductive Health".

15. **Disseminating Information on Rights** Beyond the establishment of guaranteed rights for adolescents, the importance of disseminating information to young people, professionals and the general public is being recognized as an essential component of population programmes. Two examples are noteworthy: the 1995 IPPF "Charter on Sexual and Reproductive Rights" and the 1997 Commonwealth Secretariat's guide for young people to government agreements, "Global Commitments to Youth Rights." A country example is the 1996 Danish Family Planning Association publication "Sexual and Reproductive Health and Rights for Youth."

B. Programming for Adolescent Reproductive Health

16. **Attention to Evaluation** The success in identifying, elaborating and disseminating information about adolescent reproductive health has stimulated action and the demand for knowledge about what is effective. This has led to more programmes and project evaluations aimed at increasing the knowledge necessary for strategic interventions. Although evaluation remains insufficient, there has been some progress in this area. Two examples were cited at the Round Table: the work of the FOCUS on Young Adults Program, which looks at different models of health care, including those at health facilities, schools, outreach programmes and the use of social marketing; and the 1995 WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health, which reviewed scientific evidence on the effectiveness of interventions for adolescent health, highlighted strategies to establish, implement and sustain programmes, and developed a framework for country programming with recommendations for action based on these findings.

GOVERNMENT COMMITMENT AND TEAMWORK-
ENABLING POLITICAL CLIMATE IN GHANA

Kwame Ampomah, a Director at Ghana's National Population Council, emphasized the need for organizations working in the population field to share their successes and failures with local counterparts. The lesson here is that one's success as an individual, as an NGO, is meaningless unless it is linked to a larger community momentum to set the agenda and change the trends in any given country. Teamwork, commitment and concerted efforts will create the bridge between governments endorsing the ICPD Programme of Action and the implementation of successful country projects, he said. Those who love their communities will share their ideas, efforts and resources with others in their countries, he continued, adding, "World peace will be achieved if the power of love replaces the love for power."

"Much of the momentum in Ghana today can be attributed to the fact that there exists an enabling political atmosphere. The President and his wife are continuously addressing population issues at various functions. The First Lady strongly champions gender issues. Since we have such a positive atmosphere, we need to capitalize on it and move ahead quickly with issues such as introducing a formal policy on ARH . Ghana is also unique in that a high level of genuine collaboration exists with religious organizations in the reproductive health field. Currently, under the UNFPA Third Country Programme, there is an RH Project in which almost all religious groups are participating. These religious organizations have become staunch members of the ARH coalition."

(Source: Kwame Ampomah, Director, RH and IEC Division, National Population Council Secretariat, Accra, Ghana)

17. **Consensus on Key Principles** The Round Table indicated a strong agreement on principles for effective action which are beginning to take root in programming. The principles include youth participation in partnership with adults, gender equality, recognition of the developmental needs of the adolescent to promote reproductive health as practised, for example, in the Sarvoyada Movement of Sri Lanka, combining interventions to meet multiple needs, and engaging the whole community to provide a multi-sectoral approach to information, education, counselling and sound, youth-oriented health services.

18. **Integrating Reproductive Health Services** More services are developing a comprehensive approach, due to a growing recognition that sexual and reproductive health concerns are closely related, that adolescents in need of one reproductive health-related service are likely to need others, and that the visit of an adolescent to a health facility must not be a missed opportunity. There are more services whose entry points may be sexual maturation or abuse, contraception, pregnancy, childbirth, abortion, STD or HIV/AIDS, but which are either providing or linking with services to deal with all aspects of reproductive health.

19. **Integrating Health Promotion and Reproductive Health Services** There is also a trend towards the integration of activities designed for information, education, communication and other forms of health promotion for adolescent reproductive health with local reproductive health services for adolescents. There are many approaches, such as school-based, community-based, and health facility-based information and services. Telephone hot lines, which provide anonymous, personal and confidential counselling, such as the example provided by the Philippines, have helped young people make better use of existing services.

DIAL A FRIEND: Telephone counselling service for young people in the Philippines

Dial-a-Friend is a telephone counselling hotline for teenagers primarily in the Metro Manila area. A professional counsellor who is a graduate of psychology, manages the service and is assisted by junior and senior students (usually majors in Behavioural Science), aged 18-21, who are carefully screened and have successfully completed a 5-day basic training course on counselling skills and adolescent reproductive health issues, conducted by the Foundation. Various media (radio, print, school fliers, etc.) are used to promote the service which has helped thousands of students throughout Metro Manila. The range of questions that have been asked of counsellors include the right age to engage in sex, suspected or confirmed unintended pregnancy, deciding on whether to have or not have sex with one's partner, virginity-related issues, how to put an end to repeated premarital sex, pregnancy prevention, menarche/menstrual period, violence against women, etc. Just like in the Philippines, counselling hotlines, with extensive referral services, for young people have become popular in many other countries because of the efficiency and confidentiality that the service provides.

(Source: Presentation made by Ms. Aurora Silayan Go, Foundation for Adolescent Health, Philippines)

20. Youth Participation Despite some progress on this key need, the Round Table agreed that much more active participation was needed. Examples from Africa were cited, including Scenarios from the Sahel, in which the stories developed by some 12,000 young people from francophone countries of sub-Saharan Africa on the subject of HIV/AIDS were made into videos. Other examples include: the Youth-to-Youth Peer Education Project in Egypt, under which young people were engaged in every aspect of the project, including its design; and the participation of 150 young people from 26 African countries in Ghana in the First African Conference on Sexual Health in 1996. It was noted that 40 per cent of the participants at the 1997 African Forum on Reproductive Health, convened by UNFPA and CEDPA at Addis Ababa, were young people.

INVOLVEMENT OF YOUNG PEOPLE: The Scenarios from the Sahel Initiative

The objectives of the Scenarios from the Sahel competition sought to help young people gain a better understanding of HIV/AIDS by motivating them to seek out information on HIV/AIDS and encourage them to explore a range of situations in which this topic could be an issue, to help create a social environment more open to discussion of the issue and to collect information on young people's perspectives on the subject. Out of the extensive pool of scenarios that resulted from the project the best thirty concepts were selected for the production of a series of short films on HIV/AIDS. Twelve thousand young people aged younger than 24 from Senegal, Mali and Burkina Faso participated in the project. Collectively, they produced 4,000 scenarios. Some of the films have already been produced. The videos are expected to be widely disseminated in many parts of Africa. In view of the project's tremendous impact on creating awareness among young people about HIV/AIDS, the organizers of the project are examining ways and means to replicate it in other parts of the world.

(Source: Presentation made by Kate Winskell, Project Coordinator, Scenarios from the Sahel Project, Dakar)

21. Gender Equality Efforts aimed at promoting gender equality are underway, but progress remains slow. An important trend, however, is the increasing attention being given to boys to enable them to meet their own needs and to help young men understand and support the importance of gender equality. Examples from Tunisia and Egypt helped to demonstrate this approach, including a joint project by the Young Women's Christian Association (YWCA) and the Young Men's Christian Association (YMCA).

22. Community Involvement There is increasing recognition of the need to involve families and other adults in providing a safe, supportive environment for young people if efforts to promote adolescent reproductive health are to succeed. This recognition represents a significant change from placing full responsibility for avoiding sexual and reproductive health problems on adolescents alone, while simultaneously acknowledging that young people's behaviour affects their health. The idea of partnership between adults and young people is gaining ground. Examples of such dual approaches were cited in the work of the Peruvian Youth Council, in the US as a crucial part of the Georgia Campaign on Adolescent Pregnancy Prevention, and in projects supported by The Margaret Sanger Center International in developing countries. Community involvement has long been employed in the Netherlands, the Scandinavian countries, as well as a number of developing countries.

YOUTH-TO-YOUTH PROJECT IN EGYPT

This Youth-to-Youth project pioneered the use of peer education in Egypt. The programme was developed as part of the Youth Leadership Development Project begun in Cairo in 1995. The two principles from the ICPD Programme of Action of great importance to the development of this project were: (1) Youth should be engaged as equal partners and participants in the development process; and (2) Youth must have access to basic information to help them make better informed decisions, especially in the areas of gender and reproductive health. An important part of the process was devising an effective and consistent method to train future peer educators. This was not easy as the concept was new to Egypt. Various methods for training peer educators were tested and evaluated until a satisfactory model was developed. By 1997, 200 young people had been trained as peer educators and more than 2,000 had participated in the programme. The outreach and impact activities of the programme are being expanded through the volunteer efforts of these enthusiastic youth leaders and peer educators.

(Source: Presentation made by Yola Wisa, Project Director, Youth-to-Youth, Egypt)

23. The Public and Private Sectors Working Together A groundswell of activities have appeared in which the public and private sectors work together for adolescent health and development. Self-interest in the welfare of their workforce and corporate social responsibility are encouraging commercial enterprises to find ways to buttress public sector action for adolescent reproductive health.

24. **Interactive Methodologies** Skills training of both adolescents and professionals have increased. Role play and other experiential techniques are being used for training exercises on sex education and counselling. Methods for training and research in adolescent reproductive health have been developed and disseminated. They include the WHO Counselling Skills Training Guide in Adolescent Sexual and Reproductive Health, the Narrative Research Method for studying behaviour patterns of young people by young people, and a guide to conducting a country situation analysis of adolescent sexual and reproductive health which includes both qualitative and quantitative methods, entitled "Coming of Age".

SPECIAL SESSION ON ADOLESCENT PREGNANCY PREVENTION

"Teenage pregnancy is an adult problem--it is caused by adults and must be solved by adults," according to Jane Fonda of the Georgia Campaign on Adolescent Pregnancy Prevention in the United States. Ms. Fonda was the featured speaker at the second day of the Round Table. She spoke of her work to prevent teenage pregnancy in the United States by applying the lessons she learned from the International Conference on Population and Development (ICPD), held in Cairo in 1994. The event affected her thinking profoundly.

Among the lessons of Cairo that apply in Georgia, Ms. Fonda said, is "the need for fathers, whether married or not, to be involved with their children." She said the same lesson was stressed by the "Million-Man March" that was held about a year ago by African-American men in Washington, D.C. "When the father is engaged with the sons, the performance of the children improves in school." Another Cairo lesson, which she learned by listening to women from developing countries, is that women's roles and status improve with education. Ms. Fonda identified five basic factors that are highly linked to teenage pregnancies. The first is poverty: about 80 per cent of pregnant teens come from poor families. Next is sexual abuse, which must be stopped: "A girl who has been abused early in life will lose the sense of her value later on." School failure is another cause; it leads children to lose faith in themselves. The fourth factor is a lack of good parenting; on this, both advocates of adolescent reproductive health and social conservatives could agree, she said. The fifth cause is a lack of reproductive health services for adolescents.

While sexual abstinence should be encouraged, Ms. Fonda said, adequate reproductive health services should be provided to those who need them. To address the problems faced by adolescents, the Georgia Campaign organizes training for social workers and parents and undertakes advocacy. Despite attacks, her campaign has popular support and has had a real effect on the lives of the young. "Georgians agree with our approach," she said. "They want to emphasize abstinence, but they also want their children to know how to protect themselves. The most controversial part of what any of us do is talking about family planning," Ms. Fonda acknowledged. She said family planning centres should listen to the adolescents who come for services, and that counselling should be mandatory. "We believe children should not receive exams or birth control unless we have time to talk to them." Clinics should also encourage the young to talk to their parents, she continued. Her organization provides videos to teach parents how to talk to sexually active teenagers, and has taken its messages about parental training and services for adolescents to churches, synagogues and community centres.

The various community groups that work with teenagers should be brought together to complement each other's efforts. Responding to a question on how to combat the negative messages children receive from the media, she said parents should become better role models for their children, and improvements need to be made in young people's lives. Adequate and value-free sexual education should be combined with efforts to teach young people to become employable. Preventing unwanted teenage pregnancies requires a holistic approach, she said. "It cannot be just a medical paradigm."

25. **New Materials and Technologies for Health Promotion** New materials in different languages have been developed for the promotion of adolescent sexual and reproductive health. They come in a wide variety of formats: posters, cartoons, comic books, newsletters, magazines, videos, films, recorded radio programmes, songs, as well as guides and technical documents. Many of these (e.g. the Karate Kids and Goldtooth) are generated with the participation of young people. One example of a clearing house for finding such information is the Johns Hopkins Center for Communication Programs. The explosion of rapid, inexpensive information technologies are just beginning to be used to promote adolescent health and development. World Wide Web sites are providing more information and, more importantly, are providing channels for interactive communication for and between young people. Computers are becoming less expensive and programmes for adolescents are being used by more young people for creative and educational purposes.

26. **New Technologies for Contraception** The Round Table also recognized the important advances in the prevention of adolescent pregnancy with particular reference to the female sheath and emergency contraception.

27. **Effective Programming** The sum of progress in the field means that there are more effective programmes creating behavioural change among both adolescents and adults. Programmes have increased condom use in the prevention of STDs and HIV infection, for example, in Switzerland and Thailand. Effective community-wide sex education from an early age and comprehensive services have dramatically reduced both unwanted pregnancies and STDs in adolescent populations. Furthermore, the myth that sex education, and access to reproductive health services make adolescents irresponsible, is slowly eroding.

28. **Interagency and Interorganizational Cooperation** Increasingly, the agencies of the United Nations system are working together at international and national levels for adolescent health. They are also working with non-governmental organizations, with governments, with academic institutions and with foundations in on-going collaborative efforts. Scarcity of resources is drawing groups together and there is a deepening consensus on what works.

IV. CONSTRAINTS AND APPROACHES TO OVERCOME THEM

29. **Social, Cultural and Religious Barriers** The promotion of adolescent sexual and reproductive health rights often generates deep controversy because of the sensitivity of the topic, and because much of the action endorsed is seen as infringing on the rights, responsibilities and authority of adults towards their adolescent children. Young people are being encouraged to make decisions for themselves in matters which have important moral dimensions and social consequences in societies in which decision making has been left to adults or is made at the community level. Young people are also being encouraged to participate in planning information and services, which until now have

been an adult prerogative in most places. With the rapid and wide reach of telecommunications and travel, furthermore, adolescents are being made aware of practices in other societies which may be disapproved of in their own.

Action: **Uniting around common goals** The most important and first response to these anxieties is to focus on the common goals that committed people from all societies share regardless of beliefs or social backgrounds: the health, well-being, happiness and full development of their children. Frequently at issue is means, not ends. As the crucial importance of adolescent development is recognized for all aspects of adolescent health, including sexual and reproductive health, and as action focuses on the individual, some of the controversy is likely to subside. The second response has to do with what will help achieve desired goals. And it is here that more information must be shared effectively with all people, not simply the professional and scientific communities. Evidence strongly suggests that young people share the values of their parents and communities. Young people do not want to be promiscuous or irresponsible, and often behave better than adults in this respect. But they are living in changing conditions which force them to make decisions that their parents or grandparents did not have to face. Young people need to be armed with the best information and education. Changes in behaviour patterns do not necessarily mean changing values, and if young people have become more sexually active before marriage because of societal factors not of their own making, they must be helped. There are many examples of people from all regions of the world and all religions working to bring about changes which they perceive to be necessary for their children's well-being. Such examples need to be disseminated and supported so that the right to adolescent reproductive health is not seen as a threat but a benefit to all people.

30. **Mistrust and fear about sexuality education** Despite evidence to the contrary, many people throughout the world continue to fear that educating young people about the meaning of sexuality, showing them how to protect themselves and providing youth-oriented reproductive health services, will lead to irresponsibility, promiscuity and reproductive health problems. Part of this mistrust stems from confusion about the terms 'sexuality' and 'sexuality education.' Sometimes these terms are inserted into 'family life education' or 'population education,' and are mistakenly believed to be designed to encourage young people to engage in sex. Sexuality education generates fear which breeds anger at those promoting and implementing education, and frequently prevents such endeavours from taking place or from being effective.

Action: **Clarify the goals of sexuality education** The Round Table believed that the purpose of sexuality education should be made clear in order to underscore the fact that its primary purpose is to help adolescents understand the sexual changes they are experiencing as positive and natural aspects of their development, and not designed to encourage behaviour contrary to their moral values. In fact, most adolescents share the values of their parents, and are more concerned about relationships than purely sexual matters. They will model themselves on adult behaviour patterns in their cultures. In traditional societies, older members of the family provided sexuality education. As the

influence of the family has eroded in many societies, however, this function has been lost. In many cases, it has not been replaced by sound alternatives. The risks of ***not*** educating young people need to be better explained and disseminated, along with the knowledge that honest discussion and open questions in an environment of trust will protect the health and well-being of their children while secrecy, fear and ignorance will harm what adults wish to protect.

YOUTH VIEW: Advice to parents

Nadia Blaja, youth participant from the Republic of Moldova and a winner of the 1996 UNFPA International Youth Essay Contest, spoke on "The Need to Demystify Sex", the title of her award-winning essay. She emphasized that the lack of information about sexuality has led to many negative consequences among adolescents, such as unwanted pregnancy, sexually-transmitted diseases, single parenthood, abortions and sexual abuse. She proposed alternatives. "Parents should prepare their children for their sexual life and they should do this by telling them the information about sex during a particular period of time," she said. Misconceptions about sexuality education should be overcome to allow the flow of sound advice to the young before they become sexually active. Since many parents are not prepared for such exercises, they should be trained in how to give sexuality education to their children. Youth not living with their parents should be informed by well-trained experts. "It is time to stop talking and to start acting, to stop the global crisis in youth sexual and reproductive health," she said.

31. Reluctance to seek help from adults Far too many young people hesitate to seek help from adults in their families or in professional settings, especially in sexual and reproductive health matters. This stems from fear of censure, embarrassment, shame or guilt engendered by the secrecy surrounding sexuality. This often results in a worsening of the problem, whether from enduring anxiety about sexual feelings, failure to receive contraceptives to prevent unwanted or early pregnancies, or condoms to prevent STDs and HIV/AIDS, unsafe abortions, undiagnosed or ineffectively treated STDs, and sexual abuse. Young people's reluctance comes from fear of censure, a lack of information about what services are available to them or how to use them, an assumption that services will not be confidential or private, and concern about the costs, location and timing of services.

First Action: **Train adults and offer youth-friendly services** Adolescents are often correct in assuming that if they reveal their sexual feelings or sexual activity, adults will be angry. It is important that parents and those working in the concerned professions who deal with young people be fully informed about adolescent sexual maturation and development, and be able to listen well and be comfortable when sensitive aspects of sexuality are discussed. This can be achieved through education and training appropriate to each group. Health and related services must consider the best ways to optimise the acceptability and accessibility of their services including: adequately trained staff to communicate with young people and deal with their needs; maximizing confidentiality

and privacy; making it possible for adolescents to identify services that they (or their peers) need; offering feasible costs and convenient hours; and publicising what the service provides and how young people can use it.

***Second Action:* Educate and inform adolescents** The more adolescents understand the natural processes of growing up, the less anxious they will be about seeking help from responsible sources. They also need to be informed about when help should be sought, who provides it, how to have access to it, and the degree to which their confidences will be respected.

YOUTH VIEWS:

"I believe that education about sexuality is information that young people have a right and a need to know; just as they have a right and a need to know more about math or grammar in school**."**
(*Source: Siyanda Macanda, Youth participant from South Africa*)

"Sexuality is a fundamental part of development and just like every other stage of development, youth have a need for this stage to be addressed, discussed and supported by the family, adults and society**."**
(*Source: Christa Harding, Youth participant from Advocates for Youth, USA*)

32. **Inadequately structured programmes** Adolescents, as noted above, are reluctant to use health services. When they do use them it is important not to miss the opportunity to provide help to meet their multiple needs. Since unprotected sexual relations place adolescents at risk for both unwanted pregnancies and STDs, they may need preventive help, as well as diagnosis, information, counselling and treatment. The act of simply referring adolescents to other services generally does not work because of their reluctance to seek help and because young people face difficulties in gaining access to services. By the same token, information, education and communication often are not linked to local service provision; they stimulate the desire for help without providing the necessary information for the adolescent to take appropriate action.

***Action*: Integrate services** Ideally, comprehensive services should be available in a single setting. If that is unfeasible, reproductive health services can at least be functionally linked through personal contact across services at the local level. When referral is necessary, young people can be helped by having full information about the other service, and if possible, being referred to an individual sympathetic to adolescents. Linking IEC and other health promotion activities to provision of services increases the likely impact of a programme.

33. **Programmes that fail to account for diversity** Adolescents differ from one another in many ways. They differ in age, development, sex, ethnicity, cultural

background, social class, family structure, living circumstances, education, employment and income level, among others. Some are disabled, some are refugees, and some have been the victims of abuse. Services which both sexes need may cater only to girls or to boys. Diverse needs require responses which take differences into account but many health promotion activities and services fail to do this. The result is that some adolescents are left without appropriate help.

***Action:* Match services to adolescents** The first need is for a review of the characteristics of adolescent population groups in each community, and a review of who uses available services or is involved in health promotion. This will help identify groups which may be underserved. The next step is to consider feasible strategies to extend coverage, and to expand staff training to ensure that they can deal with adolescents with special needs. If resources are inadequate, it may be important to argue for better care.

Characteristics of Teen-Friendly Services

* Separate space for young adult clients
* Convenient hours for young adults
* Drop-ins welcomed
* Short waiting times
* Staff trained to work with young adults
* Emphasis on privacy and confidentiality
* Extra time provided for counselling
* Comfortable clinic surroundings
* Encouragement of young male participation
* Reduced costs affordable to youth

(*Source: Presentation made by Lindsay Stewart, Deputy Director, FOCUS on Young Adults Program*)

34. **Insufficient youth participation** A consensus holds that a key principle for effective programming is the participation of young people in planning, implementing, monitoring and evaluating actions designed for their benefit. Too few programmes make use of this resource. Programmes that do not are likely to be less relevant and sensitive to adolescent needs, less cost effective because of the ensuing reluctance of young people to use the service, less innovative because of their failure to incorporate new ideas, less effective because they do not use young people to reach other young people, and less able to monitor and assess their work so that their services can adapt to contemporary needs. The reluctance to involve youth arises from different reasons. A higher turnover is likely because adolescents soon become adults and that incurs training costs. However, the benefits to young people are likely to endure, in turn benefiting their children in the future.

***Action*: Disseminate success stories and encourage learning by trial** There are increasing examples throughout the world of approaches which have become effective through the participation of young people. They have designed projects, prepared materials, provided education and counselling, publicised issues, conducted research with other young people, monitored and evaluated action, and advocated policy, programming and resources. These examples need to be widely disseminated. Donors can help by asking for the involvement of young people in adolescent projects which they support. Donors that have not worked with young people should be encouraged to try it initially on a small scale. Some evidence suggests that once they have worked with adolescents, they will become advocates for youth participation.

35. **Gender inequality** Despite progress, adolescent girls in most societies remain disadvantaged educationally, economically and culturally. The profound psychological, social, physical, sexual and reproductive health problems which result from this inequality are becoming better known, but stronger and more sustained efforts to address them are needed.

***Action:* Understanding rights and equality** While equal rights are enshrined in legally binding international conventions, information about these rights need to be better disseminated to all groups in the population. Through education, the task of helping all groups understand gender equality can be accomplished. Taking the developmental needs of adolescent boys and girls into account, as well as the benefits to their future families, will help strengthen community commitment to these fundamental human rights.

36. **Insufficient material for health promotion** Many countries have not yet developed, adapted or have had access to the wide variety of materials of all kinds needed to effectively promote adolescent sexual and reproductive health. Information, educational materials and communication approaches need to be clear, sound, interesting and relevant to adolescents. Many fall short of the criteria.

***Action:* Generate materials and make them accessible** This is an area where the partnership between adolescents and adults is a pressing need. Young people are innovative, creative, can identify what other adolescents want to know and what approaches appeal to them. They can create relevant material by generating stories, using art, music and entertainment and research with other young people. They need to base their work on sound information provided by relevant professionals. In addition, there are international clearinghouses for materials some of which may need local adaptation, and international NGOs, as well as relevant United Nations agencies, which can help identify and provide materials. For this to happen, however, efforts to disseminate information about what is available and how to gain access to it must improve considerably.

37. **Insufficient financial and technical resources** Promoting adolescent sexual and reproductive health requires money and expertise. But both are often scarce, especially as the demand for action grows. The proliferation of projects without adequate resources

can result in poor quality, counter-productive work, or good projects which cannot be sustained, expanded or replicated.

***Action:* Cooperation, evaluation and advocacy** The joining of forces across agencies, organizations and sectors can avoid redundancy and share costs. In this sense, more cooperation with the private sector should be encouraged. Such partnerships can help develop existing resources. It is likely that more funds will be needed because of the size of the adolescent population, and because demand for action are growing as the recognition that investments in young people are ultimately of great benefit to society both in the short and long term. For new funds to be raised, however, evidence of the benefits of funding must be widely disseminated. Human resources also need to be expanded as demand grows, and for this purpose the training of trainers to create a multiplying effect is required. Greater sharing of experience and of methods and materials will also increase the pool of technical resources, as will the active participation of young people.

38. **Poverty** It is impossible to discuss the constraints on adolescent sexual and reproductive health without reference to the pervasive poverty which afflicts so many people. Far too many adolescents lack formal education, work or homes, or beneficial recreation. They have been deprived of hope for better conditions in the future. The impoverished adolescent is made to feel that she or he is somehow less important than better off peers. While consideration of measures to eradicate poverty lies beyond the mandate of this Round Table, the effects of poverty cannot be ignored.

***Action:* Improving the self-esteem of adolescents** As societies become increasingly willing to invest in young people, it must be made clear to those who influence the use of international and national resources that investing in young people is a vital step in promoting societal development and diminishing poverty. The case must be made that education and training for adolescent girls and boys, particularly for the under-privileged, will pay great dividends in the future. But there is another important facet to overcoming the damage wrought by poverty. The Round Table recognized the crucial importance of human development to adolescent health. It is composed of many different facets including emotional, spiritual and creative aspects. Many young people living in economically deprived conditions have great assets which should be recognized, cherished, nurtured and respected. This is essential to their self-esteem which is the springboard to further development. The blossoming of the individual does not depend on economics alone.

YOUTH VIEW: 'Trust Is the Highest Form of Human Motivation'

Speaking on behalf of the youth participants on the final day, Bjorg Thorsteinsdottir from Iceland, President of the International Federation of Medical Students' Associations, appealed to all those who work in the interest of adolescents to trust young people and consider their views at all times. Programmes should include staff positions for young professionals, and the special role of youth NGOs, as compared with youth-serving organizations, should be recognized, she said.

V. KEY FUTURE ACTIONS

39. The following section highlights future actions to address the needs of adolescents. Special emphasis is placed on taking action to foster an enabling environment by directing efforts towards adults. Greater emphasis is also placed on evolving a holistic, developmental and integrated approach to adolescents, without losing sight of the central importance of their sexual and reproductive health. Other areas given special attention include: cooperation across sectors, especially with the private sector; the establishment of coalitions; converting adversaries to allies among those who are committed to the well-being of young people; and strengthening the knowledge necessary for better advocacy, policy and programming.

A. Advocacy for Action

Promote adolescent rights

40. It is essential that more work be done to publicize and implement the rights of adolescents to reproductive health, enshrined in international conventions and endorsed by the ICPD, along with other major international conferences. National laws and policies need to reflect them. It is also important that they be seen as valuable advances in all societies. Persuasion, as well as law, is necessary. This can be accomplished by freely discussing how such rights benefit everyone.

Link policies to programmes

41. Advocacy is needed for national policies that are closely tied to programming for adolescent reproductive and sexual health. This should help bring laws and regulations across all relevant sectors in line with improving the quality, accessibility and acceptability by providing adolescents with the information, education, skills building, counselling and health services they need. Advocacy is needed to make the

economic and human case for investing in the health and development of adolescents.

Strengthen programming

42. Advocacy should be increased for holistic, developmental and integrated interventions that are effective and based upon sound principles. Programming needs to be sustained and taken to the scale needed to reach the widest number of young people in each society, including the marginalized. It should include the recognition of the vital role played by training and the need for research and evaluation to ensure sound and cost effective programming. It must stress the importance of bringing all sectors into play in pragmatic alliances and, above all, in involving young people in all aspects of programming.

B. Fostering An Enabling Environment

Equip adults to help adolescents

43. **Training and sensitization** Adults from many walks of life have a crucial role to play in providing an environment which is safe and supportive with opportunities provided for full adolescent development, the prevention of problems and care when it is needed. But knowledge about adolescence, and the skills of dealing effectively with young people are often lacking, especially in terms of their ability to respond to changing social conditions, emerging risks and opportunities. Action is needed to enhance the knowledge and skills of these key groups. In virtually every area in which action for adolescents is advocated, planned, implemented, monitored, evaluated or researched, greater attention should be given to equipping people engaged in these tasks with the necessary knowledge and skills to perform them well. Such training is best begun early in professional careers. In the meantime it needs to be provided as in-service training. As time goes on, the more adults are involved, the wider and deeper will be the public consensus to meet adolescent needs.

44. **The Family** Action is needed to inform adult family members of both sexes of the need and value of education for adolescents about sexuality. An effort to help them understand the contents and purpose of such courses and bringing them together with teachers who conduct such courses can reduce anxiety and empower parents to respond to adolescents' questions. The knowledge that parental behaviour and relationships influence the behaviour of adolescents, and that young people share the values of their parents and typically want their parents' support, will reassure parents and reduce opposition to the provision of sound education on sexuality. The effort to bring parents closer to the educational process will also help to demystify sex and is likely to reduce opposition to education as well as increasing the acceptance of

services to prevent pregnancies and STDs when their adolescents become sexually active. Beyond the educational and practical aspects of what families can provide is love. Programmes could emphasize the importance of family members as the primary source of love, and that families' regard for their children is the surest way to build self-esteem and responsible lives.

45. **The Health Worker** The pre-service and in-service training for health workers who deal with adolescents needs to be considerably expanded. It should incorporate an understanding of adolescent development, including all aspects of sexuality, listening skills and a non-judgemental attitude to help young people talk about hidden issues, respect for young people, and a recognition of the importance of confidentiality and privacy and the need for adolescents to know about services and how they work.

46. **The Educator** Those who interact with adolescents in formal or informal settings also need more training in dealing with the sensitive nature of adolescent sexuality. And they need to work with parents to provide a common approach to adolescent sexual and reproductive health.

47. **Religious bodies** In many societies the religious community is vital in educating and guiding young people. Like parents, teachers and health workers, the vast majority of religious leaders share the goal of helping young people lead healthy and fulfilled lives. Like other groups which work with young people, they can also benefit from sound information and an enhancement of communication skills. Similarly, like parents and teachers, the religious community needs to know that the goals of sexuality education are not inimical to moral development, but can help young people make responsible decisions.

48. **Alliances for youth** The above groups, and others whose work can benefit young people at the community level -- social workers, youth organizations, women's groups, the police, employers -- can unite around the common goal of adolescent development, identify what each can do best to achieve this goal, and provide support to each other. The development of a common understanding at community level can defuse controversy, serve as a powerful safety net for young people, and provide a consistent response to adolescents' welfare.

Expand national policies and monitor rights

49. Countries should be encouraged to formulate and implement policies for adolescent health, with attention to adolescent developmental needs and sexual and reproductive health. The policies should help to harmonise laws and regulations in the different sectors that affect the health and development of adolescents. Access to high

quality information, education, counselling, skills building and health care should be incorporated in national policies and programmes. It may be helpful to establish a focal point within government to help achieve a coherent approach. Policies should be closely tied to programming and should reflect a commitment to the rights of adolescents as enshrined in the conventions on the Rights of the Child and the Elimination of All Forms of Discrimination against Women, as well as the Programme of Action agreed upon at the ICPD and the other international conferences. The monitoring of the rights of adolescents of both sexes and their implementation should be strengthened. The existence of policies and legislation also gives legitimacy to the work of non-governmental organizations which are crucial to promoting adolescent sexual and reproductive health.

Enhance inter-agency collaboration

50. The United Nations agencies with an interest in adolescent sexual and reproductive health have a special responsibility to work together to share financial, technical and human resources at all levels. Access to such support should be made simpler, especially for youth-driven initiatives. Progress has been made towards developing a common agenda and framework for programming for adolescent health among the agencies with the contributions of many NGOs and the professional, scientific and donor communities. But much more practical cooperation is needed, especially in developing countries where financial resources are scarce but human resources are plentiful.

C. Programmes for Adolescents

Increase and sustain youth participation

51. **Youth participation** In every activity cited above there is a need for the participation of adolescents of both sexes in the design, implementation, monitoring and evaluation of activities that concern them. This is essential in order to ensure that action is effective and appropriate to local cultures. Young people have demonstrated their ability to contribute constructively to international forums, at regional committees, in national organizations and through community programmes. The door needs to be open much wider to welcome young people into an environment in which they can flourish in partnership with adults.

52. **Diverse adolescent needs** Greater attention needs to be given to the diverse needs of adolescent populations in each country. Information, education, skills building, counselling and health services need to be better tailored, and segmented to respond to

the developmental stages of adolescents, including young people before they become sexually active. And greater attention should be given to gender differences. Services must respond to both sexes, and more attention needs to be given to activities which foster positive relationships between the sexes. Young people need to be taught about the development of the other sex as well as their own, and such techniques as role play can be used in schools and by youth serving out-of-school groups to help strengthen communication between the sexes. Adolescent girls are often disadvantaged in many ways because of their sex. Gender inequality damages the healthy development of both sexes and it distorts relationships and limits the social maturation of boys. At the same time, because of the heavier burden born by girls, reproductive health services often neglect the needs of adolescent boys. Actions must continue and be intensifed to achieve gender equality.

53. **Consideration of the Disadvantaged** Young people need to respond with respect and understanding to the diversity of cultural backgrounds, ethnicity and language found in most societies. Special approaches may be needed to reach disadvantaged and marginalized adolescents who may be suffering from disability, discrimination, poverty, lack of schooling, war, refugee or immigrant status, violence, lack of family, or homelessness. An essential step in this process is to recognize differences within the adolescent population, whether at community or country level, and assess the degree to which their needs are being effectively met by existing interventions. It is crucial that young people from the different communities, or with special needs, participate in this process of assessment to help identify useful and feasible changes in training and service delivery.

54. **A holistic approach** Adolescent sexual and reproductive health can best be promoted when interventions, and the people who provide them, are able to respond to the adolescent as a person, rather than focusing exclusively on specific problems. Sexual and reproductive health problems are interrelated and closely linked to underlying developmental factors which profoundly influence adolescent behaviour and relationships. The dynamic and sometimes troubling changes of adolescence are complex and often interrelated. Young people cannot wait for help. They are volatile, but are also receptive to timely action.

55. **Special skills** Service staff who work with young people in all sectors in the dynamics of adolescence must be trained to help identify the needs of young people, uncover underlying or hidden problems, and help put young people in touch with resources for their benefit. More training in life skills (e.g. development of social relationships, coping with pressures of daily life, etc.), vocational skills, and leisure skills as well as the critical skills necessary to assess influences from sources such as the mass media and commercial advertising, also need to be extended to more young people whether in or out of school.

Improve accessibility and quality of ARH Services

56. **An integrated, comprehensive and youth-friendly approach** Intensified efforts are needed to provide functionally integrated reproductive health services accessible to adolescents of both sexes which deal with both pregnancy and STDs. If all services cannot be provided at one place, they can be closely linked through formal or informal working relationships which make it easier for young people to move between services. Services need to be closely linked with health promotion, which should include specific information about local services. For the services to be accessible to adolescents, staff must be trained in sexuality, and in listening and counselling skills. Optimizing confidentiality and privacy with low cost and convenient times will help increase the use of services by adolescents, and help to underscore their rights to reproductive health services.

Increase involvement of civil society, including NGOs

57. **Building on what exists and expanding the reach** With limited resources the most must be made of existing services. There are many different kinds of settings and resources for promoting adolescent sexual and reproductive health that can be expanded in communities. The services can be found in the activities of non-governmental organizations, in government services for health, education, and related sectors, in religious groups, in private commercial enterprises, in the mass media, and in the academic and professional communities. There are various approaches to meet adolescent needs. For example, health services can be linked with educational services, youth and sports activities can incorporate and strengthen the health components of their activities, commercial enterprises who train or employ young people can join forces with health educators and services providers, the mass media can provide information through entertainment, with the participation of young people, and so on. A multiplicity of settings -- the home, school, workplace, entertainment and recreation facilities as well as the street -- are all being used to good effect in some communities. There is a need to spread the good practices and link interventions to make the most of existing resources.

58. **The Mass Media** Those who produce and perform in the mass media can play a more powerful and beneficial role in promoting adolescent health. The participation of young people in generating material for the mass media has been amply demonstrated and can grow. Panel programmes, question-and-answer shows, radio phone-ins, dramas created and performed by young people, and the participation of popular entertainers and sports stars are some of the ways that can be used to inform young people and draw wider attention to these issues. Efforts to inform those who work in the mass media about adolescent needs and ways to meet them can also be a useful means of achieving more

responsible programming.

59. **The private sector** As market forces increasingly determine the flow of resources, those who are engaged in commerce can contribute considerably to promoting adolescent sexual and reproductive health through corporate social responsibility. There are many examples of the potential for private sector contributions which can be more widely disseminated and utilised to stimulate more activities. Employers have an interest in a healthy work force. They can provide training for safety and efficiency to young employees, allow people from the health and related sectors to provide information and services to young employees through written materials, and by providing a telephone kiosk for 'hot-line' counselling. Manufacturers and marketeers can reach the youth market if their products are healthy and safe. The private sector can provide funds to non-governmental organizations and public enterprises for constructive activities for youth and reap the public relations benefits. They can help train young people in vocational and income generating skills. Those who provide health products and services, such as pharmacists and private sector doctors, nurses and midwives, can gain clients by being better informed and skilled in dealing with young people. Public-private sector cooperation and this needs to be fostered.

60. **Intersectoral coalitions** In every country, many organizations have a stake in promoting adolescent sexual and reproductive health. By encouraging the creation of informal coalitions, cooperation among them can be strengthened if each acts from its strengths, redundancy can be avoided, consistency of goals can be enhanced and the use of resources optimised. There are examples of fruitful cooperation appear between government and non-governmental organizations, the public and private sectors, the health and education sectors, and health, education and other sectors including the religious community. But such cooperation remains the exception rather than the rule. A greater effort is needed to bring groups together.

D. Strengthening Knowledge for Action

61. **The Benefit of investing in adolescents** There is a need to document and make the economic case for the cost effectiveness of investing in the reproductive health and development of adolescents. Evidence is needed to show that the investment to promote healthy behaviour and ensure effective action for adolescent development, will pay for itself many times over by a) preventing unwanted pregnancies, STDs, HIV/AIDS (as well as substance abuse and unintentional and intentional injury) and their consequences, b) preventing cancers, cardiovascular and respiratory diseases, and c) promoting the skills and knowledge needed for young people to contribute productively to the development of their societies. Evidence is essential if resource allocation for adolescent health is to be given greater priority in the future.

62. **Solving problems** There are many problems of adolescent sexual and reproductive health which are just beginning to be understood. These include sexual

abuse, abduction, rape and incest, pornography, trafficking, abandonment and prostitution. There are also difficulties such as anxieties about sexual orientation and sexual practices which can trouble adolescents unless they can talk with someone they trust. These difficulties are devastating and compounded by secrecy. Because they are hidden the problems are underestimated and not adequately dealt with. Sensitive methods need to be employed to enable young people to report such difficulties in confidence. Some techniques including telephone hot lines, special interviewing techniques, and the narrative research method, which do not require self-reporting, should be reported.

Establish better indicators of progress and effectiveness

63. **Indicators of adolescent reproductive health** As policies and programming become more directed to promoting adolescent reproductive health and development, it is essential that better indicators be established to set goals and measure progress. This goes beyond the indicators of reproductive and other health problems, to those of the multiple aspects of adolescent development, including the physical, psychological, social, moral, spiritual, artistic and economic dimensions of adolescent maturation. There is increasing evidence to show that underlying developmental factors are important keys to adolescent behaviour, and that facilitating youth development prevents health problems. Such evidence needs further demonstration and evaluation through the use of both developmental and reproductive health indicators. Developmental indicators are especially important for identifying positive factors in all cultures regardless of their stage of economic development and great care must be taken to ensure that they are selected and used with due regard for each culture.

64. **Realistic programming and policy** Because contemporary conditions are changing so rapidly, programmes should be based on current conditions. This calls for pragmatic research which tests community views and opinions, the beliefs, behaviours and relationships of young people with respect to different parts of society, and assesses the effectiveness and reach of the organizations responding to current needs. Evaluation of successful initiatives must be undertaken with a view to their expansion and replication. There are new techniques available for such rapid assessment, including the collection, analysis and dissemination of anonymous questions and comments from adolescents. The participation of young people in planning and carrying out such research is crucial to its success.

65. **Exploiting information technologies** The rapid growth of cheap, fast and powerful means of communication offer tremendous potential for interaction with adolescents. The transmission of information in word, sound, and picture, and the interactive possibilities, can be used to good advantage by young people if they are given access to it. Generations of technology can be skipped if investments are made in developing countries to help put these means within reach of young people.

Ensure sustainability of programmes

66. Many effective projects are short-lived for lack of continuing support. Ways and means need to be identified for improving sustainability through combinations of mixed public and private resources, coordinated and cooperative phasing of donor input, strengthened self-support and a degree of subsidy which may always be necessary for adolescent health programming. More needs to be learned about the means of turning effective small projects into large scale programmes that reach the majority of adolescents. This may mean exploring many approaches in different settings, rather than a replication of one approach. It is nonetheless crucial that feasible means be identified to expand the reach of effective action.

E. Resource Mobilization

Increase investment in ARH

67. The necessity of investing in youth calls for providing more financial, technical and human resources. Funds need to be used judiciously and partnerships created to make the most of existing resources. Technical knowledge needs to be expanded and disseminated to different groups in society to increase the efficacy of action across all sectors.

Consider long term perspectives in programme funding

68. Donors should be encouraged to take a longer term perspective when supporting adolescent health and development programming. This is important because the field has recognized the crucial need for an enabling environment, not only for direct support to enhance the sexual and reproductive health of adolescents, but also because community support is essential if interventions in this sensitive area are to be initiated and sustained. The creation of those conditions takes time, but if it is not done initiatives are likely to fail. It also takes time to evaluate the longer term impacts which this developmental approach calls for, rather than short term process measures. Such evaluations will, however, pay for themselves in the long run by identifying more effective programming. It is likely that some support for adolescent health initiatives will always be needed and should be seen as part of the responsibility of society to ensure the health and well being of their children. As the economic, as well as the human, benefits of investing in the young become clearer to all, the public and political will to support these initiatives will increase.

Encourage cost-sharing and innovative financing schemes

69. **Cooperation in funding** Donors may not be able to fund projects indefinitely but cooperation in funding can be judiciously used to share costs among donors for different aspects of the same programme, or through planned phasing out of one donor, as another comes on board. To achieve this, mechanisms are needed to increase cooperation among potential donors including international agencies, bilateral donors, foundations and the private sector. Those directly responsible for projects also need to continue to examine ways to strengthen the financial independence of their activities through various forms of income generation, to the extent feasible.

Further mobilize the private sector

70. The increase in private sector resources and evidence of willingness to contribute to the reproductive health of adolescents holds much promise for the future. Successful examples of private sector involvement and mobilization of businesses in support of ARH and other population related programmes (as cited by participants from Asia and Latin America) may be used as take off points for exploring this possibility further. Many ways have been identified for involving the private sector independently, as well as jointly, with public funding for their own self-interest as well as through corporate social responsibility.

71. **Flexible funding** Programming for adolescent sexual and reproductive health is a relatively new field. New initiatives need to be flexible enough to be modified as a result of careful monitoring. This is likely to mean some deviation from the initial project plans, but will be of great value over the long run by contributing to the knowledge of what works best.

VI. CONCLUSIONS

72. The Round Table concluded that considerable progress has been made since the ICPD. There is greater commitment to the rights of adolescents to sexual and reproductive health. Effective action has increased in many countries, and there is a growing consensus around key principles of what works and what does not work. Increased recognition is being given to the importance of the healthy development of the whole adolescent in promoting sexual and reproductive health and the need for integrated approaches. This cannot be done without adults from all sectors uniting to play a greater role in creating an enabling environment and supporting the provision of information, education, skills, counselling and health services for both young women and men. Nor can it be achieved without the participation of adolescents themselves, in partnership with adults.

73. Many constraints remain to be overcome. Resistance to the provision of sexual and reproductive health continues, and deters young people from obtaining help. Many programmes are still too narrowly focused and have not involved young people in the design, implementation, monitoring and evaluation. Financial constraints are preventing successful programmes from being sustained and scaled up to reach all those in need. Poverty remains a formidable enemy of enhancing adolescent sexual and reproductive health.

74. The Round Table identified ways of overcoming these obstacles and proposed action to build upon the agreement achieved at the ICPD. This includes equipping more adults to understand and support adolescents; strengthening and expanding good practices; converting adversaries to allies by uniting people around a common set of goals to promote the welfare of their children; creating coalitions across all sectors; and making the case for investing in youth. Like adolescents themselves, this young field is coming of age. With the groundswell of interest, and the readiness of the largest group of young people in the history of the world to contribute their energy and creativity to this venture, there is considerable hope for the future.

Round Table on Adolescent Sexual and Reproductive Health
Ford Foundation Headquarters, 320 E. 43rd St., New York
14-17 April 1998

Rationale

The ICPD gave particular attention to the reproductive health needs of adolescents. Chapter VII of the Programme of Action has a section devoted to adolescents, with the objectives (7.44) of addressing adolescent sexual and reproductive health issues, and substantially reducing all adolescent pregnancies. Countries, with the support of the international community, are urged to "protect and promote the rights of adolescents to reproductive health education, information and care....." (7.46), and Governments, in collaboration with NGOs, are urged to "meet the special needs of adolescents and to establish appropriate programmes to respond to those needs." (7.47)

This round table has been organized to review the status, achievements, programme experiences and policy changes that have been initiated at various levels, since the Cairo Conference, to respond to the reproductive and sexual health needs of adolescents. Specifically, the meeting aims to generate success stories, lessons learned and constraints faced by countries in implementing the ICPD recommendations. Each session in the meeting is expected to come up with actions at global, regional and country levels in order to accelerate progress in this area. The conclusions including future actions emanating from this meeting will be consolidated in a background report for review by the International Forum scheduled for February 1999 and as inputs to the Secretary-General's report for the Special Session of the General Assembly in June 1999.

Day 1 (Tuesday, 14 April)

9:00-9:30 **Registration**

Opening Session

9:30-9:40 **Welcome Remarks**
Ms. Virginia Davis Floyd, Director, Ford Foundation

9:40-10:00 **Opening Statement**
Dr Nafis Sadik, Executive Director, UNFPA

10:00 - 10:30 **Coffee break**

Session I. Promoting an Enabling Environment for ARH

10:30 -10:50 Purpose and Organization of the Round Table
Mr. M. Nizamuddin, Director, Technical and Policy Division
10:50-11:00 Remarks
Ms. Margaret Hempel, Deputy Director, Ford Foundation
Chairperson:
Dr. Julieta Rodriguez Rojas, Founder, Adolescent Programme, Costa Rica
Rapporteur:
Ms. Bjorg Thorsteinsdottir, President , IFMSA

11:00-11:30 **Panel Presentations*:***

Protecting Reproductive Rights of Adolescents
Dr. Pramilla Senanayake, Assistant Secretary-General, IPPF

Developing an ARH Youth Policy Post-ICPD
Dr. Kwame Ampomah, Director, National Population Council, Ghana

11:30-11:45 **Discussant:**
Ms. Wendy Thomas, Chief Executive, Population Concern, UK

11:45-12:30 **Discussion**
Review of the impact of the recommendations of the ICPD on the evolution of national laws and policies (as well as removal of barriers) on adolescent reproductive health and reproductive rights

12:30-14:00 **Lunch break**

14:00-14:45 **Panel Presentations*:***

UNFPA-supported Adolescent Sexual and Reproductive Health and Rights Programmes
Dr. Charlotte Gardiner, Senior Technical Officer,
Technical Branch, Technical and Policy Division, UNFPA

Socio-cultural and economic Dimensions of ARH (Focus on Teen Pregnancy): A Critical Perspective
Mr. Claudio Stern, Coordinator, Research on Adolescent Sexuality Reproductive Health, El Colegio de Mexico

Advocacy for Sexual and Reproductive Health and Rights
Ms. Seema Chouhan, Director, Better Life Options Program for Youth, CEDPA

14:45-15:00 **Lessons learned for Future Success: Focus on Young Adults Program**
Ms. Lindsay Stewart, Deputy Director, FOCUS

15:00-15:30 **Discussion**
Focus on the social environment and the factors that facilitate or hinder obstacles to provision of ARH information and services and their implications for advocacy and health promotion.

15:30-16:00 **Coffee break**

16:00-17:30 **Working Groups**
Review of the Session presentations/discussions and synthesis of lessons learned, constraints, and recommendations for future actions.

17:30-18:00 **Report back from working groups**

18:00 **Reception**

End of Session One

Day 2 (Wednesday, 15 April)
NOTE: All of today's sessions will be held at Conference Room 8, UN Secretariat

10:00-11:00 **Special Session on Adolescent Pregnancy Prevention:**
Dr. Nafis Sadik, Chairperson

Ms. Jane Fonda, Presenter
The Georgia Campaign on Adolescent Pregnancy Prevention, Atlanta, Georgia

Open Forum

11:00-11:30 **Coffee Break**

Session II. Health Promotion

Chairperson:
Ms. Gisele Mankamte Yitamben, Director,
Association pour le Soutien et l'Appui à la Femme Entrepreneur, Senegal
Rapporteur:
Dr. Vinya Ariyatne, Sarvoyada NGO, Sri Lanka

11:30-12:15 **Panel Presentations:**

Teen Concerns and How Young People Make Choices
Mr. Siyanda Macanda, Youth Participant, South Africa

RH Needs of Adolescents
Ms. Christa Harding, Youth Participant, Advocates for Youth, USA

Developing IEC Programmes Based on ARH Needs
Dr. Asha Mohamed, Senior Programme Officer, PATH

12:15-12:30 **Discussant:**
Ms. Margaret Acayo, Commissioner for Youth, Ministryof Gender and Community Development and former Project Manager, PEARL Programme, Uganda

12:30-14:00 **Lunch Break**

14:00-14:30 **Panel Presentations:**

Distilling Best Practices in ARH
Ms. Yola Wissa, Project Director, Youth Leadership Development Project, Egypt

Innovative Approaches for Generating Data on Adolescents
Dr. Solomon Orero, Vice-Chairman, Centre for the Study of Adolescence, Kenya

14:30-14:45 **Discussant:**
Ms. Nell Rasmussen, Director, FPA Denmark

14:45-15:30 **Discussion**

Review of impact of the ICPD on the development of appropriate information, education and communication approaches and materials necessary to induce behaviour change among adolescents to ensure their reproductive health; the conduct of socio-cultural research to identify needs of adolescents, and indicators for monitoring and evaluating quality, relevance and effectiveness of ARH programmes.

15:30-16:00 **Coffee break**

16:00-17:30 **Working Groups**

Review of the session presentations and discussions to synthesize and analyze lessons learned, constraints, and future actions required

17:30-18:00 **Report back from working groups**

Day 3 (Thursday, 16 April)

9:30-10:00 **Presentations:**

Sexual and Reproductive Health Education

Dr. Evert Ketting, Coordinator, Sexual and RH Programme, Netherlands School of Public Health

The Need to Demystify Sex

Ms. Nadia Blaja, Youth Participant, Republic of Moldova

10:00-10:15 **Lessons learned from a success story: Promoting Gender Sensitivity and Sexuality Education in and out of Schools**

Ms. Mercedes Munoz, General Coordinator, Venezuelan Association for Alternative Sexuality education (AVESA)

10:15-10:30 **Discussant**:

Ms. Ketevan Chkatarahvili, Zhordania Institute of Human Reproduction, Republic of Georgia

10:30-11:00 **Coffee Break**

End of Session Two

<u>Session III: Providing Youth Friendly Services</u>

Chairperson :
Ms. Rhazi Jerniti Hafida, Centre de Sauvegarde de l'Enfance et de l'Adolescence, Morocco
Rapporteur:
Mr. Robert Thomson, ADH Unit, WHO

11:00-11:45 **Panel Presentations***:*

Improving the Accessibility and Quality of ARH Information and Services
Dr. Herbert Friedman, ARH Expert, UK

Young People's Needs and Future Programming for Sexual and Reproductive Health in Developing Countries
Ms. Jane Hughes, Associate Director, Population Sciences, The Rockefeller Foundation

Strengthening RH Services and Sexuality Education for Adolescents: A Regional Perspective
Mr. Glenn Leckie, Director, Stichting Lobi , FPA, Surinam**and**
Ms. Suzanne Cohen, ARH Specialist, IPPF Western Hemisphere Regional Office

11:45-12:00 **Discussant:**
Ms. Zhang Zhirong, Director, China Population Welfare Association

12:00-12:30 **Discussion**
Analytic review of programmatic initiatives in reaching adolescents with diverse needs (gender, age, socio-economic and marital status, in-school, out-of-school and street kids) in different settings; negative media and role models, etc.

12:30-14:00 **Lunch Break**

14:00-14:15	**Lessons learned from a success story:** **Counselling Services for Young People** Ms. Aurora Silayan-Go, Director, Foundation for Adolescent Development, Philippines

14:15-14:30 **Presentation:**

The Role of Private Foundations in Resource Mobilization for ARH

Ms. Carmen Barroso, Director, Programme on Global Security and Sustainability (Population Area), JD and C MacArthur Foundation

14:30-15:30 **Discussion**

Identification of constraints to service delivery (knowledge, attitudes, practices of adolescents; training and attitudes of service providers including service delivery standards/ norms; resource mobilization and constraints.)

15:30-16:00 **Coffee break**

16:00-17:30 **Working Groups**

Group I/II - Focus on various approaches to providing services in response to various needs of young people, how young people perceive these services and how barrier to access to these services are overcome; Review of the session presentations and discussions to synthesize and analyze lessons learned, constraints, and future actions required

Group III - Review of the impact of the ICPD on IEC, FLE and sexuality education and counselling for adolescents including the development of curricula, approaches, materials and programmes for peers, teachers, service providers, parents, and community leaders); school systems as partners: forms of sexuality education acceptable in-school/out-of-school; reaching youth not in school; and linking information to services.

17:30-18:00 **Report back from working groups**

<u>End of Session Three</u>

Day 4 (Friday, 17 April)

Session IV: Innovative Approaches to Involve Youth in ARH Projects
Chairperson:
Dr. Gisela Blumenthal, Health and Population Adviser, Ministry of Foreign Affairs, Finland
Rapporteur:
Mr. Roni Liyanage, Assistant Youth Officer, IPPF

9:30-10:00 **Panel Presentations:**

Involving the Community in ARH programmes
Ms. Mounira Hammami, Tunisia Women's Union, Tunisia

Ms. Monica Antoinette Gutierrez Gomez, Youth Participant, Peruvian Youth Council, Peru

10:00-10:15 **Lessons learned from a success story:**
The Role of Parents and the Extended Family in ARH
Mr. Peter Purdy, Margaret Sanger Center International

10:15-10:30 **Discussant**
Dr. Prema Mathai-Davis, Chief Executive Officer, YWCA, USA

10:30-11:00 **Coffee Break**

11:00-11:45 **Panel Presentations**:

Innovative Youth-initiated Approaches
Ms. Nike Esiet, Action Health, Inc., Nigeria

Involving Young People: The Algerian Experience in Adolescent Sexual and Reproductive Health
Ms. Nadia Bellal, Population Initiatives for Peace, Algeria

ARH Programmes Through the Mass Media
Mr. Mark Connolly, Health Promotion Adviser, UNAIDS

11:45-12:00 Lessons learned for future success: Developing HIV/AIDS Education Messages with and for Young People: The Scenarios from the Sahel Project
Ms. Kate Winskell, Coordinator, Global Dialogues Trust, Dakar

12:00-12:30 Discussion
Review of community support systems and relevant approaches to ensure community participation in ARH programmes, innovative approaches to mobilizing community resources, young people, etc. in support of ARH programmes

12:30-14:00 Lunch break

14:00-14:45 Panel Presentation: Action for Adolescent Health: Towards a Common Agenda for Ensuring the Sustainability of ARH Programmes and Services Dr. Chandra Mouli, Medical Officer, WHO; Dr. Bruce Dick, Senior Health Adviser, UNICEF; Mr. James Chui, Manager, Youth Theme Group, UNFPA

14:45-15:30 Discussion
Approaches to counter obstacles to programme delivery, monitoring and evaluation; constraints in up scaling pilot projects, collaborative mechanisms and issues of programme sustainability; and recommendations for future actions.

15:30-16:00 Coffee break

16:00-17:00 Final Plenary Session
Dr. Nafis Sadik, Chair person

Feedback and Key Recommendations from Participants

Synthesis and Conclusion of the Meeting
Dr. Herbert Friedman, General Rapporteur

Annex 2: Participants, Observers and Secretariat

Round Table on Adolescent Sexual and Reproductive Health
New York, 14-17 April 1998

LIST OF PARTICIPANTS

AFRICA

Name	Title/Organization	Country
Ms. Margaret Acayo	Commisioner for Youth, Ministry of Gender and Community Development, and former Project Manager, PEARL Programme	c/o UNFPA, P. O. Box 7184 Kampala, **Uganda** Tel. (256) 41 341466 Fax. (256) 41 236645
Dr. Kwame Ampomah	Director, Reproductive Health and IEC Division National Population Council	P. O. Box M-76 Accra, **Ghana** Tel. (233) 21 780 426 Fax. (233) 21 662249
Ms. Nike Esiet	Action Health, Inc.	54 Somorin Street Ifako, Gbagada Lagos, **Nigeria** Tel. (234) 1 863198 Fax. (234) 1861166 e-mail: ahi@linkserve.com.ng
Dr. Solomon Orero	Vice-Chairman, Centre for the Study of Adolescence	P. O. Box 19329 Nairobi, **Kenya** Tel. (254) 2-570254 / (254) 2 243320 Fax. (254) 2 241674
Ms. Gisele Mankamte Yitamben	Directeur de projectAssociation pour le Soutien et l'Appui a la Femme Entrepreneur or Association for Support to Women's Enterprises (ASAFE)	BP 5213 Douala, **Cameroon** Tel. (237) 30 86 90 Fax. (237) 42 29 70 e-mail: asafe@camnet.cm

ARAB STATES

Name	Title/Organization	Country
Ms. Nadia Bellal	Project Manager, Population Initiatives for Peace (PIFP)	Polyclinique de Ain Benian, Gouvernorat du Grand Alger, **Algerie** Tel/Fax (213-2) 30 29 40

Ms. Rhazi Jerniti Hafida	Centre de Sauvegarde de l'Enfance et de l'Adolesence, Institut Royal de Formation des Cadres et de la Jeunesse	Avenue el Nour, Yaccoub El Mansour Rabat, **Morocco** Tel. 212-7 690634 Fax. 212-7-692450
Ms. Mounira Hammami	Tunisia Women's Union, Inspectice principal de l'education, - of women teachers league	9, rue Mohamed Abdou - Mutuelleville Tunis, **Tunisia** Tel. (2161) 257 385 Fax. (2161) 757 952
Ms. Yola Wissa	Project Director Youth Leadership Development Project	351 Ramsis St. Second Floor, Cairo, **Egypt** Tel./Fax (202) 271 0630 Tel (202) 403/3068 e-mail: effectiv@intouch.com

ASIA/PACIFIC

Name	Title/Organization	Country
Dr. Vinya Ariyaratne	Health Advisor, Sarvoyada Movement	Sarvodaya HQ 98, Rawatawatta Road Moratuwa **Sri Lanka** Tel. (94-1) 647 159 Fax. (94-1) 647 084
Ms. Mala Bannarjee	Head, Department of Visual Aids, McKinsey & Co.	G-1417, C.R. Park, New Delhi, **India** - 110019 Tel. (91-11) 642 9352
Ms. Aurora Silayan-Go	President., Foundation for Adolescent Development	1140 R. Hidalgo Street Quiapo, Manila, **Philippines** Tel/Fax No.(632) 734-1788 e-mail: fadinc@codewan.com.ph
Ms. Zhang Zhirong	Director, China Population Welfare Association	No. 12, Dahuisi, Haidian District, Beijing, **China** 10008 Fax. 86 10 6217 3494

EUROPE

Name	Title/Organization	Country
Dr. Gisela Blumenthal	Health and Population Adviser, Social Development, Ministry of Foreign Affairs	Ministry of Foreign Affairs, Helsinki, **Finland** Fax. 358-9-1341-6428 e-mail: gisela.blumenthal@formin.fi

Ms. Ketevan M. Chkhatarhshvili	Zhordania Institute of Human Reproduction	Kostava str. 37 Tbilisi, 380009 **Republic of Georgia** Tel. 995-32- 98 70 86 Fax. 995-32- 99 81 08 e-mail: uwz@repro.org.ge
Dr. Herbert Friedman	ARH Specialist and former head of ADH Unit, WHO	27D Warwick Square Pimilico SWIV 2AD London, **UK** Tel./Fax. 44 171 630 0762 e-mail: hlfriedman@aol.com
Dr. Evert Ketting	Coordinator Family Planning and Sexual and Reproductive Health Netherlands School of Public Health	Admiraal Helfrichlaan 1 3527 KV Utrecht, **The Netherlands** Tel. 31-30- 291 32 32 Fax. 31-30- 291 32 42 e-mail: e.ketting@tip.nl
Ms. Nell Rasmussen	Executive Director, FPA Denmark	Sex og Samfund Skindergade 28, First floor, 1159 Copenhagen, **Denmark** Tel. (45) 3393 1010 Fax. (45) 3393 1009 e-mail: nr@sexogsamfund.dk
Ms.Wendy Thomas	Chief Executive, Population Concern	178-202 Great Portland Street London W1N5TB **UK** Tel. 44 (0) 171 631 1546 Fax. 44 (0) 171 323 3540 e-mail: wendyt@populationconcern.org.uk

LATIN AMERICA

Name	Title/Organization	Country
Dr. Glenn Leckie	Director, Stichting Lobi (FPA)	Fajalolistr No. 13 Paramaribo, **Surinam** Tel. (597) 400-960 Fax. (597) 400 960 e-mail: lobi@sr.net / gleckie@usa.net
Ms. Mercedez Munoz	General Coordinator, AVESA (Venezuelan Association for Alternative Sex Education)	Apartado Postal: 3307 Carmelitas Caracas **Venezuela** Tel. (582) 518-081/(582) 510 212 Fax. (582)525-410

Dr. Julieta Rodriquez Rojas	- Founder of Adolescent Programme - Manager of the National Health Care System	P.O. Box 10105 Gerencia Division Medica Caja Costarricense de Seguro Social San Jose, **Costa Rica** Tel. (506) 257-9122 Fax. (506) 233 56 82
Mr. Claudio Stern	Coordinator, Research on Adolescent Sexuality and Reproductive Health, El Colegio de Mexico	El Colegio de Mexico Camino al Ajusco No. 20 10740 **Mexico**, D.F. Tel. (525) 645 5955 ext. 4118 Fax. (525) 645 04 64 e-mai l: cstern@colmex.mx

Special Invited Speaker: USA

Name	Title/Organization	Country
Ms. Jane Fonda	Georgia Campaign on Adolescent Pregnancy Prevention	1 CNN Center Suite 1080 South Tower Atlanta, Georgia 30303 **USA** Tel: (404) 524-5808 Fax: (404) 524-5809 e-mail: c/o jan.memory@turner.com

NGOs/FOUNDATIONS

Name	Title/Organization	Country
Ms. Carmen Barroso	Director, Programme on Global Security and Sustainability (Population Area), JD and C MacArthur Foundation	140 South Dearborn St., Suite 1100 Chicago, Illinois 60603, **USA** Tel. (312) 726-8000 Fax. (312) 917-0200
Ms. Seema Chauhan	CEDPA - Director, Better Life Options for Youth	The Centre for Development and Population Activities 1717 Massachusetts Ave., N.W. 2nd Fl. Washington D.C., 20036, **USA** Tel. (202) 667-1142 Fax. (202) 332-4496 e-mail: seema@cedpa.org

Ms. Margaret Hempel and Ms. Alexandrana Marcelo	Deputy Director Human Development and Reproductive Health Ford Foundation Programme Officer	320 East 43rd Street New York, NY 10017 **USA** Tel. (212)573-5048 Fax. (212)351-3661 e-mail: m.hempel@fordfound.org Tel. (212) 573-4935 e-mail: r.marcelo@fordfound.org
Ms. Jane Hughes	Associate Director, Population Sciences, Rockefeller Foundation	420 Fifth Avenue New York, NY 10018-2702, **USA** Tel. (212) 869-8500 Fax. (212) 852-8278 e-mail: jhughes@rockfound.org
Mr. Roni Liyanage	Asst. Youth Officer	Regent's College Inner Circle, Regent's Park, London, **UK** NW14NS Tel. (44 171) 487-7900 Fax. (44 171) 487 7950
Dr. Asha Mohamed	Senior Programme Officer, PATH	PATH Headquarters 4 Nickerson Street Seattle, WA 98109-1699, **USA** Tel. (206) 285-3500 Fax. (206) 285-6619 Internet: info@path.org
Dr. Prema Mathai-Davis	Chief Executive Officer, YWCA, USA	Empire State Building, Suite 301 350 Fifth Avenue New York, NY 10118, **USA** Tel. (212) 273-7800 Fax. (212) 465-2281
Mr. Peter Purdy	Deputy Director for International Programs, Margaret Sanger Center International	26 Bleeker New York, NY 11012, **USA** Tel. (212) 274-7270 Fax. (212) 274-7299
Mr. Hernan Sanhueza, M.D. and Ms. Suzanne Cohen	Regional Director International Planned Parenthood Federation, Western Hemisphere Region, Inc. Programme Advisor - Adolescents	120 Wall Street New York, NY 10005-3902, **USA** Tel. (212) 248-6400 Fax. (212) 248-4221 e-mail: scohen@ippfwho.org
Dr. Pramilla Senanayake	Assistant Secretary-General, IPPF	Regent's College Inner Circle, Regent's Park, London, **UK** NW14NS Tel. (44 171) 487-7900 Fax. (44 171) 487 7950 e-mail: psenanayake@ippf.org

Ms. Lindsay Stewart	Deputy Director, Focus on Young Adults Programme, FOCUS	1201 Connecticut Avenue N.W., Suite 501 Washington D.C. 20036-2645 **USA** Tel. (202) 835-0818 ext. 230 Fax. (202) 835-0282 e-mail: focus@pathfind.org
Ms. Bjorg Thorsteinsdottir Pls. send communications to: Skagasen 7, 109 Reykjavik, Iceland Fax: (354) 577 1020 e-mail: pres@ifmsa.org	International Federation of Medical Students' Association (IFMSA)	General Secretariat Faculteit der Geneeskunde AMC - Meibergdreef 15 NL-1105 AZ Amsterdam **The Netherlands** tel: 31-20-5665366 fax: 31-20-6972316 e-mail: ifmsa@amc.uva.nl
Ms. Kate Winskell	Coordinator, Scenarios from the Sahel Project, Global Dialogues Trust, Dakar	B.P. 11589 Dakar - Peytavin, **Senegal** Tel. (221) 825 35 54 Fax. (221) 824 07 41 52 Dean Street Newcastle upon Tyne NE1 1PG United Kingdom Tel: 44 191 232 9219 Fax: 44 191 232 6109

AGENCIES

Name	Title/Organization	Country
Mr. Mark Connolly	Health Promotion Adviser, UNAIDS	20, avenue Appia CH-1211 Geneva 27 **Switzerland** Tel. (41 22) 791 4461 Fax. (41 22) 791 4165
Dr. Bruce Dick	Senior Health Adviser, UNICEF	3 United Nations Plaza (TA-25A) New York, NY 10017, **USA** Tel. (212) 888 7465 Fax: (212)824-6461/6470 e-mail: bdick@unicef.org
Ms. Jane Ferguson Mr. Robert Thomson and Dr. Chandra Mouli	Chief, Adolescent Health Unit, WHO ADH Consultant, WHO Medical Officer, ADH Unit, WHO	20, avenue Appia CH-1211 Geneva 27, **Switzerland** Tel: 41 (22) 791 3369 Fax: 41 (22) 791 4189 e-mail: fergusonb@who.ch

Ms. Vasantha Kandiah	Chief, Fertility and Family Planning Section	DESA, Population Division United Nations, New York, **USA** 10017 Tel. (212) 963-3207 Fax. (212) 963-2147 e-mail: kandiah@un.org

YOUTH PARTICIPANTS

Name	Title/Organization	Country
Ms. Nadia Blaja	Youth Participant, c/o The Family Planning Association of Moldova	9 Milescu Spataru Street, Apt. 106 Chisinau, **Republic of Moldova** c/o Mr. Einar Sandved, UNFPA Representative 13, Aurel Vlaicu Street, Bucharest 2, Romania Fax. 401-201-5791
Ms. Monica Antoinette Gutierrez Gomez	Peruvian Youth Council (CJP)	Jr. San Bruno 274, Depto. 402, Urbanizacion Santa Florencia, San Miguel, Lima, **Peru** Tel. (511) 263-6220
Ms. Christa Harding	Intern, Advocates for Youth	1025 Vermont Ave., N.W.Suite 200 Washington D.C. 20005, **USA** Tel. (202) 347-5700 Fax. (202) 347-2263 e-mail: christa@advocatesforyouth.org
Mr. Siyanda Macanda	Student, Youth essay contest winner	P.O. Box 1880 King Williams Town 5600 **South Africa** Tel. (433) 34129 e-mail: e97m3277@dolphin.ru.ac.za

Additional invitees to the Special Session on Adolescent Pregnancy Prevention

Ms. Jill Sheffield
Family Care International
588 Broadway, Suite 503, New York, N.Y. 10012

Mr. Steve Sinding,
Director of Population Sciences
Rockefeller Foundation
420 Fifth Avenue, New York,

N.Y. 10018-2702
FAX: 212-764-3468

Ms. Noeleen Heyzer
Executive Director, UNIFEM
304 e. 45th Street, 6th Floor,
New York, New York 10017
Fax. (212) 906-6705

Ms. Sharon Epstein
FOCUS, 1201 Connecticut Avenue, N.W.
Suite 501,Washington D.C. 20036-2645
FAX: 202-835-0282

Ms. Margaret Catley-Carlson, President
The Population Council
One Dag Hammarskjold Plaza
New York, N.Y. 10017-2201
FAX: 755-6052

Ms. Jeannie Rosoff, President
Alan Guttmacher Institute
New York and Washington
120 Wall Street, New York, NY 10005
FAX: 248-1952

Ms. Beth Fredrick
Alan Guttmacher Institute
New York and Washington
120 Wall Street, New York, NY 10005
FAX: 248-1952

Ms. Adrienne Germain, President
International Women's Health Coalition
24 East, 21st St., New York, N.Y. 10010
Tel: (212) 979-8500; Fax: (212) 979-9009

Ms. Corinne N.C. Whitaker, Ph.D.
Program Officer: Africa
International Women's Health Coalition
24 East 21 Street, New York, NY 10010
Tel: (212) 979-8500; Fax: (212) 979-9009
e-mail: iwhc@igc.apc.org

Ms. Peggy Curlin, President
Centre for Development and Population
Activities (CEDPA)
1717 Massachusetts Avenue, N.W.
2nd Floor, Washington D.C. 20036
FAX: 202-332-4496

Ms. Susan Davis, Executive Director
WEDO
355 Lexington Ave.,New York, N.Y. 10017

Dr. Awyn Cohall
Director, Division of Adolescent Care
American Academy of Pediatrics
141 North West Point Blvd
Elk Grove Village, Illinois 60007-1098
FAX: 847-228-5097

Mr. James Wagoner. President
Advocates for Youth
1025 Vermont Ave., N.W.
Suite 200, Washington D.C. 20005

Ms. Anika Rahman, President
Center for Law and Reproductive Health Policy
120 Wall St.,New York, N.Y. 10005

Lucille de Lucena
(Representing Ms. Gloria Feldt, Pres. and CEO)
Director, FPIA Operations
Planned Parenthood Federation of America
810 Seventh Avenue, New York,
New York 10019; Fax (212) 245-1845

Dr. Karusa Kiragu
Johns Hopkins University
Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202-4012
FAX: 410-659-6266

Mr. Peter Roberts
Johns Hopkins University
Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202-4012
FAX: 410-659-6266

Patrick L. Coleman, Deputy Director, CCP
School of Hygiene and Public Health
111 Market Place, Suite, 310
Baltimore, Maryland 21202-4024
Tel: (410) 659-6300; Fax: (410) 659-6266
e-mail: pcoleman@jhuccp.org

Mr. Bill Angel, Officer-in-Charge and
Ms. Karin Johanson, JPO
Youth Unit, United Nations, New York, N.Y.

Mr. Pranay Gupte, Executive Director and
Ms. Ashali Varma, The Earth Times

Mr. Miles Stoby, Executive Director
UN Partnership Trust Fund

Smita Pamar, MPH, Director of International
Programs, SIECUS
130 West 42nd Street, Suite 350,
New York, NY 10036
tel: (212) 819-9770; fax: (212) 819-9776
e-mail: siecus@siecus.org

<u>Secretariat for this Round Table:</u>

Stirling Scruggs, ICPD+5 Coordinator
M. Nizamuddin, Director, Technical and Policy Division
Delia Barcelona, Round Table Focal Point
James Chui, Youth Theme Group Manager
Richard Osborn, Senior Technical Officer
Charlotte Gardiner, Senior Technical Officer
Peter McCormick, Information Adviser
Almaz Wolde-Mariam, Programme/Administrative Assistant
Nicole Santistevan, Assistant
Victoria Rector, Assistant

Vasantha Kandiah, Focal Point, Population Division

Herbert Friedman, General Rapporteur

Annex 3: Documents Distributed

Round Table on Adolescent Sexual and Reproductive Health
New York, 14-17 April 1998

1. ***Opening Statement,*** Dr. Nafis Sadik, Executive Director, UNFPA

2. ***Welcome Remarks***, Ms. Virginia Davis Floyd, Director, Ford Foundation

3. ***The Sexual and Reproductive Health of Adolescents: A Review of UNFPA Programme Experiences*** (Background Paper) presented by Dr. Charlotte Gardiner, UNFPA

4. ***Towards a Common Agenda for Ensuring the Sustainability of ARH Programmes, Framework*** prepared by the Joint Study Group from WHO, UNICEF and UNFPA

5. **WHO/UNICEF/UNFPA Technical Report on "*Programming for Adolescent Health and Development*"**

6. ***Youth Health for Change***, UNICEF Notebook on Programming for Young People's Health and Development

7. ***Protecting the Reproductive Rights of Adolescents***, presentation overheads by Dr. Pramilla Senanayake, IPPF

8. ***Developing an ARH Youth Policy Post ICPD***, Dr. Kwame Ampomah, National Population Council, Ghana

9. ***Socio-Cultural and Economic Dimensions of Adolescent Reproductive Health (Focus on Teen Pregnancy): A Critical Perspective***, and ***Teenage Pregnancy as a Social Problem: A Critical Perspective***, both papers written by Mr. Claudio Stern, El Colegio de Mexico

10. ***Advocacy for Sexual and Reproductive Health and Rights and CEDPA's Youth Programs -*** presentation overheads by Ms. Seema Chouhan, Director, Better Life Options Program for Youth, CEDPA

11. ***Lessons learned for Future Success: FOCUS on Young Adults Programme***, presentation overheads by Ms. Lindsay Stewart, Deputy Director, FOCUS

12. ***Teen Concerns and How Young People Make Choices***, presentation by Mr. Siyanda Macanda, Youth Participant, South Africa

13. ***RH Needs of Adolescents***, presentation by Ms. Christa Harding, Youth Participant, Advocates for Youth, USA

14. ***Developing IEC Programmes Based on ARH Needs***, presentation overheads by Dr. Asha Mohamed, PATH

15. ***Achieving Youth Empowerment Through Peer Education***, project materials presented by Ms. Yola Wissa, Youth Leadership Development Project, Egypt

16. ***Innovative Approaches for Generating Data on Adolescents*** presentation overheads by Dr. Solomon Orero, Centre for the Study of Adolescence, Kenya

17. ***Sexual and Reproductive Health Education***, abstract of presentation by Dr. Evert Ketting, Netherlands School of Public Health

18. ***The Need to Demystify Sex***, presentation made by Ms. Nadia Blaja, Youth Participant, Republic of Moldova

19. ***Promoting Adolescent Sexual and Reproductive Health: A Non-Formal Sexuality Education Proposal In and Out of Venezuelan Schools***, project materials presented by Ms. Mercedes Munoz, Venezuelan AVESA

20. ***Improving the Accessibility and Quality of Information and Services for the Reproductive and Sexual Health of Adolescents*** abstract of presentation by Dr. Herbert Friedman

21. ***Improving the Fit: Young People's Needs and Future Programming for Sexual and Reproductive Health in Developing Countries*** paper written by Ms. Jane Hughes, Rockefeller Foundation, and Ms. Ann P. McCauley, FOCUS on Young Adults Program

22. ***Strengthening Reproductive Health Services and Sexuality Education for Adolescents***, presentation made by Glenn Leckie, FPA, Surinam

23. ***NGO-Government Collaboration for Adolescents Health*** presentation overheads by Ms. Suzanne Cohen, IPPF Western Hemisphere

24. ***Counselling Services for Young People and Suggested Framework on Adolescent Sexuality Problems of Filipino Youth*** presentation overheads by Ms. Aurora

Silayan-Go, Foundation for Adolescent Development, Philippines

25. ***Adolescent Reproductive Health: Involvement of the Community*** presentation overheads by Mounira Hammami, Tunisia Women's Union

26. ***Some Lessons Learned about Making Parent Education Programs Work*** presentation overheads by Mr. Peter Purdy, Margaret Sanger Center International

27. ***Innovative Approaches to Involve Youth in ARH Projects: Scenarios of Post ICPD Projects Involving Youth*** presentation overheads by Ms. Nike Esiet, Action Health Incorporated, Nigeria

28. ***The Algerian Experience in the Area of Young People's Sexual and Reproductive Health: Results and Future Prospects***"(French & English), paper written by Dr. Nadia Bellal, Population Initiatives for Peace, Algeria

29. ***ARH Programmes Through the Mass Media***, presentation overheads by Mr. Mark Connolly, UNAIDS

30. ***Scenarios from the Sahel Project***, project materials presented by Ms. Kate Winskell, Global Dialogues Trust, Dakar

31. ***Comments*** made by Ms. Bjorg Thorsteinsdottir , President, IFMSA

32. ***Summary of Issues and Key Future Actions from the Round Table***, presented by the General Rapporteur

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