

# Establishment of Reproductive Health Supplies Coalition Youth Discussion Group

# Concept Note

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February 10, 2015

### 1. Rationale

Today's generation of young people numbers slightly less than 1.8 billion in a world population of 7.3 billion. That's up from 721 million people aged 10 to 24 in 1950, when the world's population totaled 2.5 billion<sup>1</sup>. The highest proportion of young people today is in poor countries, where barriers to their development and fulfilment of their potential are the highest, poverty is the most prevalent, access to critical health care and schooling is the lowest, and ensuring life opportunities is the most challenging.

About 11% of all births worldwide are to girls aged 15 to 19 years<sup>2</sup>, and the vast majority are in low- and middle-income countries. More than 2 million adolescents are living with HIV<sup>3</sup>. Pregnancy- and childbirth-related complications are one of the leading causes of death among girls 15-18. Young people's access to reproductive health services is constrained by a whole range of factors - cultural, logistical, as well as access to safe, affordable, contraceptives, which is what we are focusing on here. We need to ensure that young people too can make an informed choice on the effective use of contraceptive methods and high-quality maternal health supplies at affordable prices.

During the Reproductive Health Supplies Coalition General Members meeting in Oslo in October 2015 a group of young members of the Coalition raised the importance of looking at young people's needs and the specific barriers they face in gaining access to RH supplies. The role of the Coalition should be to enhance research and data availability on youth contraceptive and other maternal health supplies needs, and also to strengthen young people's engagement and participation within the Coalition.

This concept note explores the possibility and necessity of setting up a youth discussion group within the Coalition that could serve as a platform for knowledge sharing, problem solving, exchanging best practices and promoting greater efficiency through improved coordination and harmonization of maternal and reproductive health supplies services for youth. This Discussion Group will focus on the link between '**Youth and reproductive health supplies**' and will bring together the experts across the 3 working groups (System Strengthening, Market Development Approaches and Advocacy & Accountability) and caucuses (Maternal Health

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<sup>1</sup> United Nations Department of Economic and Social Affairs, 2014

<sup>2</sup> <http://www.who.int/mediacentre/factsheets/fs364/en/>

<sup>3</sup> [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf)

and NURHT) of the Coalition. Based on the experience of this youth discussion group, we will explore the possibility to set up a structural implementing mechanism of the Coalition in the form of a Youth Caucus later on.

## 2. Goal & Objectives

The overall goal of the RHSC Youth Workstream is to ensure visibility and champion the issues of access to quality and affordable Reproductive & Maternal Health (RMH) supplies.

Key **objectives** of the youth workstream will include:

1. Building and strengthening a network of young professionals involved in youth RMH supplies advocacy, research, programming and all aspects of the supply chain across the public, NGO and private sectors.
2. Mobilizing young people and youth-led organizations interested in working on youth- related supplies issues to join the Coalition as a means of building up an extensive and vibrant youth supplies constituency.
3. Collecting data around young people’s contraceptive use, choices, accessibility, quality, and the barriers they face based on research, literature reviews, country experiences and personal stories.
4. Exploring ‘new’ topics relevant to young people’s RMH needs, such as abortion, teenage pregnancies, menstrual hygiene, access and informed choices of contraceptives for both male and female youth.
5. Working closely with the 3 working groups of the Coalition to ensure that programs and strategies for youth are included in their work.

## 3. Thematic areas of work

The Coalition’s recently launched Strategy 2015-2025<sup>4</sup> lays out four pillars that frame its work: availability, quality, choice, and equity. Building from these pillars the following topics are seen as relevant for the scope of work of this group and in collaboration with the RHSC Working Groups and Caucuses. It is not an exhaustive list, rather initial ideas to kick-off the work and stimulate discussion:

### Availability:

Evidence shows that **over-the-counter access to oral contraceptives** helps expand use among adult women. Youth may particularly benefit from this approach, as they experience disproportionately high rates of unintended pregnancy. However, additional research is needed to evaluate whether sexually active youth can reliably screen themselves for contraindications to oral contraceptive use and correctly use oral contraceptives obtained over the counter.<sup>5</sup>

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<sup>4</sup> <http://www.rhsupplies.org/about-us/strategy/>

<sup>5</sup> Manski R, Kottke Melissa. 2015. A Survey of Teenagers’ Attitudes Toward Moving Oral Contraceptives Over the Counter. Perspectives on Sexual and Reproductive Health. 47(3):TK-TK.

The Health System Strengthening Working Group (SSWG) and the Market Development Approaches Working Group (MDAWG) may provide guidance on how common principles around Universal Health Coverage and Total Market Approaches can be applied to improve access to youth friendly products and services.

### Quality:

For young people, as for other age groups, it is often difficult to **recognize the differences between a high quality and a low quality reproductive health product**. Assistance is needed to make this element clearer at the point of access. Innovative methods to verify the quality of the products should be explored, for example: quality and youth product labeling, mobile quality verification applications, the use of social media to educate young people on identifying quality products, among others.

### Choice:

Professional organizations have endorsed **Long-Acting Reversible Contraceptives\_(LARCs)** methods, as well-tolerated and effective birth control options that may be offered to at-risk youth. Studies on youth populations have shown that LARC methods are effective at pregnancy prevention and have high rates of client satisfaction and continuation with minimal side-effects. Yet, only 2% of sexually active girls aged 15-19 years use long-acting reversible contraceptives. Many potential barriers have yet to be adequately explored, such as pain with insertion, insurance coverage, and issues surrounding consent, confidentiality, and access to skilled providers.<sup>6</sup>

We may utilize the Coalition's Market Development Approaches Working Group's (MDAWG) expertise to assess the LARC supplies landscape and the possibility of better demand generation across the total market to address the unmet need for maternal and reproductive health supplies among youth.

The **cost of purchasing contraceptives may be a barrier** to many young people. Condoms are used more often among adolescents because they are easier to access and affordable and because they are coital dependent - you use it when you need it. Costs of acquiring family planning methods might be a barrier for young people who cannot afford them. We will need to see with the MDAWG how we may work across the total market to cater to the different market segments. In addition, innovative finance strategies and mechanisms, and an appeal for better donor and government funding may need to be made for the focus on young people.

### Equity:

In some countries **restrictive laws and policies** prevent young people - especially young women - from accessing family planning methods. Key barriers include parental consent laws as well as laws and policies preventing condom distribution in schools or access to long-term contraception for young women below the age of 18<sup>7</sup>. These legal and policy barriers should be mapped out and evidence-based advocacy required to change them.

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<sup>6</sup> Dodson NA1, Gray SH, Burke PJ. 2012 Aug. Teen pregnancy prevention on a LARC: an update on long-acting reversible contraception for the primary care provider. *Curr Opin Pediatr.* 24(4):439-45.

<sup>7</sup> [http://www.aidsalliance.org/assets/000/001/588/LinkUpVVP\\_original.pdf?1424964366](http://www.aidsalliance.org/assets/000/001/588/LinkUpVVP_original.pdf?1424964366)

The Coalition's Advocacy & Accountability Working Group (A&AWG) may assist in building a strategy to advocate for policies that allow youth better access to maternal and reproductive health product and services.

## 4. Concrete deliverables by the end of 2016

- › Conduct a **consultation meeting** about youth needs in the supply area with youth participants and experts at least 3 national and/or international fora.
- › **Communicate the formation of a youth work stream** with member organizations and request that they facilitate youth participation in the RHSC General Members Meetings.
- › Organize a **youth discussion group meeting** during the RHSC General Members Meeting in October 2016.
- › Collate **country examples** on linkages between contraceptives use and young people.
- › Produce at least **three briefing papers** on youth related supply issues.
- › Organize at least **two webinars** as a platform to promote the RHSC youth work and for youth experts to discuss issues and share presentations on reproductive health supplies projects.

## 5. Structure

The youth discussion group will be chaired by an active member, appointed by the workstream members. The RHSC Secretariat focal point for youth will provide administrative support. Members will need to represent a member organization and commit to participate actively in the youth discussion group. In addition to the email exchanges between the members, the youth discussion group will host periodic calls with members.

If it is decided to form a Youth Caucus in 2017-2018, the structure and organization will be in line with the generally agreed criteria for RHSC Caucuses.