Africa Regional Consultation with Youth on HIV/AIDS and Sexual Reproductive Health

AFRICA FREE OF HIV/AIDS
DEVELOPMENT AND THE NEXT GENERATION

Organized and Co-sponsored Jointly by the World Bank, UNAIDS, UNFPA and UNICEF
Front Cover Painting

About the artist:
Mr. Paul Olaja is a 19-year-old AIDS orphan from Uganda. Mr. Olaja passionately shares the stories of his homeland and conveys young people’s aspiration towards life through his artistic works. His paintings are vivid and dynamic, revealing his love of movement, harmony and community.
Foreword

Africa holds the largest proportion of the world’s young people. As the world’s youngest continent, Africa faces opportunities for investing in its youth and challenges in providing youth possibilities for safe and productive futures. Future economic growth depends on the youth who are tomorrow’s productive workers, leaders, entrepreneurs, parents, citizens – and whose actions will determine the fate of future generations.

However, for African youth the passage from childhood to adulthood is especially complex and fraught with dangers. Poverty, unemployment, violence, sexual coercion and exploitation, substance abuse, crime and other risky behaviors pose major challenges to youth throughout the region. These desperate circumstances make young Africans vulnerable to early childbearing, unintended pregnancies, unsafe abortion, sexually transmitted diseases and HIV/AIDS.

Recognizing the important economic and social benefits of investing in youth, the World Bank’s 2007 World Development Report suggests that the time has never been better to invest in young people in developing countries especially in Africa. The 2007 WDR identifies policy directions for investing in youth by expanding their opportunities, enhancing capabilities and providing second chances. Investing in young people contributes to the World Bank’s overarching mission of fighting poverty and the commitment to assisting countries achieve the Millennium Development Goals, which include the fight against HIV/AIDS.

Furthermore, UNAIDS and its co-sponsors including the World Bank, UNFPA, UNICEF, and WHO have formed the Interagency Task Team on young people and HIV/AIDS to address the issues of young people in the response to HIV/AIDS and accelerate progress. The IATT and other UNAIDS co-sponsors are supporting governments to implement diverse youth programs, build capacity, examine financing and program gaps, as well as exploring synergies between HIV/AIDS and sexual reproductive health programs. The IATT also recognizes the importance of youth participation and hearing the voice of youth in designing effective programs.

In the process of updating the World Bank’s HIV/AIDS strategy for Africa, the World Bank, jointly with UNFPA and UNICEF, cosponsored a regional consultation meeting with youth, governments, other UNAIDS cosponsors and development partners. This report presents the deliberations of the Africa Regional Consultation with Youth on HIV/AIDS and Sexual Reproductive Health held in February 2007 in South Africa.

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UNFPA    Fama Hane Ba, Director, Africa Division
UNICEF    Peter McDermott, Chief, HIV/AIDS Section
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Acknowledgements

The World Bank, UNFPA, UNICEF and UNAIDS sincerely thank the governments and young people who participated in this meeting, shared their experiences and provided recommendations and guidance on how to address vulnerabilities of young people to HIV/AIDS and improve their sexual and reproductive health. The World Bank is also grateful to all the participants for their inputs in updating the World Bank Africa Region HIV/AIDS Agenda for Action 2007-2011. We would also like to thank the many resource people, facilitators and presenters.

The organizers would like to thank Haddas Wolde Giorgis (World Bank) and Akinyele Dairo who prepared this report with contributions from Mark Schreiner and Sibili Yelibi (UNFPA), Diane Widdus (UNICEF) and Cassandra de Souza (World Bank). Dr. Akinyele Dairo led and coordinated the UNFPA participation; Diane Widdus, Rick Olson and Tchim Tabaro led and coordinated the UNICEF participation, Cassandra de Souza coordinated the World Bank participation with contributions from Haddas Wolde Giorgis, Therese Cruz and Yvette Atkins who managed the logistics, and Ted Schreiber for the design and formatting of the final document. Elizabeth Lule (World Bank) provided technical and overall guidance for these efforts.

UNFPA and UNICEF co-financed the meeting and contributed funding for the participation of young people and youth serving civil society organizations from the twenty-one countries and some logistical costs. The World Bank contributed funding for the participation of government participants from each country and the majority of the logistical and consultation costs.

The meeting was held in South Africa to facilitate sharing experiences with non-MAP countries and because Southern Africa carries the highest burden of HIV/AIDS. This location selection was intended to ensure adequate participation of all the SADC countries. The identification of relevant participants and participation of the Southern Africa Customs Union (SACU) countries was made possible with the leadership and commitment of the South Africa Country Director for the World Bank, Ritva Reinikka, and her country team including Eugenia Marinova, Sheila Dutta and Shirley Faragher in collaboration with UNAIDS co-sponsors. Special thanks go to the country delegations, which prepared the country presentations and actively participated with keen insight throughout the three days, and the UNICEF and UNFPA country office staff that provided assistance before, during and after the consultation to participants.

We are grateful to the technical staff from the World Bank, UNFPA, UNICEF and UNAIDS, and other agencies (WHO, UNODC, SIDA, USAID and CDC) who attended and facilitated various plenary sessions and group work activities of the consultation.

The organizers acknowledge the generous support of the Royal Governments of Norway and Sweden through grants from the Royal Ministry of Foreign Affairs, Norway and Swedish International Development Agency to the World Bank.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AfriYAN</td>
<td>African Youth and Adolescent Network on Population and Development</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>ARV</td>
<td>Antiretroviral drugs</td>
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<td>AYA</td>
<td>African Youth Alliance</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>CAP</td>
<td>Country Action Plans</td>
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<td>CAS</td>
<td>Country Assistance Strategy</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IATT</td>
<td>Inter-Agency Task Team</td>
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<td>ICASA</td>
<td>International Conference on AIDS and STIs in Africa</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>MAP</td>
<td>Multi-Country HIV/AIDS Program</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
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<td>NAC</td>
<td>National AIDS Commission/Council</td>
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<td>NEPAD</td>
<td>New Partnership for African Development</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PLWHA</td>
<td>Person/People Living with HIV/AIDS</td>
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<td>PMTCT</td>
<td>Prevention of Mother To Child Transmission</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Programmes</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>SWAP</td>
<td>Sector Wide Approach</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programs on AIDS</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WDR</td>
<td>World Development Report</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YFS</td>
<td>Youth Friendly Services</td>
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Executive Summary

The Africa Regional Consultation with Youth on HIV/AIDS and Sexual Reproductive Health was initiated by the World Bank (ACTafrica) together with various units of the Bank (Human Development Network) and co-sponsored by UNFPA and UNICEF. This youth consultation was timely and critical given the urgent need to address the underlying factors of sexual and reproductive health and HIV/AIDS issues, and the increasing political and social attention on the continent to address these issues in Africa.

The regional Consultation was organized to facilitate dialogue among young people and key stakeholders on effective approaches and partnerships for addressing youth Sexual Reproductive Health (SRH) and HIV/AIDS issues, to document promising youth-focused interventions in national HIV/AIDS and SRH programs, and to identify ways of strengthening linkages between SRH and HIV/AIDS services. The cosponsors also wanted to strengthen monitoring and evaluations of youth-friendly services and build the evidence base for effective interventions, in order to intensify the effectiveness of youth programming on SRH and HIV/AIDS.

Over 135 participants from 20 countries, including representatives from government, youth, youth serving organizations and development partners working on youth HIV/AIDS and SRH matters attended. Consultation sessions varied between plenary and group work to allow participants to actively engage and discuss relevant strategies and interventions on the basis of the technical knowledge that was shared in plenary sessions. By the end of the consultation, the country delegations were asked to prepare a draft Country Action Plan (CAP). This draft CAP was to form the basis for further refinement and discussions with decision makers and additional stakeholders in their respective countries. The co-sponsoring agencies are following up with individual countries on the progress made in refining the CAP and identifying areas of support that would facilitate its implementation. Agreement was also reached by the IATT members co-sponsoring the meeting (WB, UNFPA, and UNICEF) that UNFPA will prepare a draft work plan on how to effectively support country and regional initiatives to mainstream youth HIV/AIDS and SRH issues for the 2007-2008 period and submit it to the World Bank for approval and funding.

In addition to the sharing of country experiences and networking opportunities, the consultation provided concrete recommendations on how to intensify the integration of sexual and reproductive health and HIV/AIDS response for young people in Africa. A key highlight was that these recommendations were achieved with the involvement, empowerment and participation of young people. The recommendations will be used to help strengthen the effectiveness of youth programming on SRH and HIV/AIDS within the MAP projects, Poverty Reduction Strategy Programmes (PRSPs), and relevant country frameworks. The consultation also provided inputs in developing the Agenda for Action 2007-2010 for the Bank’s HIV activities in Africa and will guide youth SRH interventions in the revised World Bank health strategy. The draft, strategic CAPs include recommendations for better inclusion of youth priorities in their national HIV/AIDS and SRH programs, and increasing coordination among stakeholders to scale up effective interventions. The co-sponsors agreed to work together to support Governments to scale-up an integrated approach to SRH and HIV work in young people while recognizing the specific context, such as the needs of males and females, different priorities and prevalence rates, urban and rural.
The meeting was highly rated by all participants and provided an excellent demonstration of country, regional and global participation of members of the IATT on Young People and HIV/AIDS. The meeting agenda, list of participants and members of the core organizing team, and summary of country presentations are attached as annexes.

Conference Presentations and Materials are available on www.worldbank.org/afr/aids
Introduction

Adolescence is a time of tremendous opportunity and change but it is also a period of risk taking and young men and women face increased vulnerabilities. Unfortunately, pervasive social, economic and health problems mean that circumstances for Africa’s youth are often especially difficult. Many young Africans are forced to end their education early and a growing number must grow up as orphans or on the streets. Gender based inequalities persist, such that girls do not reach their potential and boys have a false sense of power and domination. These factors give rise to sexual reproductive health problems exacerbated by risk-taking behavior, early onset of sexual activity, limited access to basic health services and information about HIV/AIDS and a tendency to have many partners.

According to UNAIDS 2006 AIDS Update report, globally young people (aged 15-24) account for 40% of new infections, of whom young females are disproportionately affected. Based on recent surveys, three young women (15-24 years) are infected with HIV for every young man in Africa¹ and the ratio is even higher in some countries. There are now over 12 million AIDS orphans in Africa, constituting 80% of the global total. These orphans, many of whom are adolescents and youth, are deprived of their potential to develop and grow, and may be at higher risk of contracting HIV and having poor sexual and reproductive health.

Contraceptive prevalence rates are low in most African countries, as low as 4.3% in Liberia and Mozambique (5.4%), compared to a 22.9% average in Eastern and 52.7% in Southern African countries (WDI 2006, WB). Each year, between 2 to 4 million young girls undergo unsafe abortions, resulting in childbirth being a leading cause of death for young women aged 15-19. Africa and Asia together account for 95% of the world’s maternal deaths, with Africa having the highest maternal mortality rate (average MMR of 920 per 100,000 births). Children of adolescent mothers are also at higher risk of childhood illness and death.

Youth have long been on the edge of society and not involved or mentored to take civic and national development responsibilities. If the socio-economic realities of Africa are to change, more needs to be done to address the drivers of poverty and poor health, which leads to morbidity and untimely mortality of the population, particularly for the youth who are the future generation. There are a number of global, continental and national frameworks and initiatives that have been developed recently to address these issues, yet a lot still has to be done.

Until recently, young people (adolescents and youth aged 10-24) have been overlooked in many HIV/AIDS interventions in Africa. However, international HIV activists, health practitioners and policy makers have begun to acknowledge that young people, who represent 33 percent of the African population and are more vulnerable to HIV infections, have great potential in the battle against HIV/AIDS. According to UNAIDS 2006 AIDS Update report, globally young people account for 40% of new infections. This acknowledgement is particularly important in light of newly available evidence suggesting that changing the sexual behavior of youth through appropriate social influences is critical to tackling the pandemic².

² C. Marston and E. King, Factors that Shape Young People’s Sexual Behavior: A Systematic Review, Lancet, 2006
The age of sexual debut is increasing among young men and women in Africa. According to a WHO 2005 report, sex with non-regular partners shows a decrease in Kenya and Malawi among young people aged 15-24 years, while there is an increase among women in Uganda for the same age group. Condom use during sex with a non-regular partner increased in Cameroon, South Africa, Tanzania and Uganda among men and women, but only among women in Kenya and Zambia, and only among men in Malawi (WHO 2005). This study shows mixed results, indicating the complex nature of the epidemic. Generally, condom use is very low in Africa compared to the rest of the world.

Realizing the importance of responding to young people and the need to ensure the development of their full potential and their effective participation to change the prevailing poverty and socio-economic ills of Africa and other developing countries, the World Bank published the 2007 World Development Report (WDR 2007). The World Development Report is entitled “Development and the Next Generation”. This is a publication that can help countries set multi-sectoral policies and frameworks to provide opportunities and enhance the capacity of youth. Providing youth with these second chances will facilitate their ability to change risky behaviors and make informed choices. The World Bank also took the lead to put the Multi-Country HIV/AIDS Program (MAP) during the year 2000, assigned a 1.32 billion US dollars to address HIV/AIDS issues in Africa from the IDA funding.

UNAIDS Co-sponsors Interagency Task Team on Young People and HIV/AIDS

The UNAIDS co-sponsors Interagency Task Team (IATT) on young people and HIV/AIDS, which includes the World Bank, UNFPA, UNICEF, WHO, the UNAIDS Secretariat and others, has been making efforts to address the issues of young people within the HIV/AIDS response. UNFPA has been mandated to convene and lead the co-sponsors around scaling up the response with and for young people at global level and to coordinate the provision of co-sponsors technical assistance at regional and national levels. Numerous inter-agency collaborative activities have been implemented in Africa. These include:

- Capacity building and knowledge sharing on SRH and HIV prevention among young people for national programme implementers in Nairobi Kenya in September 2004
- Coordinated youth participation at ICASA 2005 in Abuja, Nigeria
- Inaugurated the Africa Youth and Adolescent Network (AfriYAN) on Population and Development with emphasis on SRH and HIV/AIDS at the Africa Regional Youth Forum in December 2005
- Supported the African Union to develop the African Youth Charter and to organize the African Union Ministers’ Responsible for Youth Conference and the preceding youth Forum and the experts meeting to adopt the first-ever African Youth Charter, in Addis Ababa in May 2006
- Provided technical support to the Fifth Africa Development Forum (ADF-V) with the theme Youth and Leadership in the 21st Century, in Addis Ababa in November 2006
- Africa Inter-agency Regional Life-Skills Initiative in 21 countries (2007)
- Development and piloting of UNAIDS Guidance Briefs for HIV Prevention, Treatment, Care and Support among Young People to support UNCTs (2007).
Africa Regional Youth Consultation SRH and HIV/AIDS

Under the auspices of the IATT on young people and HIV/AIDS, the World Bank in updating its Africa Region HIV/AIDS Agenda for Action 2007 – 2011, collaborated with UNFPA, UNICEF and the UNAIDS Secretariat to organize the Africa Regional Youth Consultation on SRH and HIV/AIDS. The Consultation opened on Sunday, 25 February, 2007 and during a reception on the first day, Elizabeth Lule, ACTafrica Manager, and Agathe Lawson, UNFPA Regional Director, welcomed the participants and gave them the opportunity to introduce themselves and interact.

Objectives

The objectives of the consultation were to provide opportunities to:

- Dialogue with young people and key stakeholders on effective approaches and partnerships for addressing youth SRH and HIV/AIDS issues,
- Document promising youth focused interventions in national HIV/AIDS and Reproductive Health programs,
- Identify ways of strengthening linkages between SRH and HIV/AIDS services, and
- Strengthen monitoring and evaluation of youth friendly services and build the evidence base for effective interventions, and
- Strengthen implementation of the Three Ones (One national coordination body, One national strategic plan, and One national M&E and reporting system).

This consultation was also to provide input to other regional and global partnership activities such as the Global Task Team and other youth SRH and HIV/AIDS initiatives supported by other development partners. Although not a primary objective, the Consultation was also an opportunity to facilitate learning between youth and countries by sharing experiences.

Participation

There were 135 participants from 20 countries, from Botswana, Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe. Other participants were from UNAIDS co-sponsors (World Bank, UNFPA, UNICEF, WHO, UNODC and UNAIDS Secretariat), and other agencies such as SIDA, USAID and CDC. The African Union and NEPAD were also present. A comprehensive list of participants and the core organizing team is available in Annex 1.

Country delegations included representatives from government agencies, National AIDS Councils, Ministries of Health/Reproductive Health Units, Youth, Gender, Social Affairs, National Youth Councils and national population secretariat. Leaders of youth organizations, executives of youth-serving civil society groups and senior technical staff of development partners were among the participants. Young people living positively with HIV/AIDS were also represented. The gender distribution among participants was 52.6 % male and 47.4 % female. Eleven development partners, mostly from the Africa Region (World Bank, UNFPA, UNICEF, UNAIDS, WHO, UNODC, SIDA, USAID, CDC, Africa Union and NEPAD) sent participant representatives. It was encouraging that
many of the institutions and government sectors were represented by young people (participants under the age of 30 years), including those from the development partners. From the preparatory stage and throughout the meeting, participatory approaches were used to make the consultation inclusive and ensure contributions from the diverse and multi-sectoral participants.

**Methodologies and Learning Approaches**

One of the aims of this meeting was to encourage multi-sectoral dialogue and joint planning and M&E among key stakeholders and partners working on youth SRH and HIV/AIDS in line with the Three Ones initiative. Various interactive learning methodologies were used, including presentations on Youth SRH and HIV/AIDS policies and programs, plenary and group work facilitated by participants, and technical presentations of promising approaches, successful projects and lessons learned. Recaps of the previous day’s activity were prepared by a small group of participants and presented by the young person in the group. There was also a Country Marketplace to exhibit and share the development and implementation of youth-related policies and programs from each country. Daily oral and written evaluations of each day’s activities and a final meeting were also undertaken.

*As outlined in the agenda, the main themes and topics covered included:*

- The World Bank's MAP Response to the Epidemic
- World Development Report (WDR) 2007, Development and Next Generation, with policy framework for action to address youth issues
- Ready, Steady Go (Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing countries (WHO, 2006))
- Comprehensive multi-sectoral responses to SRH/HIV prevention in young people – the UNFPA - AYA Initiative
- Accelerated Multi-sectoral Response Education and HIV/AIDS
- Monitoring and Evaluation (M&E) -- Experiences from UNAIDS work in Africa
- Strengthening the Linkages Between SRH and HIV/AIDS
- Youth and Poverty, and
- Other cross-cutting country experiences and responses to HIV/AIDS, including community involvement and youth participation experiences from AYA project, and youth networking and empowerment development through AfriYAN.

The final Agenda is provided in Annex 2.

The presentations and discussion on the topics gave participants information and enriched their knowledge and overview of programming for youth SRH and HIV/AIDS, with a focus on integration and multi-sectoral approaches of addressing the issues.

As part of the youth empowerment aspect of the consultation, youth participants were encouraged to engage in all the processes, including, chairing, facilitating and making presentations. Two young
people also delivered key note speeches on their experiences. The participants from the development partners, particularly those from UNFPA and UNICEF, came with their national teams and would follow up on implementation of the recommendations from the Consultation in their respective countries. All staff of development partners served as resource persons and facilitators throughout the meeting.
DAY 1: Monday 26 February, 2007

The agenda for the first day was organized into three major sessions that included setting the stage, sharing of country experiences and presenting evidence-based/best practices. In setting the stage, objectives, expected outcomes and logistical issues were reemphasized with the key logistical issues.

Key Note Speeches: Keynote remarks were presented in an adult-youth partnership. Andrew Arkutu, an African technical expert and advocate of sexual and reproductive health, shared his experience and provided guidance to the forum. In his speech, he underlined that we need to remind ourselves that “behind our statistics and data, lies a swelling pool of human tragedy, suffering and despair. We may have found ways to calculate the real and potential impact of HIV/AIDS on national economies and social services. However, we have not found a way to measure the pain and grief of a mother who lost her young son or daughter to AIDS.”

Two young people, Gubu Dubazana, a young woman living positively with HIV from South Africa, and Edford Mutuma, Chair of the African Youth Network (AfriYAN) on Population and Development shared their experiences. Gubu shared her experience of being a young woman, living with HIV and living in a community where crime rate is high. Gubu stressed the need to inform and empower women to access services and be adequately informed about their sexual and reproductive health and rights. Edford said that “Some groups think we are too young to know, but, they must also know that we are too young to die”. He insisted on the need for the stakeholders to stop perceiving young people as a burden, but consider them as an asset to contribute to Africa’s development.

1. Setting the Stage

Youth SRH and HIV/AIDS in the Africa region: On behalf of Fama Hane Ba, the UNFPA Africa Division Director, Agathe Lawson (Manager, UNFPA Regional Directors Team for East and Southern Africa) commended the World Bank for initiating the consultation and for taking leadership in the response to the HIV/AIDS epidemic, by putting the World Bank MAP project in place in the year 2000. She explained that the discussions of this meeting should be based on the outcomes and agreements of several conferences and programs, among which are, the ICPD and ICPD +5 and +10; the MDGs; the Beijing Platform for Action 1995 and the Beijing +5, the United Nations General Assembly Special Session (UNGASS) on prevention of HIV/AIDS, Malaria and Tuberculosis; and the Abuja Declaration on Universal Access to HIV/AIDS prevention, treatment, care and support. After giving a few key indicators on youth and SRH and HIV/AIDS situation in Africa, she emphasized the need for integrating the response in the fight against the epidemic. In concluding her remarks, she commended the various regional initiatives such as the African Union Maputo Policy Framework and the Implementation Plan of Action to the Universal Access to Comprehensive Sexual and Reproductive Health and Rights, the African Youth Charter and the Consensus Statement of the fifth Africa Development Forum (ADF-V). All these processes ensure that young voices are heard in all the forums. She emphasized the need to support the implementation of the commitments and recommendations of the consultation to ensure youth voices, actions and participation are strengthened.
The World Bank MAP Response to the Epidemic in Africa: Elizabeth Lule explained that for 20 years, the HIV pandemic was largely ignored. By 1999, it was clear that Africa was facing a major catastrophe and the MAP was designed as the emergency response to this HIV/AIDS crisis. She stated that the MAP reflected a long-term commitment to HIV/AIDS and enumerated among its objectives:

- Capacity-building for government agencies and civil society;
- Supporting community organizations, NGOs and the private sector with focus on women, PLWHA and orphans; and
- Effective coordination of the multi-sectoral public sector response.

She gave a brief update of the MAP, which covers 29 African countries and 4 sub-regional projects, committed a total of US$ 1.32 billion and US$ 830 million (about 63.2%) has been disbursed. The long term commitment of the multi-sectoral approach of the MAPs was introduced to enable greater community response and allow stakeholders, including youth, to access the MAP funding. Countries appreciate the MAP for putting in place an institutional framework that reaches and benefits communities at lower levels.

In the use of MAP funds, the community response (funding to civil society) has been the primary approach, using about 38% of the MAP resources. In countries such as Uganda and Ethiopia, the civil society used over 55% of the MAP project resources. Implementation of the MAP has been constrained by challenges such as weak capacities to include youth, implementation gaps, poor coordination of youth and HIV/AIDS interventions by stakeholders, the lack of continuity in the implementation of activities and difficulties in communication. She emphasized the need for National HIV/AIDS Councils (NACs) to improve coordination of youth activities by the different ministries, youth groups and relevant key stakeholders. She underlined the importance of multi-sectoral approaches and harmonization of the various interventions to benefit from each others’ expertise. Finally, she raised the concern of the sustainability of treatment under a universal access platform, especially with concerns about equity of access, adherence, human resource constraints in the health sector, and the limited financial resources and fiscal space for African countries. She therefore emphasized the need to focus on effective prevention interventions to reduce the treatment burden.

The WDR 2007, Development and the Next Generation: Matthias Lundberg (World Bank) stated that the Bank recognized the importance of youth and gave special emphasis by publishing the World Development Report (WDR) 2007 on “Development and the Next Generation”. Highlighting the critical role that youth can play, he informed participants that WDR 2007 does not deal exclusively with SRH and HIV/AIDS. The WDR considered many multi-sectoral issues that affect the development of young people. The world presently has the biggest youth population cohort in history. There is greater progress in human capital development, for example decrease in under-five mortality, but there are also new challenges for youth, such as HIV/AIDS, increased substance abuse and social transformation. Young people often take risks with their health that can have long term adverse consequences. The WDR 2007 document was motivated by the capacity of the youth to take their own decisions about health, sex, education, and work, to face the consequences of these decisions and seize second chances.
He shared the results of surveys commissioned by the World Bank in seven countries which showed that there are enormous variations in knowledge and attitudes among countries and that young people know very little about the consequences of their decisions. The findings indicated that young people are a weak constituency because of socio-economic determinants. These socio-economic determinants include that youth consider short term benefits, avoid long term costs missing markets (unable to get economic opportunities), face coercion (power relations such as exploitation by political bodies), and lack of sufficient access to knowledge, appropriate technology and services. The survey findings also reported that even when youth had SRH knowledge, they still engaged in risky behavior. The WDR 2007 emphasized that there is a need for youth to be given opportunities to fully develop their capabilities and second chances to recover from risky choices and behaviors (e.g. safe abortions, access to STI treatment, and rehabilitation). Youth policy and related multi-sectoral frameworks must be coordinated, provide a voice for young people and rigorously evaluated. The WDR 2007 findings clearly indicated that youth programs and interventions are not systematically evaluated. Notably, only 2 percent of the total number of interventions reviewed had objectively measured outcomes, indicating a serious problem.

He highlighted that the World Bank should assist in more extensive evaluations to gather evidence, channel this knowledge and experience, encourage new finances for youth programming and open up to civil society groups. Young people can also do better by working within the system and go beyond the system to demand for information, services and accountability.

2. Country Experiences

Delegates from all the twenty countries made presentations on the status of youth SRH and HIV activities in their countries. The country presentations provided a summary report indicating the status of policy and institutional frameworks, major program achievements and lessons learned, opportunities, challenges and gaps for integration and scaling up and possible future directions in their respective countries. These country presentations facilitated cross-country exchange of experience and knowledge sharing. The existence of various policy frameworks and increasing enabling environment in all the countries is very encouraging. Several countries highlighted efforts to address youth HIV and SRH vulnerabilities through curbs on gender violence. A majority of the countries have ad hoc interventions that reach young people through formal mechanisms of schools, religious institutions and workplace areas. There are various attempts to address SRH and HIV/AIDS issues for youth; however, the country presentations also reported the existence of various challenges. Almost all the countries indicated that strengthening the integration of SRH and HIV/AIDS activities has been particularly difficult, due to the lack of coordination among the vertical programs within Ministries of Health and National AIDS Commissions. The lack of a specific focus on youth interventions that address awareness, service delivery and treatment, was also cited as a major challenge. Country presentations are on the ACTAfrica website (www.worldbank.org/afr/aids) within the overall Africa Regional Consultation on Youth materials. The synthesis of country presentations, showing the similarities, divergence and uniqueness are summarized in Annex 3.
3. Evidence-Base and Good Practices

A. Prevention of HIV/AIDS in Young People: Steady, Ready, Go

Bruce Dick (WHO) gave an overview of the work done by the global IATT on Young People and HIV/AIDS to review the evidence of policies and programs to achieve the global goals set in this area. The review focused on interventions for young people that were meant to increase access to HIV/AIDS interventions, to decrease vulnerability and also to decrease prevalence. He identified the need for more evidence and emphasized increasing access to information, skills and services. The review for evidence-base was classified through a comprehensive and transparent approach into the Steady, Ready, and Go initiative. Steady (defined as the interventions that show promise and potential, but still need more research and development), Ready (defined as programs or interventions to be implemented widely but need to be evaluated rigorously for more evidence), and Go (defined as interventions to take to scale now with monitoring for coverage and quality). Some interventions classified as Do not go were defined as showing evidence against implementation of the interventions. These categorized interventions were recommended to policy makers, program development and delivery managers and researchers.

The interventions that were recommended under GO included:

- **School**: curriculum-based interventions with effective characteristic, led by adults
- **Health Services**: interventions to train service providers, changes to facilities, and promoting services with young people and community gatekeepers
- **Mass media**: interventions that deliver messages through radio, television and other media.

Those recommended under READY included:

- **Geographically defined communities**: interventions that target young people using existing structures organizations
- **Young People most-at-risk of HIV**: facility-based programs that also have outreach component and provide information and services. The evidence-based approach helps to identify what works and what does not work when setting priorities and allocating the limited resources for HIV/AIDS interventions in young people.

This evidence-based approach helps to identify what works and what does not work when setting priorities and allocating limited resources for HIV/AIDS interventions in young people.

B. Comprehensive Integrated Multi-Sectoral Response to SRH and HIV Prevention: The African Youth Alliance (AYA) Approach

Ugo Daniels (UNFPA) explained that the AYA\(^1\) model examines promising youth interventions, funded by the Bill and Melinda Gates Foundation with a grant of US$ 56.7 million for a comprehensive range of interventions implemented during the period 2000 – 2005 in 4 countries in Africa -- Botswana, Ghana, Tanzania and Uganda. The program strategies included: policy and

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\(^1\) AYA is the African Youth Alliance: a partnership between UNFPA, Program for Appropriate Technology in Health (Path) and Pathfinder International, intended to improve adolescent sexual and reproductive health, including HIV/AIDS of young people aged 10 – 24 years.
advocacy, behavior change communication, youth friendly services, livelihoods, institutional capacity building and coordination and dissemination. AYA also had some cross-cutting strategies, including establishing partnerships between youth-adults, and addressing gender equality and adolescent sexuality. Community involvement was critical in implementation of the AYA programs. A Participatory Learning and Action (PLA) approach was used for collective learning and flexibility in community diagnosis, problem-solving and definition of solutions. Some of the challenges and lessons learned from AYA’s experience included that:

(i) Adolescent sexuality and Reproductive health issues are culturally sensitive and require special care and entry points
(ii) Community leadership is very diverse and requires prior analysis to identify champions to lead the process
(iii) Encourage community ownership to ensure suitability and scaling up requires careful evaluation of what works and resources for effective implementation, and
(iv) Challenges of partnership and coordination of a multi-agency, multi-sectoral response.

AYA has a wealth of information and data on adolescent SRH, including HIV/AIDS from the implementing countries and was enriched with experiences from other continents. More AYA information is available at www.ayaonline.org

C. Education and HIV/AIDS

Andy Tembon (World Bank) made a presentation on the UNAIDS Interagency Task Team on Education and HIV/AIDS, which agreed to address the situation of adolescent groups by working with Ministries of Education. The IATT on Education hoped that the strategy would result in a HIV/AIDS free continent within a decade. Mr. Andy Tembon noted that the Bank-led Education and HIV/AIDS process started by setting clear objectives and used phases of interventions consisting of regional analytical work. This was followed by sub-regional workshops and the establishment of National Development Partners Group and finally ended with the organization of workshops and follow-up activities at the national level. The purpose was to accelerate the education sector response to HIV/AIDS and ensure that education plays a significant role to complement the work of the health sector. As of February 2007, there are four regional groups (West Africa with 16 countries launched in 2004, East Africa with 9 countries launched in 2006, Lusophone Africa with 5 countries launched in 2006 and Central Africa with 7 countries launched in 2007). The Ministries of Education of most countries have revised their curriculum to include HIV/AIDS and also developed learning and promotional materials for teachers, students and the public on HIV/AIDS. The Ministry of Education also supports clubs for both in-school and out-of-school youth.

D. Youth Networking and Leadership in Policy Dialogue and Programming

In the spirit of youth-adult partnership, Mark Schreiner (UNFPA) and Edford Mutuma (AfriYAN) made a joint presentation. They explained that the key purpose of AfriYAN was youth empowerment and meaningful participation in policy and programme development and implementation in Africa. AfriYAN is the African Youth and Adolescent Network on Population and Development supported by UNFPA, under the IATT, to respond to youth SRH and HIV/AIDS issues. They provided some
keys to successful youth engagement and challenges of youth participation and networking in the continent based on their experiences.

Based on AfriYAN’s experiences, the challenges of youth participation and networking often include: weak and unsustainable coordination mechanism, weak skills (underdeveloped and untrained) and high turnover of leaderships, inadequate financial resources and resource mobilization capacity, lack of perspective for volunteerism, and the volunteers are unemployed with no income or any other means to support basic needs to participate. Representation of rural and vulnerable groups of young people was identified as challenge. Languages across the Africa continent (English, French, Portuguese and many other African languages) were mentioned as causes for communication barriers as well as poor access to IT for information and knowledge sharing. Donor-driven activities and not self-initiated, with little or no attention to sustainability was also cited as a problem.

Some of the lessons learnt from the AYA-UNFPA initiatives in youth networking include:

- Strengthening existing and building strong national networks is essential if one is to establish regional networks of next level
- Networks should be issues focused and strong and not established for upcoming or just concluded events such as ICASA, ADF, and others
- Young people must demand to be provided with the right education and training to participate effectively
- Link national networks to national programs/projects to build their capacities and be involved in program development, implementation and monitoring and evaluation
- Need to ensure balanced gender and age representation
- Avoid coordinating bodies with high administrative or running costs which are difficult to sustain
- Partner with government and existing structures (local, religious, traditional, issue focused, etc.) to increase effectiveness
- Youth-adult partnership is essential even where networking is youth-centered and led
- To be successful and sustainable, there is need for dedication, commitment and determination by the young people themselves.

The meeting participants discussed the example of AfriYAN, analyzing their mission, current roles and future directions. After the presentations, the following issues were raised and discussed in-depth: type of education necessary for young people to participate; the case of rural youth’s exclusion; relationships between national authorities and development agencies; the issue of livelihood and SRH and HIV/AIDS policies; resistance to provision of life skill education in school by teachers; role of mid-term evaluation in explaining different trends in behavior change, depending on gender; sustainability of programs and the need for active involvement of the Bank for coordination. Information on Youth Participation is available on www.ayaonline.org and information on AfriYAN is available at www.afriyan.org
DAY 2: Tuesday 27 February, 2007

The agenda for Day 2 was organized into four major activities: Recap of Day 1 activities; Presentations; Plenary and group work; and, a Market Place by countries for knowledge sharing on their SRH and HIV/AIDS policies and programs. The daily recap was reported by Victorine Yameogo from Burkina Faso and Diakhoumba Gassama from the African Union.

Monitoring and Evaluation and Indicators

Masauso Nzima (UNAIDS) gave an overview of HIV status in Africa, showing the magnitude and justifying the need to respond to the epidemic. The impact of the epidemic, particularly on children and youth, has made Africa home to 12 million or 78.9% of the orphans worldwide. He also highlighted why and how to monitor and evaluate interventions for results and evidence. He gave an overview of the UNGASS M&E functional framework that includes 11 multi-sectoral and holistic components for a joint M&E system. The 11 components are summarized as, assessing the existing situation (setting base line), agreeing on the objectives, outlining every step of the approaches and operational procedures (program monitoring system for data management), and agreeing on a costed monitoring and evaluation plan.

The importance of identifying national level relevant indicators and M&E framework related to the national strategic plan and objectives was emphasized, including the SRH and HIV/AIDS inputs – outputs – outcomes – impacts. Strong management of the M&E system, inclusion of key stakeholders using participatory approaches, and regular reporting was also underlined. Examples of countries which have implemented the UNGASS system of functional M&E are Botswana, Swaziland, Malawi, Zambia, and Tanzania. Namibia is at an early stage, while Rwanda and Eritrea have included monitoring and evaluation system within their MAP projects.

In view of the need to integrate the responses between HIV/AIDS and Sexual Reproductive Health, he highlighted some SRH indicators that show the situation in Africa. Birth attendance by skilled personnel is 82.8% in Southern African countries and 34.5% in East African countries, while contraceptive prevalence is 22.9% in East Africa, and 52.7% in Southern Africa countries (WDI 2006, WB). He also provided SRH indicators among men and women 15- 24 years in high HIV/AIDS prevalence countries of SSA, such as indicators on sex with non-regular partners and condom use with non-regular partners.

He recommended that for countries that are planning to link HIV/AIDS and SRH programs, the entry point should be looking at the existing national frameworks or strategic plans and programs. Selected SRH indicators as well as a monitoring and evaluation guideline and system should be agreed upon. An action plan to operationalize the linked HIV/AIDS and RH system should also be developed with roles and responsibilities for key national and sub-national stakeholders agreed upon, and a national advocacy campaign to effectively implement the action plan should also be put in place.
4. Strengthening the Linkages between SRH and HIV/AIDS Programs

Elizabeth Lule (World Bank) made a presentation on how to strengthen the linkages between SRH and HIV/AIDS programs. She gave an overview of the ICPD Program of Action on SRH and the MDGs. She indicated that looking at SSA countries, there are some interesting relationships between contraceptive prevalence rates (CPR) and HIV/AIDS prevalence and grouped countries into 4 categories representing high and low HIV prevalence and high and low CPR rates. The classification clarifies what countries need to focus on. In low HIV prevalence countries, more emphasis may be needed on SRH while in high HIV prevalence countries, there needs to be an increased focus on HIV/AIDS interventions. All country presentation during this consultation meeting indicated that there are weak linkages between SRH and HIV/AIDS programs.

She provided the rationale to integrate and link RH and HIV/AIDS programs as follows:

- They serve the same target groups - sexually active men and women - and promote safe and responsible sexual behaviors
- Increased SRH service for PLWHA and greater convenience for clients
- Potential to increase dual protection/condom use
- Reduce MTCT and stigma
- Minimize missed opportunities and increased coverage to vulnerable and high risk groups
- Builds on existing programs and institutions, cost effective and increased coordination, and efficiency
- Increased impact on prevention
- Almost the same healthcare provider provides SRH and HIV/AIDS information and services.

The presentation provided possible areas of interventions to strengthen linkages such as: provision of condoms/social marketing and family planning – dual protection methods; screening and management of STIs; and cross-cutting issues such as gender inequalities, male and youth involvement; change of harmful community and social norms, and multi-sectoral approach such as through education, social affairs and labor sectors. Strategies for linkages include: link HIV/AIDS and family planning policies; integrating training and service protocols; comprehensive training for service providers and managers on SRH and HIV; moving from IEC to BCC; restructuring vertical MOH unit to integrated SRH and HIV/AIDS units. There is no blueprint or standard for integration, and the approach will depend on each country situation, such as prevalence of HIV and STIs, available resources and local needs, use and quality of Maternal and Child Health and youth-friendly services, available infrastructure and the health system.

Key barriers to integration were also discussed. These include: HIV and SRH/family planning not being part of development agenda/programs such as PRSP; MOH operating vertically with SRH and HIV/AIDS being separate units with different planning process, logistics, budget, and decision making; health providers bias to address sexuality and stigma issues; men and youth do not utilize public services; and, a high proportion of women not attended by skilled personnel during delivery. Kenya is among the few countries that have integrated HIV/AIDS into its SRH programs from the very beginning. One of the Kenyan participants briefed the group on the various modules and
strategies that Kenya adopted to integrate SRH/FP and HIV/AIDS (PMTCT, VCT, CT, BCC) and provision of YFS) and achievements gained. Some of the challenges still facing integration and scaling up SRH and HIV/AIDS in Kenya include the vertical funding of HIV/AIDS and SRH/FP programs, shortage of human resources, issues of addressing diverse religious, socio-cultural norms and harmful practices, weak coordination and harmonization as well as stigma and discrimination, male involvement and adult-youth partnership.

In concluding, Ms Lule proposed some recommendations for countries, institutions, donors and all other stakeholders on how to strengthen the linkages and integration of SRH and HIV/AIDS programs. The recommendations include:

- Develop HIV/STI/SRH-FP prioritized strategies and costed plans, and integrate these into PRSPs and MTEFs, with expenditure tracking,
- Build on existing services such as Youth-friendly services, VCT, PMTCT, ART centers,
- Coordinate planning, financial inputs, procurement and logistics, training for providers on FP/SRH and HIV/AIDS,
- Clear lines of supervision, decision making, and sharing of services, such as transportation.
- Tackle implementation barriers to scale up e.g. weakened health systems, lack of human resources, task shifting, more coverage for youth,
- Decentralization, with strong functional systems in place and implementing supportive laws and polices,
- Strengthen public-private partnerships, including youth and civil society participation, and Improve monitoring and evaluation systems, focusing on results,
- Provide predictable long-term, non-ideological but realistic, financing, and support technical assistance,
- Offer consistent evidence-based policy advice.

Regional Institutions: AU (African Union) and NEPAD (New Partnership for Africa’s Development)

Diakhoumbe Gassama (AU) gave background information on the new structure of the African Union and the functions of the Social Sector Commission. She highlighted some of the achievements and frameworks the AU had put in place to address youth SRH and HIV/AIDS issues, the African Youth Charter, the Abuja Framework for Action for accelerated Response to HIV/AIDS, TB and Malaria and the Maputo Plan of Action for a Comprehensive Sexual and Reproductive Health. She also indicated that the AU has taken political leadership and is looking forward to work in partnership with the World Bank and other development partners to ensure that these frameworks are implemented at country and regional level. Litha Ogana (NEPAD) informed the participants that NEPAD is the implementation arm of the AU. She gave a briefing on the various sectoral arms and some of the achievements of the Peer Review Mechanism (PRM) and initiatives taken by NEPAD in assisting countries improve their Governance and address Social and Gender issues. She indicated the NEPAD role and achievements to develop a roadmap for addressing Gender, establishing the Gender Task force and the establishment of the NEPAD youth desk. She emphasized the readiness of NEPAD to
work with the World Bank and other partners to support Africa’s initiatives on Gender and youth and the achievements of the MDGs.

**Group Work and Discussions on the Presentations from Days 1 and 2**

Plenary sessions provided opportunities for clarifications and discussions on the technical sessions presented during the two days. Discussion topics included the evidence-based best practices; youth participation; monitoring and evaluation; linkages between SRH and HIV/AIDS; country reports; and, how to improve male involvement and participation. Participants were asked to identify gaps and weakness, and give suggestions for improvement in scaling up youth SRH and HIV/AIDS programs. Participants were divided into six breakout working groups, four Anglophone and two Francophone, to enrich the discussions.

Highlights of the group work and in-depth participant discussions are summarized below:

<table>
<thead>
<tr>
<th>Challenges and Gaps</th>
<th>Suggestions/recommendations</th>
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<tbody>
<tr>
<td><strong>Linkages Between SRH and HIV/AIDS</strong></td>
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<tr>
<td>Policies not harmonized, and not disseminated</td>
<td>Integration and linkages of SRH should be in all sectors and not only in health</td>
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<tr>
<td>More focus to HIV/AIDS, including financing</td>
<td>Educate and sensitize policy makers and program implementers on why, how, what and when to link SRH and HIV/AIDS</td>
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<td>Inadequate know-how on how to integrate SRH and HIV/AIDS in a multi-sectoral way</td>
<td>Donors should respond to the needs of the target group and not to their own agendas</td>
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<td>Poor coordination and harmonization mechanisms and overlapping mandates</td>
<td>Improving human resources (incentives – financial, training, working environment)</td>
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<td>Donors’ setting priority, not based on needs</td>
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<td>Shortage of trained personnel on Youth Friendly Services</td>
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<tr>
<td><strong>Monitoring and Evaluation</strong></td>
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<tr>
<td>Existing tools and indicators not youth specific/segmented</td>
<td>Develop and incorporate youth specific indicators</td>
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<tr>
<td>Inadequate capacity at all levels, including finances (not funded)</td>
<td>Develop strong M&amp;E system, invest on M&amp;E, train staff, coordinate and institute a body responsible for national youth data</td>
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<tr>
<td>No strong and organized body to coordinate, report and disseminate data and information</td>
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<tr>
<td><strong>Youth Participation:</strong></td>
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<tr>
<td>Inadequate youth participation in policy and programming</td>
<td>Provide space for youth to participate at all levels</td>
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<tr>
<td>Weak coordination among youth groups themselves</td>
<td>Encourage and support youth networks</td>
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<tr>
<td>Young adolescent (10 – 14 years) are ignored</td>
<td>Give recognition and responsibilities to adults in YFS and youth initiatives</td>
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<tr>
<td>Socio-cultural barriers not properly addressed</td>
<td>Community mobilization/dialogue on YFS and youth issues</td>
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<tr>
<td>Inadequate community engagement</td>
<td>Support youth-adult partnership initiatives</td>
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<tr>
<td>Weak adult-youth partnerships</td>
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<tr>
<td><strong>Male Involvement:</strong></td>
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<tr>
<td>Young men sidelined from SRH programs -- seen as pregnancy and female only issues</td>
<td>Reach out to young male with correct and appropriate information, such as at sports centers, bars</td>
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<tr>
<td>Males are gatekeepers to influence change, but not involved</td>
<td>Build capacity of parents and guardians with life planning skills and information</td>
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<tr>
<td>Health facility/set-up not male friendly</td>
<td>Make FP/SRH programs male-friendly to increase male involvement</td>
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<tr>
<td>Communication not targeted, appropriate for adult and young male, and not distinct</td>
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Market Place for Knowledge Sharing: Prior to the consultation, countries were invited to showcase their project outcomes and products to share with other participants. During the afternoon of day 2, a Market Place was organized to display and share knowledge and information about country HIV and SRH policies, programs and products. Some of the materials were available for participants to take. Almost all countries brought their policies and strategies as well as some guidelines related to youth SRH and HIV/AIDS. Efforts of countries to address youth SRH and HIV/AIDS, as evidenced in the displayed materials, were very interesting and encouraging. There were a lot of IEC messages on HIV/AIDS, but very little or none on SRH. The Cameroon and Swaziland displays were outstanding because of the variety of HIV/AIDS materials for various target groups, such as stickers for drivers, pocket and wall calendars for the public, playing cards with HIV messages, exercise books with messages for students posters, and key holders.
DAY 3: Wednesday 28 February, 2007

The final day was organized around five main activities: (i) Recap of days 2 and 3; (ii) Overview on how the World Bank works and the Africa Region HIV/AIDS Agenda For Action 2007 to 2010; (iii) sharing the outcomes of the youth and poverty consultation organized by the World Bank and UNFPA in January 2007; (iv) participant dialogue and recommendations on what the Bank and its partners should be doing to address issues of SRH and HIV/AIDS in their strategies; (v) Refining the Country Action Plans to integrate and scale-up youth SRH and HIV/AIDS programming; and the end of meeting evaluations and closing.

The recap of day 2 was presented by Michael Tekie from Ethiopia, Patricia Quarshie from Ghana and Aminat Alli from Nigeria. The day 3 recap was presented at the end of the day by Salome Ochola from Kenya, Faustin Fezeu from Cameroon and Marie-Jeanne Ndimbire from Namibia.

Future Direction of the World Bank in Addressing HIV/AIDS and SRH Issues

Elizabeth Lule made a presentation on how the Bank works, provided a brief update on the MAP approach, changes and challenges, the constraints in the MAP for youth issues, and what role the Bank should play within its new HIV/AIDS Agenda for Action and the Health Strategy. She gave an overview of the various arms of the World Bank group, the various financing instruments and the Bank’s governance structures. The Bank also provides technical support and it is also a Knowledge Bank. The Bank undertakes research and analytical works, M&E, cross-country studies, WDR and capacity building. Poverty reduction is the overarching mission of the Bank.

In terms of changes since the MAP begun, she indicated that there are more players with more funds, widening the resource opportunities for countries, but also imposing different demands/conditionality and ideological variations. Available research highlights the variation in the drivers of the epidemic, diverse impact and differences in the levels of responses in countries. The health system, supply chains and infrastructure are overwhelmed with multiple diseases and difficulties, and the need to respond to malaria and avian flu as priority areas. There is an increase in needs for second line ARV medications which are more costly, and imbalances exist between prevention, treatment, care and support, with a precipitous decline in attention to prevention which is more cost-effective. More young women are being infected.

She presented findings from a recent assessment to review how youth issues were addressed by the MAP. The findings indicate that:

- Governments, the World Bank and all partners recognize the important role youth play
- MAP supports various youth initiatives, mostly through the local (community) responses, but not specifically targeting youth
- Too many short term interventions and weak coordination among and between various groups, government sectors, donors, NGOs, and youth groups themselves
- Weak institutional leadership and inadequate capacity of youth serving establishments
• Limited links with the wider reproductive health concerns and programs
• Poor coordination and quality of prevention messages is weak
• Limited attention to rural youth and gender differentiated approaches
• Wide variations in the capacity of youth-serving CBOs and NGOs.

Recommendations made to improve youth programming within the MAP and other major HIV/AIDS responses included:
• NACs to improve coordination among different sectors as well as for in-school and out-of-school youth activities
• Improve coordination among different stakeholders to benefit from good expertise and resources
• Integrated SRH and HIV/AIDS activities in YFS and development of effective youth prevention approaches
• Boost technical expertise at all levels - regional, national and local - on youth issues
• Improve youth representation and voices in all activities, including decision-making and M&E
• Boost capacity of youth-serving CSOs/NGOs through youth networks, with bigger CSOs serving as intermediaries for smaller groups.

In response to the changing environment and lessons learnt, the Bank has developed a global program of action and is updating the Africa Region HIV/AIDS Agenda for Action. The Global Program of Action emphasizes the need to assist countries to prioritize and cost national strategies and action plans, integrate HIV/AIDS to boarder national development frameworks (PRSP, CAS, SWAP, MTEF) and mainstreaming HIV within relevant sectors. To accelerate implementation and effectiveness, it focuses on results-based programs and M&E, and supporting initiatives to address the drivers of the epidemic not covered by other donors. The Bank will also continue to provide analytical work and capacity building and work in partnerships.

The Africa HIV/AIDS Agenda for Action 2007-2011 has 4 key objectives: (i) Reaffirm the World Bank’s long term commitment to address HIV/AIDS in Africa; (ii) Articulate the Bank’s role and comparative advantage in a harmonized international program of support; (iii) Identify priority areas of support for the next generation of MAPs and to give feedback to the on-going MAP projects based on evidences and lessons learned; and (iv) Indicate the role of the Bank to fill financing gaps in non-lending activities, technical assistance, analytical work, capacity building and mainstreaming HIV in other sectors.

After providing participants with the overview and future direction of the Bank and the expected challenges, she concluded by asking participants to provide the Bank with their recommendations on what should be the Bank’s role based on their experiences and country needs. These recommendations were arrived at during group work discussions on what are the priority areas for the Bank and other partners. The recommendations of the six working groups were presented and discussed in a plenary, with suggestions on next steps. A brief summary of the recommendations and next steps agreed by participants at end of the meeting is outlined below.
Recommended Priority Areas — What the World Bank and Other Development Partners Should Do

1. **Voice and Capacity Building for Young People**: Support national mechanisms and global initiatives addressing SRH and HIV/AIDS such as provision of resources and technical expertise. Ensure that groups such as young people living with HIV, young women’s organizations, urban youth, rural youth, young people in secondary schools participate as equal partners within the existing structures and work with government and development partners. In this process, capacity building of youth should be a priority so that young people can participate effectively and make meaningful contributions. It emphasized the need to enhance the capacity and understanding of young people on development concepts and agendas, budgeting processes, how to monitor and disseminate effective programs, and, overall leadership and management skills. The Bank should advocate for flexibility in registration and mechanisms to enable youth access resources while development partners should strive to build the capacity of youth organizations.

2. **Coordination**: The key problem in addressing youth SRH and HIV/AIDS issues has been poor coordination among different stakeholders. Fragmented youth programming and interventions has also been identified as one of the challenges. Government should take a leadership role at country level to bring the various multi-sectoral partners, including the Ministry of Finance, together and coordinate the various youth interventions and actions, with effective youth representation. At national, regional and global levels, the interagency working groups on youth (IATT) should develop a mechanism to strengthen coordination on youth issues.

3. **Increase the understanding on linkages between SRH and HIV/AIDS**: Participants felt that there is a knowledge gap and weak response in understanding the critical multiplier effect and importance of addressing integrated youth SRH and HIV/AIDS issues. The benefits of SRH and HIV/AIDS program integration include: (i) improved health outcomes; and, (ii) high impact on poverty reduction. Therefore, relevant sectors, especially health which often has two vertical programs, need to be convinced of the benefits of integrated SRH and HIV and the increased probability of achieving the health-related MDGs. This could be done by building the capacity of key sectors and stakeholders on “How to Mainstream” HIV and SRH.

4. **Develop a Follow-up Mechanism**: The Country Action Plans still need to be finalized and owned at national level and consolidated at regional level for follow-up. Then consultation participants and donor agencies need to put in place a monitoring mechanism at national level such as resolution of the coordination and accountability issues or identified areas to be funded in the near term. At regional level, the donor agencies will ensure that countries are following up on the action plans through incorporation of youth SRH and HIV issues in other existing fora and discussions. Country delegations were encouraged to disseminate and report back on consultation recommendations among the relevant country stakeholders and enrich the draft Country Action Plan (CAP) on integrated youth HIV/AIDS and SRH programming and identify next action steps. At the time of report finalization, countries such as Uganda, Zimbabwe and Malawi were recognized as having started this process already.

5. **Planning, Budgets and Mainstreaming**: The Bank and donor partners should advocate for the inclusion and mainstreaming of youth in government budgetary lines and all national
frameworks (PRSPs, SWAP, MTEFs, etc.) The vertical programming of SRH and HIV/AIDS, lack of evidence and sufficient knowledge on integrating the 2 areas were underlined as challenges. Alignment of effective SRH and HIV/AIDS programs was acknowledged as the way forward through joint planning and programming by all key stakeholders.

6. **Reaching Communities and Alignment:** The embedded socio-cultural, gender disparities and gender-based violence drivers of the epidemic, as well as bottlenecks to behavioral changes, were discussed widely. The inadequate attention given to gender and youth issues within HIV/AIDS programming was mentioned. The IATT development partners, building on existing mechanisms and meaningful approaches, should help governments in their responses to and implementation of youth policies, frameworks and issues, taking it from national to regional/district levels, with strong community involvement. The Bank's MAP community response efforts should be revisited, reviewed and strengthened.

7. **Responding to Key Drivers of the Epidemic:** It was also suggested that the Bank and partners should advocate for leveraging resources towards areas which governments are reluctant to support, but are known as critical drivers of the epidemic. Behaviors that are driving new infections are often overlooked by countries either due to inadequate capacity or socio-political issues such as working with commercial sex workers, focusing on drug users, youth with disability, hard to reach groups (outcasts, domestic workers, migrant and displaced communities) and males having multiple concurrent partners and unprotected sex. Bank and partner engagement with governments on these factors can be critical to halting the spread of the epidemic.

8. **Windows of Hope and Segmentation:** All participants agreed that prevention will be the most effective and affordable response to HIV/AIDS in Africa. It was underlined that even though young adolescents 10 – 14 years and young men 15-19 years have been recognized as the windows of hope, with low infection rates, very little is being done to involve these age groups in programming and implementation of SRH and HIV/AIDS issues. Prioritizing the rural segments of the population will also have large effect on the control of the epidemic as well as serving the underserved population, encouraging equity and justice.

9. **Commitment:** All parties to youth issues, at all levels, in institutions, groups and at individual level, need to increase their commitments for youth SRH and HIV/AIDS issues.

10. **Scaling up Youth SRH and HIV/AIDS within the Existing Programs:** A joint assessment should be undertaken by IATT members to ensure the scaling up and integration of youth RH and HIV/AIDS issues following the endorsement of African governments through the Maputo Plan of Action, the African Youth Charter and the fifth African Development Forum (ADF-V) Consensus Statement on Youth and Leadership in the 21st Century, and other relevant declarations. Support existing youth networking such as AfriYAN, the Youth Advisory Groups of the Bank and other youth regional and local initiatives.

11. **Evidence-based, Making M&E Relevant and Simple:** The critical importance of measuring results and scaling up what is practical and working was underlined. Participants urged the Bank and partners to develop a system that undertakes analytical work, monitors
results and reports the evidence of what works and what is not working. They also emphasized that M&E systems should be simple and practical for the youth and local communities to understand and use them. They urged the Bank and partners to intensify their analytical work, and document and disseminate best practices and lessons learned.

12. **Regional Responses, emphasis to Middle Income Countries**: Cross-border trade, transport corridors, trafficking of females and youth, conflicts resulting in displacement and refugees, were highlighted as population drivers affecting their sexual and reproductive health, particularly for youth and women. The Bank and development partners should invest and intensify the HIV response through regional initiatives and corridor projects that can respond to these cross-border concerns. The inability of the hardest-hit middle income countries to access loans from the IDA–MAP funding was discussed. The Bank should find a way to work with these countries and open opportunities for them to learn and share their knowledge with the other African countries and participate in regional fora.

13. **Taking the MAPUTO, Abuja and other relevant Continental Documents and Decelerations to Action**: Participants commended the actions being taken by their governments and the Regional and International communities to respond to youth SRH and HIV/AIDS. It was underlined that the development partners should take their comparative advantages to continue dialogue and work with regional establishments such as the African Union, NEPAD and other bodies. The Bank’s expertise and knowledge in multi-sectoral responses to facilitate addressing youth SRH and HIV/AIDS and its capacity to work at higher policy level with countries through sectoral operational activities was underscored.

**Next Steps and Expected Outcomes**

Immediate next steps and outcomes agreed during the meeting are reflected below:

- **Country Action Plans (CAP)**: All countries had their preliminary draft CAPs ready at the end of the meeting. Country delegations promised to refine it with other decision-makers and key stakeholders and identify the next action steps.

- **Follow-up Progress**: The Bank, on behalf of the co-sponsors, will prepare and share the meeting report with all participants and this report and key information will be posted on the public websites of the World Bank, UNFPA and UNICEF.

- **Strengthening Partnerships**: The core agency team met after the consultation and reaffirmed their commitment to strengthening youth SRH and HIV/AIDS initiatives in Africa. UNFPA would prepare a draft work plan for follow-up activities (2007/2008) and submit it to the IATT for review and approval.

- **Review of the Africa HIV/AIDS Agenda for Action (2007 – 2010)**: A few youth participants would provide comments/input to the revised World Bank Africa Region HIV/AIDS Agenda for Action to ensure that youth issues were adequately addressed.

- **Support for the implementation of the Consultation outcomes**: All co-sponsors agreed to work together to support Governments to scale-up an integrated approach to SRH and HIV work with young people.
Oral evaluations received throughout the consultation from different participants and partners indicated that the meeting was very informative and productive, and improved the understanding of participants on key youth SRH and HIV/AIDS issues.
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Members of the core organizing team are indicated with an asterisk in this list.

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Annex 2 - Africa Regional Consultation with Youth on HIV/AIDS and RH

Agenda

Date: Monday 26 to Wednesday 28 February, 2007

Venue: The Birchwood Hotel and Conference Center
120 North Rand Road Bartlett
Boksburg, South Africa 1470

Jointly Organized and Sponsored by:
The World Bank: AIDS Campaign Team for Africa (ACTfrica-AFTHV), Human Development Network Reproductive Health and Population unit (HDNRH-Pop)
United Nations Agencies: UNAIDS, UNFPA, UNICEF
<table>
<thead>
<tr>
<th>Activity</th>
<th>Presenter(s) Facilitator(s)</th>
<th>Start time</th>
<th>Duration (minutes)</th>
<th>Objectives to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming/Introduction and Cocktail Reception</td>
<td>Organizers</td>
<td>10:00a – 06:00 p</td>
<td></td>
<td>Registration of participants</td>
</tr>
<tr>
<td>Welcome statement and Introduction of the country delegates, Organizers, facilitators</td>
<td>Elizabeth Lule, Manager ACT Africa, World Bank</td>
<td>07:00 p</td>
<td>1hr 30 min.</td>
<td>Welcome, Introduction of the participants (by the delegation leader) Introduction of the Organizers and Partners, facilitators and resource persons</td>
</tr>
<tr>
<td>The United Nations welcome on Youth HIV and RH</td>
<td>Agathe Lawson, UNFPA Regional Directors Team</td>
<td>08:30 p</td>
<td>10 min</td>
<td>To give briefing of the role of the UN in addressing youth HIV and RH issues, particular focus on Africa</td>
</tr>
<tr>
<td>Reception</td>
<td></td>
<td>07:00 – 09:30 p</td>
<td></td>
<td>At the Hotel, hosted by World Bank</td>
</tr>
</tbody>
</table>

Daily Breaks and meals (exact timing will vary due to daily agenda):
- **Tea/Coffee breaks:** At 10:30am and 3:30pm for 15 minutes
- **Buffet Lunch:** Between 12:00p.m. and 02:00p.m
- **Buffet Dinner:** Between 07:00p.m. – 09:00p.m.

Group discussions will generally be organized in 6 breakout groups (4 Anglophone and 2 Francophone).

**Thematic Sessions on Youth HIV/AIDS and SRH:** There will be thematic sessions, facilitated in plenary, panel with various interactive methodologies on identified themes/topics. Participants can provide to organizers electronic copy of the area/theme of their interest to share as best practices and innovative programs. Organizers have provided a CD-Rom containing resource material on the key thematic topics.

**Youth SRH and HIV/AIDS Market Place:** Knowledge Fair corner will be organized to enable countries to display, share and deposit their works and publications/knowledge on youth SRH and HIV and AIDS.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Presenter(s)</th>
<th>Chair/ Facilitator(s)</th>
<th>Start time</th>
<th>Duration</th>
<th>Tasks Objectives/achievable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the Consultation and Introduction:</strong></td>
<td>E. Lule (WB)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Objectives and Expected Outcomes</td>
<td>Cassandra de Souza, ACTAfrica</td>
<td>Michael Ljungstrom, UN Sec. Officer</td>
<td>08:00a</td>
<td>7 min.</td>
<td>Objectives of the consultation, logistics, and what is expected from the participants</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Security briefing for participants re: Joburg</td>
</tr>
<tr>
<td>Voices on Youth RH and HIV/AIDS in Africa: Three Speakers</td>
<td>Dr. Andrew Arkutu</td>
<td>Edford Mutuma, AfriYAN Chair</td>
<td>08:15</td>
<td>30 min.</td>
<td>Keynote (Dr. Arkutu)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gubu Dubazana, Treatment Action Campaign</td>
<td></td>
<td></td>
<td>To Acknowledge the work done on RH and HIV/AIDS by Trans-generation Champions and Learn from their Experiences</td>
</tr>
<tr>
<td>Global and Regional Status on SRH, UNFPA</td>
<td>Fama Hane Ba, UNFPA</td>
<td></td>
<td>09:00</td>
<td>15 min.</td>
<td>Overview: Global and Regional Status on SRH and Integration of RH and HIV/AIDS</td>
</tr>
<tr>
<td>MAP in Africa, Youth experience to-date, WB</td>
<td>Elizabeth Lule, ACTfrica</td>
<td></td>
<td>09:15</td>
<td>30 min.</td>
<td>Overview: MAP status, challenges, Agenda for action, and HNP Strategy,</td>
</tr>
<tr>
<td>WDR 2007, World Bank</td>
<td>Mattias Lundberg, DECRG-WB</td>
<td></td>
<td>09:45</td>
<td>15 min.</td>
<td>The WDR 2007, Next Generation and Development</td>
</tr>
<tr>
<td>Morning Tea break</td>
<td></td>
<td></td>
<td>10:00 am</td>
<td>15 min.</td>
<td></td>
</tr>
<tr>
<td>Country Experience</td>
<td>Country Presenters</td>
<td>Akinyele Dairo, UNFPA</td>
<td>10:15 am</td>
<td>2 hrs 15 min.</td>
<td>Each country max. 7 minutes and 10 slides; Country Presentations on Youth SRH and HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Policy and institutional frameworks,</td>
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<td></td>
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<td></td>
<td>• Major Programs and achievements,</td>
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<td></td>
<td>• Critical Challenges and gaps for integration and scaling-up,</td>
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<td></td>
<td></td>
<td></td>
<td>• Youth Participation in policies, programming and implementation, and,</td>
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<td></td>
<td>• Future direction. (16 countries)</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td>12:30 pm</td>
<td>1 hr.</td>
<td></td>
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<tr>
<td>Activity</td>
<td>Presenter(s)</td>
<td>Chair/Facilitator(s)</td>
<td>Start time</td>
<td>Duration</td>
<td>Tasks</td>
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<tr>
<td><strong>Country Experience</strong></td>
<td>Country Presenters</td>
<td></td>
<td>01:30 pm</td>
<td>1 hr.</td>
<td></td>
</tr>
<tr>
<td><strong>Evidence-Base and Good Practices</strong></td>
<td>Dr. Bruce Dick, WHO</td>
<td></td>
<td>02:30 pm</td>
<td>1 hr 15 min.</td>
<td></td>
</tr>
<tr>
<td><em>Prevention of HIV/AIDS in Young People: Steady, Ready, Go</em></td>
<td>Ms. Ugo Daniels, AYA/UNFPA</td>
<td></td>
<td></td>
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<tr>
<td><em>Comprehensive Integrated Multi-sectoral Response – AYA Approach</em></td>
<td>Andy Tembon, WB</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><em>Education and HIV/AIDS</em></td>
<td>Edford Mutuma, AfriYAN; Mark Schreiner, UNFPA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Youth Networking for Leadership in Policy Dialogue and Programming</em></td>
<td>Diane Widdus, UNICEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group discussions:</strong></td>
<td>Facilitated and presented by youth (listening to youth)</td>
<td></td>
<td>04:00 pm</td>
<td>60 min.</td>
<td></td>
</tr>
<tr>
<td><strong>Plenary and Day’s Evaluation</strong></td>
<td>Rapporteurs from each group (6)</td>
<td>Diakoumba Gassamba, AU representative</td>
<td>05:15 pm</td>
<td>45 min.</td>
<td></td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td>07:00 pm</td>
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</table>
### DAY 2 – Tuesday, 27 February, 2007

<table>
<thead>
<tr>
<th>Activity</th>
<th>Presenter(s)</th>
<th>Chair/Facilitator(s)</th>
<th>Start time</th>
<th>Duration</th>
<th>Tasks/Objectives/achievable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recap Previous Day’s key activities and setting agenda for the day</td>
<td>D. Gassaba, AU representative &amp; Mme. V. Yameogo, Burkina Faso</td>
<td></td>
<td>8:45 am</td>
<td>30 min.</td>
<td>Q&amp;A session for participants to answer burning questions and reinforce key issues from Day 1</td>
</tr>
</tbody>
</table>

#### 3. LEARNING & SHARING LESSONS

**Panel Presentation on Thematic areas**
- Monitoring Evaluation Tools and Indicators – Principles, What is working
- Presentation on Linkage of SRH and HIV/AIDS Interventions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Presenter(s)</th>
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<th>Start time</th>
<th>Duration</th>
<th>Tasks/Objectives/achievable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Presentation on Thematic areas</td>
<td>Masauso Nzima, UNAIDS</td>
<td>Maxwell Jele and Kelly Motlogelwa</td>
<td>09:15 am</td>
<td>1 hr 15 min.</td>
<td>Facilitated panel presentation to enable participants to increase their understanding on the topics. Panelists will reflect their experiences on what is working and not and why Q&amp;A after each presentation to help clarify issues</td>
</tr>
<tr>
<td>Morning tea break</td>
<td></td>
<td></td>
<td>10:15am</td>
<td>15 min.</td>
<td></td>
</tr>
<tr>
<td>Group discussions participants to be divided into 6 groups</td>
<td>UNICEF and panelists to facilitate</td>
<td></td>
<td>10:30 am</td>
<td>1 hr.</td>
<td>Group discussion questions provided by organizers to cover issues discussed Monday and Tuesday morning</td>
</tr>
<tr>
<td>Plenary to report back on group work</td>
<td>Group rapporteurs</td>
<td>Litha Ogana, NEPAD</td>
<td>11:30 am</td>
<td>45 min</td>
<td>Each group to provide 5 min. summary of key issues or agreements from their group</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td>12:45 pm</td>
<td>60 min.</td>
<td></td>
</tr>
<tr>
<td>Plenary on preparing country action plans</td>
<td>Asha Muhammad, UNFPA</td>
<td></td>
<td>02:00 pm</td>
<td>15 min.</td>
<td>Brief introduction on why develop country action plans and the need to improve country activities</td>
</tr>
<tr>
<td>Drafting and refining comprehensive Country Action Plans</td>
<td>Country teams with agencies</td>
<td></td>
<td>02:30 pm</td>
<td>2 hrs.</td>
<td>Country groups meet to review and refine their country action plans on the basis of experiences presented, ongoing national strategies, major programs, activities and other data</td>
</tr>
<tr>
<td>Afternoon tea break</td>
<td></td>
<td></td>
<td>3:15 pm</td>
<td>15 min.</td>
<td></td>
</tr>
<tr>
<td>Market Place on Youth SRH and HIV/AIDS Programmes</td>
<td></td>
<td></td>
<td>04:30 pm</td>
<td>2 hrs.</td>
<td>Knowledge sharing, display and exchange of youth SRH and HIV/AIDS programming tools and products</td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
<td></td>
<td>07:00 pm</td>
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<td></td>
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<tr>
<td>Activity</td>
<td>Presenter(s)</td>
<td>Chair/Facilitator(s)</td>
<td>Start time</td>
<td>Duration</td>
<td>Tasks/ Objectives/achievable</td>
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</tr>
<tr>
<td>Recap of Previous Day's activities, setting agenda for the day</td>
<td>TBD - Rapporteurs</td>
<td></td>
<td>8:30a</td>
<td>30 min.</td>
<td>Recap previous sessions</td>
</tr>
<tr>
<td>4. STRATEGIC ACTION PLANS and NEXT Steps FOR YOUTH HIV/AIDS and RH AGENDAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overview of the new World Bank strategic direction</td>
<td>Elizabeth Lule, ACTafrica</td>
<td>Akinyele Dairo, UNFPA</td>
<td>08.45:am</td>
<td>30min</td>
<td>Overview of the World Bank's new Agenda for Action, Health, Nutrition and Population strategy, linkages between SRH and HIV</td>
</tr>
<tr>
<td>Group work - Listening to youth and key partners</td>
<td>TBD</td>
<td></td>
<td>09:15 am</td>
<td>1 hr 30 min.</td>
<td>Discussion in 6 groups will provide feedback on the 5 key questions presented in the overview in addressing youth RH and HIV issues, the comparative role of the Bank, and the next steps for integrating youth RH and HIV into MAPs</td>
</tr>
<tr>
<td>Morning tea break</td>
<td></td>
<td></td>
<td>10:45 am</td>
<td>15 min.</td>
<td></td>
</tr>
<tr>
<td>Plenary report back</td>
<td>Dr. Arkutu</td>
<td></td>
<td>11:00 am</td>
<td>1 hr.</td>
<td>Suggestions to the Bank for better engagement of youth in HIV and RH activities, with some country-level recommendations and action steps to be implemented; follow-up activities for the Bank</td>
</tr>
<tr>
<td>Youth and Poverty: Outcomes from WB and UNFPA Consultations</td>
<td>Laura Laski, UNFPA</td>
<td></td>
<td>12:00 pm</td>
<td>30 min.</td>
<td></td>
</tr>
<tr>
<td>Plenary: Country teams to present draft Country Action Plan (CAP)</td>
<td>5 country representatives</td>
<td>Rick Olson &amp; Adebayo Fayoyin, UNICEF</td>
<td>12:30 pm</td>
<td>1hr.</td>
<td>5 countries to be randomly selected to present their draft country action plans and get feedback from plenary. Noting country recommendations, action steps and key follow-up activities for country teams to work on, indicating M&amp;E and Reporting of Progress</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td>01:30 pm</td>
<td>60 min.</td>
<td>Rapporteurs to be identified to record Key Points (country participants)</td>
</tr>
<tr>
<td>Activity</td>
<td>Presenter(s)</td>
<td>Chair/ Facilitator(s)</td>
<td>Start time</td>
<td>Duration</td>
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<tr>
<td><strong>5. THE WAY FORWARD</strong></td>
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<tr>
<td><strong>Plenary</strong></td>
<td>Facilitated feedback and discussion</td>
<td>D. Widdus, UNICEF</td>
<td>2:30 pm</td>
<td>30 mins.</td>
<td></td>
</tr>
<tr>
<td>Group work in country teams</td>
<td></td>
<td></td>
<td>03:00 pm</td>
<td>1 hr.</td>
<td>Countries refine draft country</td>
</tr>
<tr>
<td>Afternoon coffee break</td>
<td></td>
<td></td>
<td>3:30 pm</td>
<td>15 min.</td>
<td></td>
</tr>
<tr>
<td><strong>Wrap-up and Summary of outcomes.</strong></td>
<td>Facilitated presentation by youth</td>
<td>Akinyele Dairo, UNFPA</td>
<td>04:15 pm</td>
<td>45 min</td>
<td>Summary of key highlights of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>the consultations and agreed action agendas, Draw tentative next steps, identify roles and process (how?)</td>
</tr>
<tr>
<td>Evaluations and closing</td>
<td>ACTAfrica and UN partners</td>
<td></td>
<td>05:00 pm</td>
<td>45 min.</td>
<td>Closing remarks and End of</td>
</tr>
<tr>
<td>Dinner reception</td>
<td></td>
<td></td>
<td>07:00 pm</td>
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<td></td>
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</tbody>
</table>
Annex 3 - Summary of Country Presentations

Delegates from all twenty countries made presentations, providing brief updates on the status of Youth SRH and HIV/AIDS policy and institutional frameworks, major achievements, lessons learned, and opportunities, challenges and gaps for integration and scaling up, and future directions. The similarities, divergence and uniqueness of country presentations are briefly summarized below, but greater detail is available from the specific country presentations available on www.worldbank.org/afr/aids.

A. Status on Youth SRH and HIV/AIDS

- High population of youth in all the countries, reflecting the overall African context where one-third is young people aged 10–24 years. Country variances include Botswana with 64.3% being 10–29 years, Nigeria with 23% 10–18 year olds, and Rwanda where youth under-30 constitute 67% of the population.

- High total fertility rates in some countries -- Cameroon 5.2% (stagnant since 1998), Ethiopia 5.4% (2004), and Ghana 4.4% (2003).

- Segmentation of youth definitions by age varies among the countries, going up to 35 years, and differs greatly from the WHO definition of young people 10-24 years.

- HIV/AIDS prevalence among youth varies from country to country and within youth age groups. For example, Botswana has prevalence rates of 3.9% for 10-14 years, 6.8% for 15-19 years, 19% for 20-24 years and 33% for 25-29 years (2004); and, in Cameroon, prevalence rates were 0.6% for boys and 2.2% for girls 15-19 years compared to 2.5% for boys and 7.9% for girls 20-24 years.

- There are more young girls infected than young boys in all countries, some as high as 3 times or higher.

- HIV prevalence is higher in urban compared to rural areas: Ethiopia with 10.5% in urban areas and 1.9% in rural areas; Kenya with 9.6% in urban areas and 4.6% rural areas.

- Teenage pregnancy rates are high: Botswana 16%, Ethiopia (15-19 years) 16.6% and Kenya (15-19 years) 23%.

- High youth maternal mortality: Botswana, 15-19 year old maternal deaths account for 18.5% of all maternal deaths, and 20-24 year olds account for 22.2%; Uganda 20-24 year olds account for 44% of maternal deaths.

B. Policy and institutional frameworks

- All the countries have very rich institutional frameworks, with several thematic and sectoral decentralized policies, acts and structures, with positive policy environments for multi-sectoral issues.

- While the policies are available on paper, they are still weak in youth SRH and HIV/AIDS content and implementation.
• Although SRH and HIV/AIDS issues are related, the responsible institutions are not strongly linked and have vertical development and implementation mechanisms. Institutional placement of SRH and HIV/AIDS across the continent clearly indicates gaps between policies that are not harmonized, not widely disseminated and require an urgent focus on execution and implementation.

C. Major Programs and achievements

• All the countries have good national initiatives from concerned stakeholders, emphasizing the importance of reaching young people where they are (schools, religious institutions, out-of-school, and work place interventions), VCT, life-skills and peer education (various youth-friendly centers and youth networks), advocacy campaigns and communication for behavioral and societal change.

• Cameroon initiated a youth risk and vulnerability and behavior analysis and developed an extensive condom dispensary outlet system.

• Swaziland has programmes providing comprehensive SRH and HIV prevention to young children and adolescents, particularly focusing on various information, education and communication (IEC) campaigns.

• Mauritius has a needle exchange program, which is also stipulated in the HIV/AIDS ACT of 2006.

• Ethiopia has introduced health extension service program and community based health services to provide outreach to rural communities. The community health extension workers are young people leaving mid-secondary education.

• Ghana has a Human Trafficking Act and Domestic Violence Act to reduce vulnerability of children and women. VCT is also provided as part of routine ANC services.

• In Lesotho and several other countries, there are initiatives to curb gender and sexual violence, including development of frameworks and treatment and support centers for victims of sexual and gender-based violence. However, these interventions are still underdeveloped with wide gaps between the legal frameworks and practice.

D. Critical Challenges and Gaps for Integration and Scaling up of Programmes

• All countries indicated that effective programme execution and implementation is impaired by a lack of or poor coordination and harmonization between and among stakeholders, including major sectors and donors, at all levels.

• Vertical policies, programs and service deliveries for SRH and HIV/AIDS were mentioned as a constraining factor in all country presentations.

• Length of time for implementation of interventions was cited as a challenge, since this creates a lack of strategic vision and development of strategies to ensure sustainability.

• The lack of specific focus on youth issues, particularly responding to focused youth SRH and HIV/AIDS needs in the public health system, was a key challenge.
• Limited resources for initiatives, due to limited government funding and lack of budget lines for youth SRH and HIV/AIDS programmes, was an impediment.

• The existence of inequity in the prevailing service delivery and lack of segmentation to cater for the needs of different groups of young people and also ensure appropriate distribution of service delivery points between urban and rural areas. This is because of the variations among young people, such as urban versus rural youth, in-school versus out-of-school youth, 10-14 age group, not being considered.

• Weak institutional capacities, including human resources (skills) and systems, particularly in information management.

• Lack of good monitoring and evaluation and documentation for evidence-based knowledge sharing and learning to inform decision making and future programming.

• Inadequate availability of information on sexuality and SRH issues and access to services.

E. Youth Participation in Policy and Programme development and Implementation

Most of the countries have National Youth Councils or Informal Youth Forums or networks, with specific practices such as youth parliaments, mock assemblies, capacity building and forums for participation in discussions on HIV/AIDS and SRH strategic frameworks and implementation of interventions. Burkina Faso and Swaziland were recognized as good examples of this youth engagement. However, participants felt that the systematic engagement and participation of youth in national development frameworks, policy, programming and monitoring and evaluation is still very inadequate. Packaging of youth issues and effective mobilization, in multi-dimensional ways, to systematically include their vulnerability issues such as substance abuse into SRH and HIV/AIDS initiatives were also cited as gaps. Partnerships and communication of youth with key stakeholders (parents, teachers, social and governance and other structures) and among youth themselves to build youth confidence and capacity were reported as lacking or under-developed in many countries.

F. Future directions

As a priority, the need to integrate youth SRH and HIV/AIDS issues into poverty reduction initiatives to create institutional and financial capacity to respond to the increasing demands in a sustainable way was identified a way forward. The obvious need to design integrated SRH and HIV/AIDS programmes with documentation and replication of best practices was also highlighted. The countries also mentioned application of the Three Ones principles for improved coordination and harmonization of development partners, the use of a multi-sectoral approach, and the development of youth focused SRH and HIV/AIDS in different sectors and public services as key areas for future consideration. Expanding Gender-sensitive SRH and HIV/AIDS programmes to underserved groups and extending services, especially to out of school, rural adolescent and other vulnerable youth, were identified as the way forward by several delegations. Persistent cultural sensitive approaches for sustainable behavioral changes to SRH, HIV/AIDS and gender issues were indicated as critical. Ensuring that the increased use of condoms is not only as a preventive measure, but can also be an important tool to involve men in family planning was raised.