

Global Strategy for Women's, Children's and Adolescents' Health
Consultation with Young People
4 June, 2015, Via Skype

Participants:

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(conversation reflected the input from this regional network from feedback sent by their members)

General comments on the Zero Draft of the Global Strategy

- The LAC region is not adequately reflected in the document.
- The language used is not very friendly for readers not familiar with many concepts and processes.
- It is not clear what particular age group the document refers to with the term "adolescents". Does it mean young people aged 13-19 years, preteens from 10rs (as defined by WHO)? In addition, there is a random mention of older youth. The participants in this consultation considered useful to clarify the age groups and include preteens. It should be highlighted that a 15-year-old does not have the same experiences and opportunities that a 22 year old.

Specific comments on each section of the Draft Global Strategy

Section I: Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity

The introduction can be somewhat overwhelming for young people who ARE familiar with sexual and reproductive health (SRH) terminology, but have no knowledge about the processes taking place at the UN. It would be useful for the reader to provide a brief background about the SDGs, indicate those SDG that are relevant for SRH of young people and women in particular, who are the main stakeholders.

Section II: Big returns to investing in women's, children's and adolescents' health

Section III: What is needed: Overcoming the challenges and defining clear goals

It seems that maternal health is equivalent to women's health; the health of young people goes beyond and covers much more than maternal mortality and morbidity.

The issue of abortion is almost invisible in the document. The morbidity and mortality resulting from unsafe abortions must be included, as it is a serious problem in the LAC region where abortion is still illegal. No mention of legalizing abortion as a means to prevent maternal deaths

The potential of children and youth / adolescents is mentioned, but it would be appropriate and relevant to include some positive examples from the LAC region about youth as agents of change.

The issue of adolescent pregnancy should be included in more sections of the document. It is not mentioned for example in the challenges that young people have to face (pag.7), more emphasis should be made on this issue, and how in developing countries it is a major problem due to the lack of youth-friendly health services and programs.

-The health of lesbian/ transgender or queer women is not mentioned in the document.

-The section only mentions HIV data. It would be important to also specify rates of other STIs such as for example HPV, which is a threat for the health of women and young people. For example, untreated HPV can lead to cases of cervical cancer, and the incidence of HPV has increased in the LAC region.

Also would be good to include access to reproductive health supplies for youth. Young people face tremendous challenges to buy contraception when RH supplies are not easily available the general population due to economic difficulties (ex. Venezuela), even more so for young people.

More positive examples from the region should be included, (i.e. Uruguay)

Section IV: How to achieve the goals: Seven transformative actions

- On the Section about “realizing the potential and expanding opportunities” it would be good to identify which opportunities for each age group.
- This section should specify more the potential of children in countries with a stable political situation, as opposed to only mentioning those in conflict.

Section V: We all have a role to play

The participation of young people in the design of RH policies that are friendly should be stressed more.