Ton choix, ton avenir.
PSI is a global non-profit organization dedicated to improving the health of people in the developing world by focusing on serious challenges like a lack of family planning, HIV/AIDS, maternal health and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition.

psi.org
HEALTH CONCERNS AFFECTING THE WORLD’S YOUTH:


- **HIV:** Only 20% of young women aged 15-24 have comprehensive knowledge of HIV. This lack of knowledge contributed to the HIV prevalence of 0.6% among young women in that age group.

- **CHILD MARRIAGE:** In the least developed countries, 48% of women aged 20-24 were married or in a union before they were 18 years old. Girls who marry early are most at risk of premature childbearing, high rates of maternal mortality and child undernutrition.

- **ADOLESCENT BIRTHS:** The risk of dying from pregnancy-related causes is much higher for adolescents. Globally, there are 51 births per 1,000 adolescent girls. In the least developed countries, this rate is as high as 123.

- **TOBACCO:** Almost all tobacco users start smoking in adolescence. Half of the 150 million adolescents who continue smoking will die from tobacco-related causes.

- **MENTAL HEALTH:** There has been an increase in the prevalence of mental disorders among adolescents in the past 20-30 years; it’s estimated that 1 in 5 of the world’s adolescents have a mental health or behavioral problem.

- **ACCIDENTS:** Injuries, especially from road traffic accidents, are the leading cause of death among adolescents aged 10-19, accounting for almost 400,000 deaths each year. Many of these deaths are related to road traffic accidents.

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**EL SALVADOR**

A PEER-LED LIFE-SAVING PROGRAM:

**CLUB EN CONEXIÓN**

One of 3 births in El Salvador are to teenage mothers (Encuesta Nacional de Salud Familiar). Furthermore, the HIV prevalence among youth aged 15-24 is 0.3% (UNICEF 2011). Young people lack access to accurate sexual and reproductive health information due in part to low-quality sexual and reproductive health curricula in schools. With its nationwide peer-led Club en Conexión program, PSI inspires youth to make positive decisions that affect their livelihood and health by addressing HIV/STI prevention, reproductive health and violence prevention. After having been in place for a year at the Francisco Morazán Institute, catering to students through grade 12, Club en Conexión has contributed to a 40% reduction in the number of pregnancies among students.
CONCERNS OF YOUTH

ROMANIA
DELIVERING HEALTH MESSAGES ONLINE
In Romania the HIV prevalence among young men aged 15-24 is 0.1%, but among young men who have sex with men (MSM), prevalence could be up to 40 times higher (SIALON 2009, EMIS 2010). As a result of social and internalized stigma, young MSM are difficult to reach with classic prevention services. So, PSI/Romania created a web-based portal, www.totalgay.ro, and used pervasive gaming programs, interactive telenovelas and SMS-based notifications as novel tools to deliver critical messages about HIV as well as online medical and psychological counseling to this group. The site reaches more than 3,300 unique users each month.

MALAWI
RISK REDUCTION IN MALAWI
HIV prevalence among women aged 15-49 in Malawi is more than twice as high as that for men – 6.8% and 3.1% respectively (UNAIDS 2010). PSI/Malawi launched Youth Alert! in 2002, a life-skills program, to promote risk-reducing behaviors, such as delayed sexual debut and abstinence, among school-aged youth. Exposure to Youth Alert! was associated with increased abstinence: youth in the low- and high-exposed groups reported never having had sex 55.8% and 53.7% respectively, as compared to 27.8% in the unexposed group. Youth Alert! scaled back activities in 2010 due to lack of funding.

TOGO
LITTLE SISTER TO SISTER: HIV PREVENTION AMONG YOUNG FEMALE SEX WORKERS
In 2004, PSI/Togo started the Petite Soeur à Soeur (PSAS) project to improve the health and well-being of female sex workers (FSWs) aged 10-25 years with skills training, sexual and other health services, peer education and targeted advocacy. By 2008, 96% of young FSWs who were highly exposed to PSAS interventions reported consistent condom use with commercial partners, as compared to 87% of those who were less exposed and 68% of young FSWs at baseline in 2005. The project has created a spin-off local organization that is carrying on the activities.

ZIMBABWE
SOCCER FOR HIV PREVENTION
Male circumcision reduces female-to-male transmission of HIV by up to 60%. It is estimated that 42% of all new HIV infections could be prevented in Zimbabwe if 80% of males aged 15-49 years would be circumcised by 2016. PSI started Half Time Talk, a program that equips professional soccer players with the knowledge and skills to protect themselves from HIV and to encourage school children and adolescent boys to access voluntary medical male circumcision (VMMC) services (UNICEF 2011). 449 players have been trained so far. The initiative will likely increase uptake of VMMC in Zimbabwe. More than 50,000 males have benefited from the PSI-led program in Zimbabwe; 34,000 were among youth aged 13-24.

psi.org | impact 3
7 questions

Barbara is CEO and co-founder of Global Health Corps and recently joined the Board of PSI. She has worked for Red Cross Children’s Hospital in Capetown, South Africa, and for UNICEF in Botswana. She has traveled extensively with the UN World Food Programme, focusing on the importance of nutrition in antiretroviral treatment. Barbara is a World Economic Forum Global Shaper and a fellow of the Echoing Green Foundation, which selected Global Health Corps as one of the 14 most innovative social start-ups worldwide.

Barbara at a press conference with PSI and partners in October 2011 discussing the importance of foreign aid in developing countries.

7 QUESTIONS WITH BARBARA PIERCE BUSH

PSI’S PRESIDENT & CEO KARL HOFMANN INTERVIEWS BARBARA BUSH, CEO OF GLOBAL HEALTH CORPS AND PSI BOARD MEMBER.
**Karl Hofmann:** Tell us how you came up with the concept of the Global Health Corps.

**Barbara Pierce Bush:** I started Global Health Corps to harness the passion and energy of people in our generation to confront the massive health challenges that we’re facing. When I graduated from college I was looking for a job in global health and serendipitously found a job in a children’s hospital in South Africa. From there, I worked for UNICEF in Botswana. I knew I wanted to work in this space, and I was able to launch my career in global health. But it’s not always to get your foot in the door. So I partnered with some of our other co-founders to engage young people at the beginning of their careers and show that whatever skill set they have is equally needed in global health as in any field.

**KH:** Your organization is interested in people who don’t necessarily have health backgrounds. What do they bring that’s special?

**BB:** Our fellows are from nine countries. We partner with existing health non-profits or government agencies working on health-care delivery and find out areas of need, and then we recruit young people to work for them. What’s been exciting for us is that a lot of our partners have not requested traditional medical backgrounds; they want young people with technology, management, engineering and design skills. The reason that’s amazing is that you can really show a young person who might have been working in the private sector that those skills can equally be transferred to the global health field.

**KH:** So you’re really looking for young leaders from across all sorts of disciplines.

**BB:** Yes. I want all sectors because there are a lot of problems. In order to make change and save more lives, the more ideas and skill sets you can bring, the more efficient you’ll be.

**KH:** Talk to young people in America right now. What can they contribute to solve the problems of global health?

**BB:** There’s so much interest in global health right now, but that interest needs to move to action. So first of all, young people can use their voice to do that. Second of all, we’ve seen with our fellows, for 68 positions, we received a few thousand applications, so it shows that young people would want to make this their career, if they could figure out how. We have a lot of applicants coming from the private sector who want to be able to use the skills and knowledge they have to make a difference and save people’s lives. They just need to know how to get into the space.

**KH:** Fantastic. How about non-Americans, young people from elsewhere around the world?

**BB:** Global Health Corps has a global model, so everywhere we work there’s one fellow from that country partnered with an international fellow – primarily from East Africa and the U.S. Many of our fellows are from post-conflict countries, and they really want to rebuild their countries. Some of them have ended up being hired by the Ministry of Health after their fellowship. One of our Rwandan fellows who lived as a refugee did Global Health Corps with Partners in Health, and then afterwards he was hired by the Minister of Health in Rwanda. We hope that other fellows will follow similar career paths.

**KH:** Do you think the voices of youth are sufficiently taken into account these days in terms of setting the global public health agenda?

**BB:** The voices of youth are definitely heard. But young people don’t necessarily know the power of their own voice, and they don’t realize that they can use it – mainly because they might feel like they don’t have enough experience to be able to assert their own voice. In global health we’ve seen that isn’t necessarily the case. Organizations like the ONE Campaign or advocacy organizations that are really focused on mobilizing people realized that they can have much quicker results if they can mobilize young people, because of the networks that young people have. So I think it’s crucial just to continue to encourage that voice.

**KH:** What would you say is the one issue that you could identify that really unites young people here and elsewhere around the world in terms of health?

**BB:** What’s interesting and also frustrating about the global health field is that there are a lot of angles you can take to get involved because there are a lot of issue areas. Access is crucial and just in terms of equity, young people realize that it doesn’t matter where you’re born, you should have access to health care. Purely from an equity standpoint, that’s been a really easy way for us to get people involved.
WHY YOUTH?

BY MARK LEON GOLDBERG

SCENE: Three women in their early 20s meet at the food court of a shopping mall. The woman who organized the gathering clearly has something on her mind. It’s her boyfriend, Rob. He doesn’t want to use a condom. “But...he takes care of me,” the young woman says sheepishly in his defense. Her friends are clearly apoplectic at the notion. They pounce. “But nothing! Aren’t you still studying?” one friend asks. “Do you really want to have a child right now?” The other friend piles on, “You know this AIDS thing is spreading to women all over.” By the end of the 30-second television commercial, the young woman is convinced. If Rob wants to be a real man, he must wear a condom.
WHY NOW?
27%
ACCORDING TO UN ESTIMATES, YOUNG PEOPLE BETWEEN THE AGES OF 10 AND 24 MAKE UP 27% OF THE WORLD’S POPULATION.

According to UN estimates, young people between the ages of 10 and 24 make up 27% of the world’s population. By 2032, the number of people in this cohort is expected to peak at 2 billion, with 90 percent living in low- and middle-income countries.

The global health community has traditionally not focused on this group, instead directing its efforts toward the health of children under 5 years old. The fact that a record number of young people are now coming into their adolescence speaks to the success of these interventions. It also presents a whole new set of health challenges that the world has not yet experienced.

Obesity is one such growing concern for developing countries. According to WHO, 65 percent of the world’s population now lives in countries where more people die due to being overweight or obese than from being underweight. Close to 35 million overweight children are living in developing countries.

Almost no country suffers more from overweight and obesity than Mexico. About two-thirds of Mexican men and three-fourths of women are overweight or obese. “They talk about the three ‘Ts’ of the Mexican diet: tortillas, tacos and tostadas,” says Pamela Faura, country representative for PSI/
Mexico. In recent years, says Faura, substantial consumption of sugary juice drinks and American fast food has been added to the diets of young Mexicans.

To build momentum against this trend, PSI/Mexico conducted market research into a pilot campaign that would encourage young people to be more active and make healthier decisions. When launched, the campaign encouraged young people to engage in physical activities and shared information about nutrition and health. While limited in scale, the effort increased positive attitudes among youth toward water intake and physical activity and increased knowledge about the negative effects of drinking bottled juices and about what being physically active means.

If activities to promote diet, health and exercise are taken to scale, a *Lancet* study finds that up to 61,000 healthy life years could be gained in Mexico every year.

In 2009, the Nigerian government was debating an anti-discrimination law for people living with HIV. The law was a step forward, but one young woman living with HIV saw there was something missing in the proposed legislation. Like other young people living with HIV, Gloria had to lie about her status on her university application. At the time, being HIV-positive disqualified an applicant from accessing higher education.

With the support of the Washington, D.C.-based non-profit organization Advocates for Youth, Gloria led a national campaign to reverse this law. She testified before the parliament and appeared in media in a successful bid to have the parliament include a provision on university admission in the non-discrimination law.

“Young people are leaders of today and absolutely the leaders of tomorrow,” says Advocates for Youth Executive Director Debra Hauser. “The more we work with them in partnership, the better off we are in helping them cultivate their own leadership skills as well as helping them become leaders in their communities.”

Gloria’s story underlines the extent to which empowered youth can be key agents of change. They are a critical demographic – a healthy adolescence and young adulthood not only leads to healthier aging populations, but healthier children. “Youth at this age will soon become parents and transmit their habits and environments to the next generation,” says WHO’s Paul Bloem. “People are realizing that this is the key period to intervene and to get behaviors right.”

![Youth in Cotonou, Benin, attend a discussion organized by ABMS, PSI’s local affiliate, about adopting safer, responsible sexual behaviors.](https://example.com/image.jpg)
KATE ROBERTS: You have brought some of the most influential people together through the World Economic Forum, and about seven years ago you formed the Young Global Leaders. Why did you decide to start the Young Global Leaders and Global Shapers programs?

PROF. KLAUS SCHWAB: Fifty percent of the global population is less than 27 years old. It was very interesting that when I created the Young Global Leaders, it was difficult to find people who were already in very responsible positions below the age of 40. That has changed dramatically, which shows the age of leaders is coming down. Our Young Global Leaders are usually between 30 and 40, and we have to capture the energy and the spirit of those who are between 20 and 30. That was the reason for the creation of the Global Shapers.

KR: Much of your work in philanthropy focuses on social entrepreneurship. How can the Global Shapers become social entrepreneurs within your definition of the term?

KS: Social entrepreneurship has to be seen in a much wider way today. What we need to do is engineer society to move from a basis of self-interest toward a basis of serving society. What we want to do with the Global Shapers is to stimulate young leaders to be much more engaged into society on the local level, but through the Forum also on a global level.

KR: Where do the opportunities lie to connect the Young Global Leaders and Global Shapers closer to the Forum and perhaps some of the leaders attending the Forum who are not in either group?

KS: I see one of the main objectives in what I would call ‘mutual mentorship’. I think the older leaders, even the Young Global Leaders, can learn a lot from this upcoming generation, and vice versa. So I feel that the Forum should not be an isolated community, but be integrated into a framework which allows permanent interaction with other representatives from other communities.
KR: Many of the Global Shapers have identified AIDS as a priority issue. They see it as a youth issue. Over the last 40 years of the Forum, what progress have you seen in the global fight against HIV/AIDS?

KS: I feel we are now in a situation where there is general awareness, but there are two dangers. The first one is a certain fatigue. People have been aware that it is a very serious, life-threatening illness for many of our human neighbors in the world, but on the other hand, they have heard a lot about the issue and, as usual, when you are confronted with negative news, you have a tendency to try to shut your ears. We also see, particularly in the political community during a crisis, it’s even more apparent. It becomes more difficult to mobilize funds. Our role has been, over 40 years, to keep the fire alive, which means to make sure that this very important issue on the global agenda is not fading away, and that the necessary attention is given to it.

KR: You started the Forum to bring powerful people together. Do you feel that the state of the economy right now might affect the gathering of power and action?

KS: No, to the contrary, because of course it’s a gathering of power, it’s a gathering of action, but it’s also a gathering of learning. And in a turbulent time as we are experiencing just now, everybody wants to learn what the causes of the problems and challenges are. And we never had such a demand related to our activities, so we increased staff this year by about 15 percent to cope with the interest, not just participating in our meetings interest, but also an interest to be part of our many initiatives all over the world.

KR: Reflecting back on the last 40 years, what do you think has been the Forum’s greatest achievement?

KS: I think it would be wrong to measure the Forum in terms of big achievements. It’s a multitude of small achievements that count. My biggest satisfaction is to know that we have contributed to understanding where we are, and more importantly, what we should do. In terms of commonality, we are together; we are interconnected.

KR: It is worth highlighting that the Forum gave birth to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund has enabled PSI to save lives around the world, and I don’t think it’s highlighted enough.

KS: We are very proud of the Global Fund, of the Global AIDS Vaccine Initiative, and many other initiatives where we have been the birthplace for incubation mechanisms. Those organizations just express the best of public-private partnership. And we deeply feel that the big challenges in the world can only be solved through public-private partnership.

WHAT WE NEED TO DO IS ENGINEER SOCIETY TO MOVE FROM A BASIS OF SELF-INTEREST TOWARD A BASIS OF SERVING SOCIETY.
HOWARD BUFFETT
Executive Director, Howard G. Buffett Foundation and Chair, Global Impact Institute

How are you engaging youth to affect change in your line of work?
➤ At the Global Impact Institute, we build partnerships that focus on how to cultivate next-generation leadership. When you think about old definitions of success—wealth, power and fame—they center around self-interest. What we’re trying to look at is how to redefine that and understand that success has to be about the positive impact you bring to communities, whether you live in them or they’re across the planet.

EMI KOLAWOLE
Editor, Innovations and On Giving, Washington Post

What innovative ways have you seen others around you empowering youth?
➤ I think that by virtue of presenting new ideas, people are inspiring young people to think differently about their world. Our generation has a very large capacity for work. We’re in a period of contraction, so it’s very hard for people to find jobs, but the people who are looking, are looking very hard, and by virtue of that they are always looking for new ideas and ways that they can approach our economy and our society in a different way.

MANDY MOORE
Singer-songwriter, actress & PSI Ambassador

Why do you think it’s important to empower youth, particularly around health issues?
➤ It’s important to empower youth, especially when it comes to issues like global health because the youth are changing the world; we are the next generation. You look at examples of how social media contributed to movements like the Arab Spring; we really are at the forefront of these movements. We are in the position as well to affect change when it comes to policies and government. Now is the time to own it, to own that power, and really use that momentum to push forward and create some change.
CHRISTINE HORANSKY
Education Director, World Bank

You are really passionate about education. What are ways that other people can get involved in empowering girls, particularly around education or just in this movement in general?

➤ There are lots of terrific points of engagement. In terms of civil society, at the United Nations agencies, young people can make their voice heard and help advocate for world leaders to invest in young people around the world. I think getting behind movements such as the United Nation's Millennium Development Goals is really important and there are lots of wonderful civil society movements such as ONE Campaign and The Girl Effect that young people can and are taking part in. Something I think has been really exciting has been helping young people have that voice so they're empowered.

VICTOR MARSH
Foreign Service Officer, U.S. State Department

What are your hopes for both your own generation and younger generations?

➤ For my own generation, I'm really excited. The Millennials are a group that's all about community building. I'm excited to be in this group and to be building community at home, at the workplace and abroad. My hopes for the next generation is that they use all of the new tools they have at their disposal to make a positive impact and then teach others how to use those tools for positive change.

ALLEN GANNETT
Founder, Future Civic Leaders

What are the most successful tools to reach kids?

➤ The most successful tools to reach kids shorten the gap between action and results. We tend to find, for example, we spend a lot of time on public speaking. Public speaking is an activity where once you go up and do it, you're overcoming a fear, and you hear people clapping, and it's a very short feedback cycle. You very quickly see that you're able to do it, that you're able to accomplish something, that you're able to make a point, and we find public speaking to be a very empowering tool. It's also a really good practical skill. We like to double down on public speaking.

Meet more Global Shapers and watch their interviews at psi.org.
RONAN FARROW: MILLENNIAL LEADER

Ronan Farrow is a graduate of Yale Law School, a Rhodes Scholar, a World Economic Forum (WEF) Global Shaper and the First Special Advisor to the Secretary of State for Global Youth Issues, and he’s only 23. In this interview with PSI’s Kate Roberts, a WEF Young Global Leader, Ronan talks about what he sees on the job, his office’s policy changes and reasons why he does what he does.

KATE ROBERTS: You’ve accomplished a great deal in your 23 years. Why did you decide to dedicate your early career to global youth issues? You could be doing anything.

RONAN FARROW: The origin is more personal for me, because I grew up in a large family with adopted siblings from all over the world, many of them drawn from the corners of their communities where they were disenfranchised, oppressed, and a lot of them severely disabled. And it was powerful to see people, like my brother – who is adopted from Calcutta, was paraplegic and abandoned outside an orphanage – go from being the most silent person at the dinner table to the most vibrant voice and the greatest problem solver. I had in a microcosm the illustration of how powerful it can be to take young people and put their tremendous energy towards solving global problems. I wanted to do that, and I felt that as a young person I could connect with people and contribute to addressing problems that we share.

KR: You are the first person to hold the position as Special Advisor to the Secretary of State on Global Youth Issues. What are some examples of how you’ve been able to shape policy?

AF: We have a program that we launched in 10 countries in Latin America that brings young entrepreneurs to the U.S. and gives them grants to start their projects in their communities. I recently went to Norway, Turkey, India, Nepal...
and Bangladesh. At each of those embassies, we’re putting into place a youth advisory council, which will steer U.S. diplomacy and policy development in that country. They will have a formal role in providing input and making it known to our ambassadors what they view as challenges on the ground.

**KR:** In your job, you have the opportunity to interact with youth around the world. Is there something common across geographic barriers that you’re hearing from young people today?

There are as diverse circumstances as one can imagine and people face very different challenges. But, there are unifying themes – unifying frustrations – around the world that young people face. That is exactly the basis of our global youth policy. It’s a recognition that wherever you are, you, as a young person, face the same frustration about not being able to find a livelihood, and not just because there are more young people than ever; it is historically unprecedented that the majority of the world’s population is under 30. They’re also more empowered than ever by new technologies. But one of the messages that we’re trying to carry forward is that social media is a great tool, but ultimately young people passionate in making a difference have to get out in their communities and do it in person as well. Social media is not a substitute.

**KR:** You’re very active on Twitter. How has using social media helped connect you to youth everywhere?

It actually can be a very powerful tool, and I think that one of the lessons of the revolutions of the last year that have transformed realities on the ground is that things are changing, and not just because there are more young people than ever; it is historically unprecedented that the majority of the world’s population is under 30. They’re also more empowered than ever by new technologies. But one of the messages that we’re trying to carry forward is that social media is a great tool, but ultimately young people passionate in making a difference have to get out in their communities and do it in person as well. Social media is not a substitute.

**KR:** You were recently nominated as a Global Shaper with WEF. Do you think this sort of community-led platform is useful?

I already feel that the discussions I’ve had with my fellow Global Shapers have been really productive. If we can really harness that dialog to build concrete initiatives that respond to some of the challenges that we’re all facing and seeing in our various lines of work, it can be a powerful thing. The link with WEF is part of what made me excited about it because so many of the challenges that young people face are economic, and so many of them require great economic thinkers. Tying into the resources that Prof. Klaus Schwab has offered makes a lot of sense for this.

**KR:** We’re all very lucky to have you in this position, Ronan. Congratulations on all of your accomplishments in this last year; it’s been a big year for you.

It has been big, and I’m excited to see what comes next, and in particular what comes of the brave young minds that you’re doing so much good work with. It’s an exciting set of platforms you’re working with. Thank you for the work that you, PSI and WEF are doing.
"BEING A 12+ MENTOR IS A CHANCE FOR ME TO HELP YOUNG RWANDAN GIRLS. I HAVE THE OPPORTUNITY TO HELP THEM BECOME MORE CONFIDENT, AND TO GUIDE THEM SO THAT THEY PERSONALLY HAVE THE POWER TO KNOW HOW TO MANAGE DIFFERENT SITUATIONS IN LIFE."

—12+ MENTOR IN KICUKIRO, RWANDA

NO TEEN DRAMA: LEAVING ADOLESCENCE THRIVING & HEALTHY

Recently published reports from the World Bank, the Center for Global Development and others are calling new attention to the challenges of adolescent girls, aged 10-19, and particularly those aged 10-14. Young adolescent girls have historically been given low priority within development programs, receiving less than two cents for every dollar spent. Young girls generally enter adolescence healthy, while older adolescents struggle with the consequences of early sexual onset, including maternal mortality and HIV infection. Yet, the social disadvantages faced by young adolescent girls relative to boys and men are the cause of these and other consequences that extend beyond health, particularly to school dropout and increasingly limited opportunities for the girl, her family and her community.

The full scope of these challenges and consequences is only now coming into view, to a significant degree due to efforts by the Nike Foundation, advocates including PSI Board Member Ashley Judd, and a growing list of partners, including the World Bank. Less clear is what can be done at scale – there are 600 million adolescent girls in the developing world. PSI and its partners around the world have a growing portfolio of pilot projects aimed at finding interventions that could have widespread impact.

One of these is the 12+ program in Rwanda, funded and guided by the Nike Foundation and implemented with local partner, L’Association des Guides du Rwanda. Under the leadership of the Rwandan Ministry of Health, 12+ aims to improve knowledge and life skills among young girls on multiple levels, including self-esteem, leadership, social capital health and personal finance. In 12+, approximately 600 10-12-year-old girls from four districts in Rwanda meet weekly in youth centers and schools for training
By Steven Chapman, Ph.D.
Chief Technical Officer, PSI

PSI’s most experienced social marketers. Pedro now works from the Nike Foundation offices in Portland, Ore., where he manages a portfolio of innovation and design investments for the Nike Foundation to unleash The Girl Effect at scale. One of these investments is developing online games in a highly innovative effort to influence other organizations and donors to work with adolescent girls and share their learning. Many of Pedro’s colleagues at the Nike Foundation come from Nike’s commercial operations; their approach to working on The Girl Effect is a fresh source of inspiration for Pedro and PSI in private sector methods of innovation and design.

Many of PSI’s pilot interventions with adolescent girls and women are community-based, like 12+. They include gender-based violence prevention and services in Papua New Guinea and Zimbabwe, interventions with sex workers as part of HIV programs in many PSI countries, sexual health communications in Cameroon, and efforts to reduce the very high prevalence of overweight and obese adolescents in Mexico.

PSI is also testing clinical interventions for adolescents. The Top Réseau social franchise in Madagascar was our first effort to do this – providing sexual and reproductive health services in a youth-friendly setting with financing from the Bill & Melinda Gates Foundation. Our colleague Sohail Agha recently published the results of a pilot project in Pakistan that used vouchers among poor women, about 40 percent of whom were under the age of 24, to increase access to clinic-based baby delivery services.1 Using a quasi-experimental evaluation design, the pilot provided strong evidence that demand-side financing arrangements are a key tool for reducing inequities in institutional delivery across all age groups. Integrating youth-friendly services and associated financing mechanisms to allow youth to access family planning and other services in clinics has significant potential.

Like 12+, all our efforts put a premium on adolescents themselves identifying needs and, to the greatest possible degree, delivering information and services. Many of these initiatives result from funding from individual contributions. Like most adolescent programs around the world, these efforts are looking for seed funding to test new approaches and ways to work at ever increasing scale.


Accessed December 4, 2011.

Steven Chapman leads PSI’s efforts to improve the effectiveness, cost-effectiveness and equity of its interventions. He manages PSI’s Technical Services team, which consists of about 50 experts in five departments: Malaria and Child Survival; Sexual, Reproductive Health & Tuberculosis; Research & Metrics; Social Marketing; and Learning and Performance.
Geneviève Doukoya, a 22-year-old student at the University of Maroua, Cameroon, started on the road to a healthier life four years ago when she picked up an issue of 100%Jeune, a magazine created by youth for youth, addressing sexual and reproductive health issues.

About 35 percent of girls in Cameroon aged 15-24 face unwanted pregnancies and 3 percent of youth in that age group have HIV. The situation is aggravated by lack of dialog between children and parents about sexual and reproductive health, early marriage, rape and poverty.

But the 100%Jeune magazine inspired Geneviève. "When I finished reading that copy, it was like my eyes were opened. I started to see all of the dangers surrounding me," she said. "I want to become a great woman, and I don't want anything to hinder me from achieving that goal."

The magazine is one component the 100%Jeune project, which includes a youth radio show, website and Réglo Clubs – groups of secondary school students working together to talk to their friends about safer sex and reproductive health. The project is implemented by PSI/Cameroon with support from KfW, the German government’s development bank.

100%Jeune has reached more than 3.9 million youth, just like Geneviève. Through the skills gained from the project, Geneviève has begun communicating with her parents on sensitive issues and knows how to avoid unwanted pregnancies, prevent sexually transmitted infections, including HIV, and use both a female and male condom.

Geneviève also has been tested for HIV. "Doing the test has been one of the greatest challenges of my Réglo life. But I had to do it in order to feel secure and to encourage my friends," she says. "Now, I'm more careful than ever before."

In December 2011, Geneviève was awarded the 1st national prize for youth leadership by the Regional Forum of Youth of Central Africa in the Fight against AIDS.

"100%Jeune has changed me," she says. "It has had a positive impact on my sexual life, and on the lives of my relatives."

- Geneva

PSI Author: Agnès Aurore Balep, Editor, 100%Jeune Magazine, PSI/Cameroon; Martine Laurette Moquem, Assistant Editor, 100%Jeune Magazine, PSI/Cameroon; Rose Walsh, Program Assistant, West & Central Africa, Washington, D.C.

1. ERGPH, La population du Cameroun en 2010.
One Saturday a couple of years ago, 16-year-old Edgar Aníbal Miranda sat in his bedroom in Guatemala City, listening to the radio. He was surprised to hear a group of young people talking openly about sexual health issues.

“It was strange,” he now says. “I’d never heard anyone talk about these topics – not my parents, not even my school.”

The radio program was part of Club en Conexión, the youth program of PSI’s Central American affiliate, PASMO. In a region where young people aged 10-24 make up a third of the population, access to information about reproductive health, HIV and sexually transmitted infections is critical but often lacking.

Teen pregnancy rates are alarming in many parts of the region, and only about half of all sexually active young people report using condoms. Club en Conexión works to meet young people’s sexual and reproductive health needs by training motivated youth to become leaders and educators in their communities. Operating in Guatemala, El Salvador, Nicaragua and Honduras, young club leaders teach their friends and peers through interactive activities, including games and kiosks at public events, education sessions at schools and universities, an online web community and popular radio programs.

Since its inception in 2005, Club en Conexión’s peer educators have conducted more than 90,000 activities throughout the region. Guatemala’s radio program alone reaches more than 65,000 listeners, generating more than 100 contacts per show, including Edgar.

At the end of the first show he heard, Edgar was hooked. The young radio announcers issued a call for new club members, and Edgar, though shy at the time, thought it would be a good opportunity to learn more about sexual health issues and hopefully have the chance to be on the radio.

Edgar and several other new leaders participated in a three-month training; all of it was new to him.

“Here in Guatemala,” Edgar said, “these are taboo topics that people don’t talk about because of the conservative culture.”

He was excited to learn about issues that he had never heard of before from adults in his community or that his friends only joked about, oftentimes with incorrect information.

Despite the excitement, it was difficult for Edgar. He initially had trouble stepping outside of his comfort zone. Though most of the group began leading outreach activities and participating in the radio program before Edgar, he continued working with the program and found the encouragement and support to become more confident and outgoing.

Today, three years later, Edgar is 19 and far from the shy teenager he once was. He speaks enthusiastically and openly on Guatemala’s Club en Conexión radio program and is at ease speaking to groups of all sizes. He is proud of the work that he does.

“Sometimes I’ll be leading a game,” Edgar says. “And maybe six people are interested. Now if any of those six people have sexual relationships or face problems with violence, for example, they’ll think back to that one guy who gave them information. I don’t know who I’ve saved or helped, but that person will remember me.”

Growing up in a vulnerable neighborhood riddled with drugs and gangs in Guatemala’s capital city, Edgar is happy to have found an outlet to help him learn ways to keep himself healthy and safe and, more importantly, to teach his peers these same lessons.

“It’s not the same if an adult tells you,” he said. “They talk to you but then it seems like they’re scolding you. But I’m a young person talking to other young people and they can identify with me.”

PSI Author: Regina Moore, Communications Coordinator, Corporate Marketing, Communications and Advocacy, Washington, D.C.
Whitney Davis, 18, could have been part of a startling statistic: by the age of 19, nearly 60 percent of all women in Liberia have started childbearing. However, Whitney doesn’t intend to add to this childbearing statistic. “I am on family planning,” she says. “I use injectables.” Whitney is practicing what she preaches; she’s one of the hosts of PSI/Liberia’s youth-centered radio show, Let’s Talk About Sex (LTAS). On the weekly radio show—aired on the United Nations Mission in Liberia Radio—Whitney and her co-hosts talk with guests and callers about youth-related health issues, such as cross-generational sex, peer pressure, and youth involvement in the fight against HIV and AIDS.

The LTAS show, a component of PSI/Liberia’s SMART Choice program, is designed for youth, about youth and by youth. The SMART Choice program, targeted at in-school and out-of-school youth between the ages of 15 and 24, promotes abstinence and condom use and reduction in the number of sexual partners among sexually active youth.

“SMART Choice is helping Liberian youth a whole lot with activities like free HIV counseling and testing to enable youth to know their status and ways to prevent getting the virus,” says Whitney. Liberia is a country with some worrisome statistics, so the SMART Choice messages are extremely important, particularly for young women. Although Liberia’s average national HIV prevalence rate is 1.5 percent, it is dramatically higher at 5.7 percent among young pregnant women between the ages of 15 and 24. This is no surprise, as many young women in Liberia engage in risky sexual behavior that increases their vulnerability to HIV, sexually transmitted infections (STIs) and pregnancy. Men typically hold the decision-making power when it comes to using a condom, and nearly 40 percent of young women between the ages of 15 and 24 engage in transactional sex with a man who is 10 years older or more.

SMART Choice complements LTAS with on-the-ground education and empowerment to ensure that the most at-risk populations—young women and female sex workers (FSWs)—receive the messages of safer sex and sexual and reproductive health. SMART Choice staff, including Whitney, visit clubs and bars to promote PSI/Liberia’s Star Condoms and educate the young women and FSWs about how to use the condoms to protect themselves and stay STI- and HIV-free.

Whitney sells the condoms to the FSWs, some of whom are her age, who then sometimes sell the condoms to their clients to make an additional profit—a double win providing both protection and some extra income.

The SMART Choice program, which supports the Liberian Ministry of Health’s Basic Package for Health Services, has sold more than 840,000 Star Condoms since 2008, and by the end of 2011, LTAS aired 176 live episodes.

PSI Authors: Marilyn Luke Urey, SMART Choice Program Manager, PSI/Liberia; Meredith Gaffney, Program Manager, West & Central Africa, Washington, D.C.

2. Ibid.
3. Ibid.
It is Wednesday, and the Amour & Vie weekly radio program — Love & Life in English — is starting in 15 minutes. Patricia Montcho and her co-host, Yann Kounde, look over their scripts and run through some lines. African pop music streams proudly through the crowded radio station. Amidst the chaos, Patricia seems relaxed, prepared and professional. She walks into the sound booth.

The intro jingle starts to play, and Patricia kicks off the show. “Hey out there, glad you could join us for this week’s show. Today we’re talking about abstinence and why or why not have you, as a young person, abstained from sex.”

Two years ago, Patricia joined Amour & Vie, a youth program organized by ABMS, PSI’s affiliate in Benin. She works voluntarily as a freelancer for the program and host for the weekly radio show. She also studies Linguistics and Public Health at the University of Abomey-Calavi in Cotonou.

ABMS launched the sixth Amour & Vie campaign thanks to the Impact program — a five-year $18 million program funded by the U.S. Agency for International Development (USAID). The Impact program is designed to improve youth behaviors associated with HIV/AIDS and family planning.

Through Amour & Vie, Beninese youth work with ABMS and the Peace Corps to produce this popular weekly radio show and bimonthly magazines designed to address young peoples’ questions and concerns regarding sexual health, HIV/AIDS and teen pregnancy, and to encourage them to adopt safer, responsible sexual behaviors. Peace Corps volunteers also organize meetings to talk about issues featured in the magazines.

When Patricia joined the Amour & Vie team, she was looking for answers about sex, because she couldn’t talk to her parents. Today, she feels more confident in the choices she makes. She and her co-hosts put a lot of work into the weekly radio show, which has a cult following among youth in Cotonou. “The show is really important to me. We want to make sure to get the correct information out to our listeners.”

The Amour & Vie program is driven by the understanding that peer education is an influential force in determining youth’s decision-making patterns and ensuring the continuation of the activities without ABMS. After being a part of this program, Patricia tells me, “I feel like an ambassador for love and life in the community.”

**PSI Author:** Mandy McAnally, Associate Manager, Corporate Marketing, Communications & Advocacy, Washington, D.C.
Ruslan*, 20, had difficulty making new friends when he moved to Almaty, Kazakhstan. Soon enough, he fell in with the wrong group of kids in a nearby neighborhood. They often talked about cannabis – they knew where to get it and how to buy it at a cheap price. Ruslan started joining them to smoke and then skip school, spending most days high on the rooftops in his neighborhood. He also started to abuse alcohol. Ruslan continued down this path for a year; he became aggressive, fought often, came home late and had problems at school, with his parents and with other youth.

The HIV prevalence among young people aged 15-24 in Kazakhstan is less than 1 percent. Ruslan, who began to engage in high-risk behavior, was at risk of becoming a part of this statistic.

One day, when he was walking home alone in the rain he passed a sign that read “Youth Power Center” and decided to check it out.

The Center is part of the ORLEU program implemented by PSI/Kazakhstan with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The ORLEU program’s youth component targets at-risk youth – those aged 15-24, living in low-income communities where drugs are widely available. The program provides them with access to HIV-prevention health and social services, behavior change communication and healthy alternatives to drug use. There are centers in the cities of Almaty, Karaganda, Shymkent, Semey and Pavlodar.

At the Youth Power Center that Ruslan entered, volunteers welcomed him into the group and invited him to recreational activities. Over time, he made new friends at the center. He joined them for English courses, Internet clubs, sports activities, and he even received counseling. Ruslan also learned about HIV and TB prevention and safer sexual practices. These services were all free of charge at the Center.

To date, the ORLEU project has reached 31,345 at-risk youth like Ruslan. PSI has also developed educational materials and guidelines for other trainers on HIV, sexually transmitted infections and drug addiction prevention among at-risk youth. With the help of the Center, Ruslan left his old life behind and has embraced a life with friends and activities that steer him in a healthy, happy direction.

DINARA UTEBAYEVA is one of the volunteers at the Youth Power Center in Shymkent, Kazakhstan. Like Ruslan, she too found the Center unexpectedly. She had been looking for her sister, who worked near the Center, and went in when she saw the sign. Dinara joined the activities and instantly liked it. She started going there more often and soon became a volunteer instructor. There, she learned about HIV and AIDS, drug addiction and drug abuse, tuberculosis, malaria and sexually transmitted infections. Dinara now conducts training classes in distant city areas and participates in various campaigns within her city.

“I’m proud of it,” says Dinara. “All my peers value me as a volunteer, and my school teachers consider me as a colleague, although I’m only 16 years old.”

The ORLEU program also provides training to its youth volunteer instructors. From time-to-time, the youth volunteer instructors from the various Youth Power Centers in the five ORLEU cities come together to attend training rallies. The trainings raise the volunteers’ awareness about the prevention of social diseases among youth. They participate in various activities aimed at developing their peer education skills and personal qualities. They also study about the peculiarities of work with most at-risk populations and learn about the purpose, objectives and principles of the ORLEU program.

Dinara enjoys her work. She has been with the Youth Power Center for six months and is among 28 leaders at ORLEU’s Centers.

PSI Author: Jyoti Kulangara, Coordinator, Corporate Marketing, Communications & Advocacy, Washington, D.C.

* Name changed to protect identity and privacy
Kicking Condoms

Improving Condom Distribution in Guinea

After a late night out, a young Guinean wakes up to the call of prayer. Afraid of being late to the mosque, he rushes to get ready, pulling on the same shirt he wore the night before.

He hurries into the mosque to join the other men from his community, but as he leans down to begin his prayers something falls out of his pocket onto the floor. It’s a package of Prudence Plus condoms that he had grabbed the night before on the way to visit his girlfriend.

Embarrassed, he gives it a kick, hoping that no one notices it. The package lands beside the feet of the imam. Horrified that it could tarnish his reputation, the imam kicks the condom to where it lands in front of another man. In this way, a silent game of “football” begins, with the condom being passed from one to the next, each fearful of losing his reputation if the “ball” stops near him.

The “football match” at this mosque in the Labé Region in north central Guinea illustrates some of the challenges faced by PSI/Guinea as it tries to increase the sustainable availability of condoms for young people. Throughout the past two years, PSI/Guinea has tried to integrate its condoms into the commercial sector.

Although the Prudence Plus condom brand is well known throughout Guinea, it is not distributed or sold by many of Guinea’s wholesalers or pharmacists.

Anecdotal evidence suggests that this hesitancy may arise from religious convictions. In addition, young people who use (or may wish to use) condoms do not want to offend or anger religious leaders and elders, who often have strong judgments about condom use.

Guinea is facing a generalized HIV epidemic, with a general population prevalence of 1.5 percent. The prevalence among young people is somewhat lower at 0.9 percent, but poised to increase given that more than half of high-risk sex takes place in urban areas among young people aged 15-24 years (Demographic and Health Surveys 2005). Furthermore, even though 59 percent of youth claim that Prudence Plus condoms are available near their homes, only 35 percent report using a condom consistently with extramarital partners in the previous year.

So how is PSI/Guinea going to ensure that its target population – young people – uses condoms to reduce HIV prevalence? The first step is to make sure Prudence Plus condoms are available in outlets where young people typically purchase them. These outlets are called tabliers (places where candies, cookies and cigarettes are sold). To do this, PSI/Guinea must understand the beliefs and motivations that influence wholesalers’ decisions to distribute condoms. Enter FoQus on Traders.

FoQus on Traders

FoQus is an umbrella term for PSI’s qualitative research studies, comprising a set of approaches for gaining insight into various target audiences. A new addition is FoQus on Traders, which pairs researchers with PSI sales and distribution teams to understand the drivers and barriers for the stocking and selling behavior of product retailers. In many countries where PSI works, one of the challenges has been a lack of understanding of how traders of fast-moving consumer goods think or behave with respect to stocking and selling PSI products. This lack can contribute to excessive direct-to-retail delivery systems, which in turn can lead to pipeline waste, high trader turnover and a reduced ability to develop sustainable, consumer-driven supply and demand systems. PSI developed FoQus on Traders to help field offices gain needed insight into trader motivation.

In PSI/Guinea’s case, the team will conduct a FoQus on Traders in 2012 to identify the barriers that prevent wholesalers from stocking Prudence Plus condoms, and what may motivate them to start.

By PSI authors: Camara Lansana, Director of Research and Monitoring and Evaluation, PSI/Guinea; Jyoti Kulangara, Coordinator, Corporate Marketing, Communications & Advocacy, Washington, D.C.

Zimbabwe Bottle Stores

In early 2010, the first FoQus on Traders pilot study took place in Zimbabwe. The study focused on owners and managers of “bottle stores,” whose main moneymaker is beer sales and through which about 30 percent of Protector Plus male condoms were distributed.

In Zimbabwe, retailers have been strained in recent years due to hyperinflation and dollarization, which resulted in low consumer purchasing power. The inflation increased from a low of 112 percent in 2001 to an unprecedented 230 million percent in 2008 (Office for the Coordination of Humanitarian Affairs 2009). To address this challenge, the government dollarized the economy in early 2008. While this stabilized the runaway inflation, the damage to the retail sector still lingers.

Throughout this turbulent period, approximately 22 percent of PSI retail outlets closed down (Measuring Access and Performance [MAP] 2008). To address this challenge, the government dollarized the economy in early 2008. While this stabilized the runaway inflation, the damage to the retail sector still lingers. Throughout this turbulent period, approximately 22 percent of PSI retail outlets closed down (Measuring Access and Performance [MAP] 2008). In light of eroded purchasing power and liberalization of markets, there was weak demand for condom product stocking at the retail level.

The PSI/Zimbabwe sales force was accustomed to seeing Protector Plus as an isolated product, rather than considering it from the traders’ perspective as one product connected to a range of retail offerings. The study helped clarify traders’ views on Prudence Plus, their motivations for selling or giving away the product, and what options exist to boost sales, invigorate indirect sales channels and build stronger relationships with traders.

1. Measuring Access and Performance (MAP) — MAP is a study design developed by PSI’s Research & Metrics team that assesses the performance of social marketing products and service delivery systems in developing countries. MAP studies are designed to measure the coverage, quality, equity of access and penetration of these products and services, i.e., how well PSI’s products and services are reaching target populations.
POWER OF U.S. FOREIGN AID

Polls show that the American public believes that 25 percent of the U.S. federal budget is spent on foreign aid. In reality, this figure is less than 1 percent. Given the tremendous achievements, progress, and most importantly, the lives our country has saved through strategic financial investments in global health programs, now – more than ever – it is critical that we continue to invest in these effective and innovative interventions.

In October, PSI Global Ambassador Mandy Moore highlighted the immense power of foreign aid. She met with members of both chambers and later participated in a congressional briefing panel hosted by PSI, FHI 360 and PATH to emphasize the U.S. Agency for International Development’s (USAID) achievements over the past 50 years. Dr. Ariel Pablos-Méndez, assistant administrator of the Global Health Bureau at USAID, joined the panel to share the agency’s commitment to global health and ongoing impact around the world.

In 2011 alone, the U.S. provided care and support to nearly 13 million people, including more than 4.1 million orphans and vulnerable children. Each year, this funding prevents nearly 150,000 infants from being born with HIV, saves 3 million lives through USAID’s immunization programs, and has helped bring safe drinking water sources to 1.3 billion people over the last decade.

PSI is proud to be a partner of USAID. Our continued commitment to healthy children and youth is unwavering. One example of PSI’s leadership on these issues is reflected by my recent election as chair of the U.S. Coalition for Child Survival, which is dedicated to improving the survival and healthy development of our world’s children. Through involvement with stakeholder partnerships, we have the opportunity to work together to advance our common goals to help others and save lives.

In this tough economic climate, the percent of the U.S. federal budget spent on overall foreign affairs programs in Fiscal Year (FY) 2010 to FY 2012. Global health, while still less than 1 percent of the budget, fared favorably with $8.3 billion for programs, a $500 million increase from FY11. The U.S. government recognized the necessity of fighting deadly health epidemics by providing much-needed funding for maternal and child health, water and health, and nutrition, to name a few.

Funding for malaria programs increased to $650 million, a $31.2 million increase from FY11. As the largest malaria control implementing organization in the world, PSI strongly supports the increase. The conference legislation also allocates $95 million for nutrition, up $5.2 million from FY11. Furthermore, the bill provides $605.6 million for maternal and child health and $236 million to combat tuberculosis, both up from FY11.

Recent reductions in financial assistance for global health epidemics by a number of governments have had a tremendous impact on people around the world. For instance, the Global Fund to Fight AIDS, Tuberculosis and Malaria had to recently cancel the 12th round of disease-control funds. Over the past decade, the Global Fund has helped keep alive approximately 3.2 million people on antiretroviral treatment, financed 8.2 million courses of TB treatment and distributed 190 million insecticide-treated nets.

If we continue to see cuts to these life-saving programs, we must recognize the significant impact that these reductions will have on the lives of the most vulnerable populations around the world. We have made tremendous progress by investing wisely and strategically. As Americans, we have a unique moral obligation to help invest in programs that will cost us little and help us save lives, see communities grow and thrive – which brings about political stability, economic growth and strong national security.

“IN 2011 ALONE, THE U.S. PROVIDED CARE AND SUPPORT TO NEARLY 13 MILLION PEOPLE, INCLUDING MORE THAN 4.1 MILLION ORPHANS AND VULNERABLE CHILDREN.”

PSI Author: Annie Toro, Governmental Affairs Manager, Washington, D.C.
Despite incredible scientific advancements over the years, health-care providers across the globe lack antibiotics capable of combating increasingly dangerous bacterial infections. These “super bugs” have become resistant to traditional antibiotics, while the Food and Drug Administration’s approval of new antibiotics has decreased by 70 percent since the mid-1980s.

According to the Infectious Diseases Society of America, 100,000 deaths and 360,000 hospitalizations result from such infections annually in the U.S. These infections are especially dangerous for our younger generations with compromised immune systems.

Dr. William Evans, CEO of the renowned St. Jude Children’s Research Hospital in Tennessee, recently wrote, “We don’t want to find ourselves in a situation in which we have been able to save a child’s life after a cancer diagnosis, only to lose them to an untreatable multi-drug resistant infection.”

This is why I have joined Senator Richard Blumenthal, D-Conn., to introduce the Generating Antibiotics Incentives Now (“GAIN”) Act. Our legislation encourages development of new antibiotics through meaningful market incentives without putting federal dollars at stake and also reduces regulatory burdens to bring effective treatments to market more quickly. We have a responsibility to act now to protect citizens, especially our vulnerable youth, from this increasingly dangerous threat.

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**BY SEN. BOB CORKER**

The Centers for Disease Control and Prevention reports that MRSA – a drug-resistant strain of Staph bacteria – is responsible for more than 17,000 deaths in the U.S. each year, more than AIDS. A lesser-known bug, Acinetobacter, has infected more than 700 of our troops serving in Iraq since 2003. The stagnant drug development pipeline in this area has caused the World Health Organization to name antibiotic-resistant infections one of the “three greatest threats to human health.” I am proud to introduce the Generating Antibiotics Incentives Now (“GAIN”) Act with my colleague, Senator Bob Corker from Tennessee. I believe that we must work together for patients like Jamel all around the world to fight back against this dangerous epidemic. We must harness nature and American ingenuity to win the real-life race against the super bugs.

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**BY SEN. RICHARD BLUMENTHAL**

Imagine you are recovering from a routine surgery only to find yourself fighting for your life a few days later because of a bacterial infection that was acquired as a result of the procedure. To make matters worse, traditional medicines are proving ineffective at battling the infection. That’s what happened to Jamel Sawyer, a former college football player from Norwalk, Conn., who knows the crippling impact all too well after contracting an antibiotic-resistant Staph infection. After multiple rounds of antibiotic treatment, Jamel was left paralyzed from the waist down. This frightening scenario is an emerging reality as these “super bugs” – named so for their resistance to known antibiotics – are becoming more pervasive throughout the country and the world.

The Centers for Disease Control and Prevention reports that MRSA – a drug-resistant strain of Staph bacteria – is responsible for more than 17,000 deaths in the U.S. each year, more than AIDS. A lesser-known bug, Acinetobacter, has infected more than 700 of our troops serving in Iraq since 2003. The stagnant drug development pipeline in this area has caused the World Health Organization to name antibiotic-resistant infections one of the “three greatest threats to human health.” I am proud to introduce the Generating Antibiotics Incentives Now (“GAIN”) Act with my colleague, Senator Bob Corker from Tennessee. I believe that we must work together for patients like Jamel all around the world to fight back against this dangerous epidemic. We must harness nature and American ingenuity to win the real-life race against the super bugs.
The Dutch Ministry of Foreign Affairs last month gathered a group of organizations, including partners from their recently completed Strategic Alliances with International Non-Governmental Organizations Program, to The Hague to discuss lessons learned under the program and to reflect on the 20th anniversary of the International Conference on Population and Development and the Millennium Development Goals.

At the meeting, PSI and many international nongovernmental organization partners working on sexual and reproductive health and rights (SRHR) prepared, and ultimately endorsed, a letter to the Dutch Foreign Ministry to ensure that SRHR remains firmly on their development agenda.

Achieving consensus was challenging, except on one issue: focusing on adolescents. Authors of the letter cited some startling statistics: 50 percent of the world’s population is under 25 years old, and 1.8 billion people are between the ages of 10 and 24.

“As the largest generation ever of adolescents enters their sexual and reproductive lives, investments are needed to realize the sexual and reproductive health and rights of young girls and boys, particularly adolescent girls aged 10-14 years who are most marginalized,” the letter read.

Partners rightly called on the Ministry to make services appealing to adolescents and youth, “i.e., services that respect their human rights, are confidential, and do not require parental or spousal consent.”

Authors identified “key” areas of investments for the Ministry, particularly:

- Comprehensive sexuality education programs in and out of schools and access to information and sexual and reproductive health services; as well as
- Meaningful inclusion into the shaping, implementing and monitoring policies and programs that affect youth.

In addition to the aforementioned focus on adolescents, the meeting participants also agreed to include two additional principles on the SRHR agenda: 1) respect, promote and fulfill reproductive health and rights; and 2) universal access to sexual reproductive health and rights.

The participants also pledged that regardless of the individual activities of their respective organizations, they would “jointly work towards ensuring that SRHR are at the center of our advocacy efforts, policy development and implementation of programs, enhancing inclusiveness and creating synergies within and outside the SRHR community.”

The letter detailing all three principles was sent to high-level representatives in the Dutch Foreign Ministry on December 21, 2011. As of yet, no response had been issued.

PSI Author: Michael Chommie, Director, PSI /Europe, Amsterdam.
YOUTH: LISTEN TO THEM, INVOLVE THEM, PARTNER WITH THEM

Last November, United Nations Secretary-General Ban Ki-moon appointed Johanna (Yoka) Brandt, a Dutch national, to be the new Deputy Executive Director of the United Nations Children’s Fund (UNICEF). Brandt has served as Director-General for International Cooperation at the Ministry of Foreign Affairs of the Netherlands since 2008. She has also served as Ambassador of the Netherlands to Eritrea and Uganda.

Brandt shares her thoughts on young people’s health and welfare with PSI/Europe Director Michael Chommie.

Michael Chommie: As you leave the Dutch Ministry of Foreign Affairs, what do you see as the greatest global health challenges facing young people around the world today?

Yoka Brandt: In general, young people are affected by global health challenges in different ways, depending on who they are and where they are. But looking at specific challenges for young people, I would make two points. The first – which is very strongly related to Dutch policy, and also close to my heart – are issues related to young people’s sexuality. These issues are often taboo to talk about, so it’s important that we find the right interventions to protect young people from the consequences of having unsafe sex, such as sexually transmitted infections and HIV. The second point I would highlight are vulnerable groups, such as young girls, are specifically vulnerable to power imbalances. These imbalances can take any form in different types of societies and can be associated with health problems and unwanted or complicated pregnancies.

Michael Chommie: Until recently, young people were a somewhat overlooked demographic for many global agencies. Why should we pay special attention to this cohort now?

Yoka Brandt: There are 1.8 billion young people in the world today, so it is obvious that if you want to focus on the future, this group is key. Very often, young people are also drivers of change. In my own experience in Uganda, we worked with young people in IDP camps. By simply giving sufficient information and access to information to young people, the whole issue of sanitation and clean water spread around the camps through these agents of change. I think we’ve also seen it around HIV/AIDS issues. In its 2010 report, UNAIDS said that young people were actually leading what they called the HIV-prevention revolution.

Michael Chommie: So how do you think international development policies can empower youth to lead healthy lives and affect positive change in their communities as well as around the world?

Yoka Brandt: The most important thing is that we recognize youth not only as beneficiaries but also as our partners in development, and that implies that we should listen to them and involve them in policies and programs. I think maybe too often we assume that general development and health programs automatically will also benefit young people where in reality they have special needs that should be taken into account, for example, access to services. The first important step would therefore be to consider them as partners and listen to their specific needs.

Michael Chommie: In addition to partnering with them, how can donors and organizations like PSI work with youth to empower them?

Yoka Brandt: As I said, it is important that we pay special attention to the needs of young people. For donors, this means partnering with youth organizations and with NGOs that speak for young people, as well as including young people in debates where their voices are heard. The Netherlands includes youth representatives in its delegations to international fora, and at home we involve young people in sexuality education and provide them access to health and a wealth of policies. This has paid off for us. What we also try to do as a government is to work with like-minded NGOs and other partners that have experience and expertise. For instance, our working relationship with PSI has been an obvious choice because of all the experience PSI has in these areas.

Michael Chommie: One focus area for the Dutch international development arena is Sexual and Reproductive Health and Rights (SRHR). What is the Ministry doing to promote SRHR for young people, especially those between the ages of 15 and 24?

Yoka Brandt: We’re very happy that SRHR has remained one of our focus areas, not only because of the importance of the issue for development, but also because we feel the Netherlands has a contribution to make. We are increasing our budgets for SRHR. Through all the organizations that we support and work with and in the various international debates, we have focused a lot of attention on the issue of youth and youth-friendly access and integrated services for Sexual and Reproductive Health and HIV/AIDS. So we show support through our financial contributions to organizations, but also through advocating internationally for young people’s rights.

Michael Chommie: Congratulations on being appointed Deputy Executive Director of UNICEF. What are you hoping to accomplish in this new role?

Yoka Brandt: Thank you. I am very happy with this opportunity. I strongly relate to UNICEF’s mandate of assisting and protecting children and young people. My new role comes at a very interesting time, now that there is an increased pressure on development programs and organizations to show results, and be accountable and transparent. The world around us is changing, and we see new players and new global challenges. We see complex and new patterns of poverty and global health challenges, and development organizations need to make sure that we are ready to face everything that this environment presents us. I hope that my current and previous jobs have prepared me to adjust and continue showing what we can do in terms of effective development assistance that shows results.

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A MEGA-GENERATION OF HOPE

The youth population today is larger than it has ever been. Today’s mega-generation of hope has the power to create a more just and equitable world.

But our fast-paced world seems to have designed the toughest ever challenges for this largest ever generation. Strategies found in old playbooks seem antiquated for young people growing up in a world in which population growth outstrips our ability to harvest and preserve natural resources, global economic stability is fragile, and the rights of women and girls still come in second far too often.

For those of us working to improve global health, this mega-generation is an opportunity to instill an understanding and appreciation for adopting healthier behaviors that can be passed on to the next generation.

But first we must be able to reach them. Young people now have one thing undeniably in common with all of us formerly young people: they are focused on themselves. The global health community must strive to make our messages relevant and simple to understand. They must convey information in a way that fosters a productive discussion among youth.

At the recent International Conference on Family Planning in Dakar, Senegal, PSI hosted a panel discussion titled “Passing the Baton,” where up-and-coming young leaders in reproductive health grilled their veteran counterparts who led and shaped this movement over the last few decades. As our veterans noted, we need younger voices and a fresh wave of leadership to see us through the challenges of the 21st century. We need to bring a fresh perspective to the fight against HIV, we need innovative programming that addresses the issue of child marriage, and we need youth ingenuity on overcoming barriers to access family planning and reproductive health services.

Like all of us, I see the spark of hope in my own children, two of three of whom were born overseas, and therefore, who grew up with a global perspective. When my daughter visited an HIV counseling and testing center in Haiti last year, she was most inspired by the courage and strength of her young Haitian counterparts who were taking the time to educate themselves about HIV prevention.

Connecting to help solve pressing social challenges is something the Generation of Hope is inclined – and networked – to do. We need to communicate effectively with them, listen to them and, eventually, get out of their way.
Vive tu mejor momento

CONDOMES VIVE