Post-2015 Negotiation Briefs #8: Youth Friendly Services in Universal Health Coverage
Introduction

Universal Health Coverage (UHC) is seen as a key contributor to ensuring a healthy population and, in turn, helping to advance development. The World Health Organization defines UHC as Universal “ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship”. It is agreed that UHC should ensure a whole continuum of access: promotion of health, prevention of ill health, treatment, rehabilitation and palliation. One of the most important aspects of UHC is to ensure financial risk protection in order to prevent poverty from the cost of health care services.¹

Youth Friendly Services are seen as essential to ensure the health of adolescents and young people and Universal Health Coverage can not be truly universal if it is not accessible or affordable to all people through all ages. The World Health Organization has developed tools to enable governments to understand how to make their health services adolescent friendly. They identified the following as essential components of this service:

1. **Equitable**: All adolescents, not just some groups of adolescents, are able to obtain the health services that are available.

2. **Accessible**: Adolescents are able to obtain the health services that are available
3. **Acceptable:** Adolescents are willing to obtain the health services that are available.

4. **Appropriate:** the right health services (i.e. the ones they need) are provided to them.

5. **Effective:** the right health services are provided in the right way, and make a positive contribution to their health.\(^2\)

Young people are seen as healthy and vibrant members of society, and as such they are hesitant to present to health services unless there is an acute issue or need. Young people are even less likely to present to a health service if it is not designed for their needs and in a way that promotes youth uptake. Young people face many barriers in accessing health services:

- Staff are unfriendly or are not trained in how to work with young people
- The hours are inconvenient, i.e. the clinic is only open during school hours
- The location is not easily accessible or in areas frequented by young people
- The services provided are not confidential or private
- The services are too expensive or young people fear a lack of confidentiality because the services are covered under their parents’ health coverage.\(^3\)

Despite a move for equitable access to health for all, stemming from the 1978 Alma Ata Declaration, adolescents and young people have been left behind. For this need to be met health systems need to be adolescent and youth responsive and young people; health systems need to address both existing health issues and concerns in adolescent populations, as well as taking a life course approach in recognizing that ensuring optimal health in adolescents will lead to improved health outcomes later in life. If the outcomes of the post-2015 agenda want to be truly transformative and sustainable the needs of adolescents can no longer be ignored by national health systems.\(^4\) More information on how to make health systems more adolescent responsive can be found here.

**Youth Friendly Services in UN and Regional Agreements**

Language on Youth Friendly Services has appeared in United Nations resolutions and agreements as they relate to Sexual and Reproductive Health and HIV.

Paragraph 26 of the **UN High Level Meeting on HIV/AIDS Declaration** in 2006:

> Commit to address the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention
strategies, responsible sexual behaviour, including the use of condoms, evidence-and skills-based, youth specific HIV education, mass media interventions, and the provision of youth friendly health services.[13]

While the 2011 Declaration of the UN High Level Meeting on HIV/AIDS failed to include youth-specific targets, it did include the following general commitments to young people:

Ensure access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents and expand good-quality youth friendly information and sexual health education and counseling services.

There are several agreements in the African region where member states have signed on to the development of youth-friendly services. Article 16. 2c of The African Union African Youth Charter (2006):

Provide access to youth friendly reproductive health services including contraceptives, antenatal and post-natal services

Intro paragraph 5 of Plan of Action on Sexual and Reproductive Health and Rights (Maputo Plan of Action), The African Union (2006):

Nine action areas: integration of sexual and reproductive health (SRH0 services into PHC, repositioning family planning, developing and promoting youth-friendly services, unsafe abortion, quality safe motherhood, resource mobilization, commodity security and monitoring and evaluation.

African Youth Decade 2009-2018 Plan of Action: Accelerating Youth Empowerment for Sustainable Development, Road Map towards the Implementation of the African youth Charter (May 2011) for AU 2.2 pg 9:

Enhancing the capacity of health system to deliver rights-based youth friendly information and services.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa, December 2013:

Commit ourselves to strengthening HIV prevention, treatment, care and support, and sexual and reproductive health and rights (SRHR) efforts in Eastern and Southern Africa by ensuring access to good quality, comprehensive, life skills-based HIV and sexuality education (CSE) and youth-friendly sexual and reproductive health services for all adolescents and young people, recognizing each country’s socio-cultural context.
In the Eastern European and Central Asian region, member states recognized the importance of youth friendly services at the *Ministerial Meeting on Urgent Response to the HIV/AIDS epidemics in Commonwealth of Independent States: At Great Risk of HIV/AIDS: Young People in Eastern Europe and Central Asia* Interventions through services: accessible and confidential youth-friendly health services, offering a core package of interventions (information and counseling, risk reduction through condoms and harm reduction for injecting drug users; and testing and treatment for sexually transmitted infections and HIV) through existing health infrastructures.

Member states in Latin America and the Caribbean affirmed youth friendly services as a priority during their regional meeting on ICPD in 2014:

*Paragraph 13 of Montevideo Consensus on Population and Development*: Implement comprehensive, timely, good-quality sexual health and reproductive health programmes for adolescents and young people, including youth-friendly sexual health and reproductive health services with a gender, human rights, intergenerational and intercultural perspective, which guarantee access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to exercise their sexual rights and reproductive rights, to have a responsible, pleasurable and healthy sex life, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation.

Member states in the Arab States also used the ICPD consultations as a space to affirm their commitment to youth friendly services. Paragraph 49 of the Cairo Declaration *Development Challenges and Population Dynamics in a Changing Arab World – Regional Conference on Population and Development in the Arab States*: Enable accessibility of young people to high quality affordable, youth-friendly health services including age appropriate sexual and reproductive health services and information, as appropriate to their age, taking into account privacy and confidentiality, that is especially tailored to their needs free of all forms of discrimination and stigma.

These are just some examples of the support member states have pledged at the global and regional level to Youth Friendly Services, and their recognition that the health of the young people in their countries should be a priority.
Universal Health Coverage in UN and Regional Agreements

Universal Health Coverage has emerged as a key part of the discussion of health in the post 2015 development agenda. It is currently featured in the Open Working Group Outcome Document. Universal Health Coverage is also the main feature of UN Resolution A/67/L.36 Global Health and Foreign Policy. The document outlines a large amount of agreements amongst member states on UHC, but the following paragraph emphasizes its connection with HIV:

Paragraph 12: Also recognizes that the provision of universal health coverage is mutually reinforcing with the implementation of the Political Declaration on the Prevention and Control of Non-communicable Diseases and the Political Declaration on HIV and AIDS.

Universal Health Coverage and Youth Friendly Services in Post-2015 Negotiations

In the Open Working Group proposal for Sustainable Development Goals, the targets that directly address the needs of youth are missing. In particular, the health goal contains no direct targets related to youth or youth-friendly services. The goal does include a target on Universal Health Coverage:

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Earlier in the post-2015 negotiations, the High Level Dialogue on Health in the Post-2015 Development held in Gaborone, Botswana highlighted the importance of the health of adolescents in Paragraph 2 of their report:

... adolescents are the next generation of adults and will have major influence on the achievement of the post 2015 agenda. Empowering adolescents in their health development, including healthy sexual and reproductive health practices and avoidance of risks for NCDs, means they will enter adulthood with stronger overall capabilities and abilities to make informed choices for themselves and their communities.

Additionally the Report of the Global Thematic Consultation on Health highlighted youth-friendly services as an essential component of achieving health and well being:

In order to adopt a multi-dimensional approach to improved health and well being that focuses on interrelated and core economic, social and
environmental root causes, many indicators in the post-2015 framework will need to be crosscutting. For example, in the case of sexual and reproductive health and rights, youth-friendly services, sexuality education, access to a range of modern contraceptives and postnatal and antenatal care all require not only indicators relating to the health system (number of skilled workers, sufficient and effective drugs, etc.) but also elements linked to the education system, access to nutrition and water, stigmatization and discrimination, and so forth. (pgs. 60-61)

Youth Positions on Youth Friendly Services and UHC

Young people have consistently indicated that they believe youth friendly services are one of their priorities. A key way to achieve the needs of young people is by ensuring a responsive health system with universal health coverage that provides specific programming and resources to adolescent and youth health. Highlighted below are the calls from two major youth meetings feeding into the post-2015 process.

In 2014, led by the Office of the UN Secretary-General’s Envoy on Youth, a crowdsourcing initiative was undertaken to identify and consolidate the priorities of young people in the post-2015 agenda. This document entitled The Global Youth Call: Prioritizing Youth in the Post-2015 Development Agenda identified the following youth priority:

Ensure universal access to affordable, acceptable and quality adolescent-and-youth friendly health services and information, including integrated sexual and reproductive health and HIV services, and modern methods of contraceptives.

In May 2014, young people from around the world met and negotiated with Ministers and government representatives on the youth in the post-2015 agenda during the World Conference on Youth in Sri Lanka. The outcome document from the meeting, The Colombo Declaration on Youth: Mainstreaming Youth in the post-2015 Development Agenda, highlighted the following:

**Paragraph 17:** Promote healthy lifestyles and take steps towards a sustainable framework for health financing, to make adolescent and youth friendly services that are accessible and affordable and ensure the quality of universal health coverage including but not limited to maternal health, HIV/AIDS, non-communicable diseases, mental health, injuries and drug and substance abuse including alcohol.
Young people have also recognized the importance of securing UHC as a tool to achieve the highest attainable health. The Major Group on Children and Youth including the following in their position paper entitled The Children and Youth Major Group’s Vision and Priorities for the Sustainable Development Goals and the Post-2015 Development Agenda from March 2014:

Take a health systems approach by focusing on achieving universal health coverage that incorporates prevention, promotion, treatment, rehabilitation and palliation.

Resources

- Keys to youth friendly services – IPPF. www.ippf.org/resources/publications/Keys-youth-friendly-services

Acknowledgements

This briefing was authored by Kelly Thompson with input from Mimi Melles and Kat Watson. Thanks to The PACT and UNAIDS colleagues for feedback and editing support.
Footnotes
