

Start with a Girl: A New Agenda for Global Health

Miriam Temin

CGD Brief

Improving adolescent girls' health and wellbeing is critical to achieving virtually all international development goals, from reducing infant and child deaths to stimulating economic growth and encouraging environmental sustainability. Governments and donors seem to recognize this, but they have yet to take the specific actions needed to genuinely invest in adolescent girls' health and, thereby, the health and wellbeing of generations to come.

Start with a Girl: A New Agenda for Global Health shows why doing so is a global must and identifies eight priorities for international action: implementing comprehensive health agendas; eliminating marriage for girls younger than 18; focusing maternal health investments on adolescent girls; focusing HIV prevention on adolescent girls; making health systems work for girls; making secondary school completion a priority; creating an innovation fund for girls' health; and increasing donor support for adolescent girls' health.

From at Risk to Resilient: Eight Priority Actions for Adolescent Girls

Governments, donors, businesses, and civil society organizations can break vicious cycles of ill health by following this ambitious, yet feasible agenda:

1. Implement a comprehensive health agenda for adolescent girls in at least three countries.

From their last childhood immunization until their first pregnancy, girls in developing countries often receive few, if any, health services. Yet nearly all of the threats to girls' health are preventable, particularly if addressed during the critical time of adolescence. In addition to providing "youth-friendly" interventions for specific health problems, community leaders should tackle the social determinants of poor health by addressing gender barriers and ensuring that girls have the access to the skills, information, and services they need to navigate adolescence successfully.

Bilateral donors, the World Bank, and other multilateral development organizations should work with countries to support girl-focused interventions including youth-friendly health services, broad health-sector changes, and transformations in social norms, community resources, and girls' schooling.¹

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1. To be considered youth-friendly, services must be equitable, accessible, acceptable, appropriate and effective—the right services are provided in the right way and make a positive contribution to the health of adolescents. B. J. Ferguson, personal communication; Peter McIntyre, *Adolescent-Friendly Health Services: An Agenda for Change* (Geneva: The World Health Organization, 2003).

2. Eliminate marriage for girls younger than 18.

Thirty-six percent of 20- to 24-year-old women in the developing world (excluding China) report that they were married as children (see map). Child marriage is a manifestation of girls' powerlessness and a driver of health risks. Babies born to mothers under age 20 are 50 percent more likely to be stillborn or to die in their first week than those born to mothers 20 to 29 years old. In sub-Saharan Africa, married girls are 48 to 65 percent more likely to be HIV-infected than their unmarried peers because of the nature of sex during marriage and the typical age gap between young wives and their older husbands. In addition, child brides tend to be less educated and have fewer vocational skills than other women; they often face isolation and restricted social mobility.

“Women and girls are one of the world’s greatest untapped resources. Investing in the potential of women to lift and lead their societies is one of the best investments we can make.”

U.S. Secretary of State
Hillary Clinton

International agencies must identify child marriage as a human rights violation. Girls need national laws to prevent the practice and donors to support national responses (e.g., marriage registration systems and incentive schemes to keep daughters in school) and programs to mobilize communities and create viable alternatives to marriage. When given viable alternatives, girls are healthier, happier, and better able to contribute to the wellbeing of their families and communities.

3. Focus investments in maternal health on adolescent girls.

Maternal-health problems are the leading killers of 15- to 19-year-old girls worldwide.² This age group accounts for just over one-tenth of births but bears 23 percent of the global burden of disease from maternal conditions. Poor maternal health has long-lasting effects as young mothers pass poor health on to their babies. Interventions to break intergenerational cycles of ill health, gender inequality, and poverty are particularly important.

2. George C. Patton et al., “Global Patterns of Mortality in Young People: A Systematic Analysis of Population Health Data,” *The Lancet* 374: 881–892.

Ingredients for an Adolescent Girls’ Health Agenda:

- Youth-friendly health services
- Iron supplements
- HPV vaccination
- Reduction in harmful traditional practices
- Men’s and boys’ Involvement
- Obesity reduction
- Educational entertainment programs
- Safe spaces
- Comprehensive sexuality education

Donors should support additional research on the risks facing pregnant adolescents and evaluate programming to help girls overcome hurdles to health care. Maternal health care must extend beyond labor and delivery to include access to contraception, nutrition, and compassionate counseling and services in the case of unintended pregnancy. In all cases, donors must allocate funding specifically for adolescents.

4. Focus HIV prevention on adolescent girls.

In parts of sub-Saharan Africa, young women ages 15 to 24 account for three out of every four new HIV infections. To stop new infections, HIV prevention efforts must focus more on girls and young women. Governments, donors, and international organizations must support efforts to transform harmful social norms by including HIV prevention in comprehensive sexuality education and by working with boys and men to change their behavior—for themselves and their partners.

5. Make health systems work for girls.

Preventative and curative health services often fail to reach adolescent girls. If the health system is failing girls, it’s failing. Efforts to strengthen and monitor health systems should include community-based service delivery for girls, girl-friendly reproductive health services, financing and payment strategies that prioritize girls’ health, and training to help health workers work more competently with adolescents.

6. Make completing secondary school a priority.

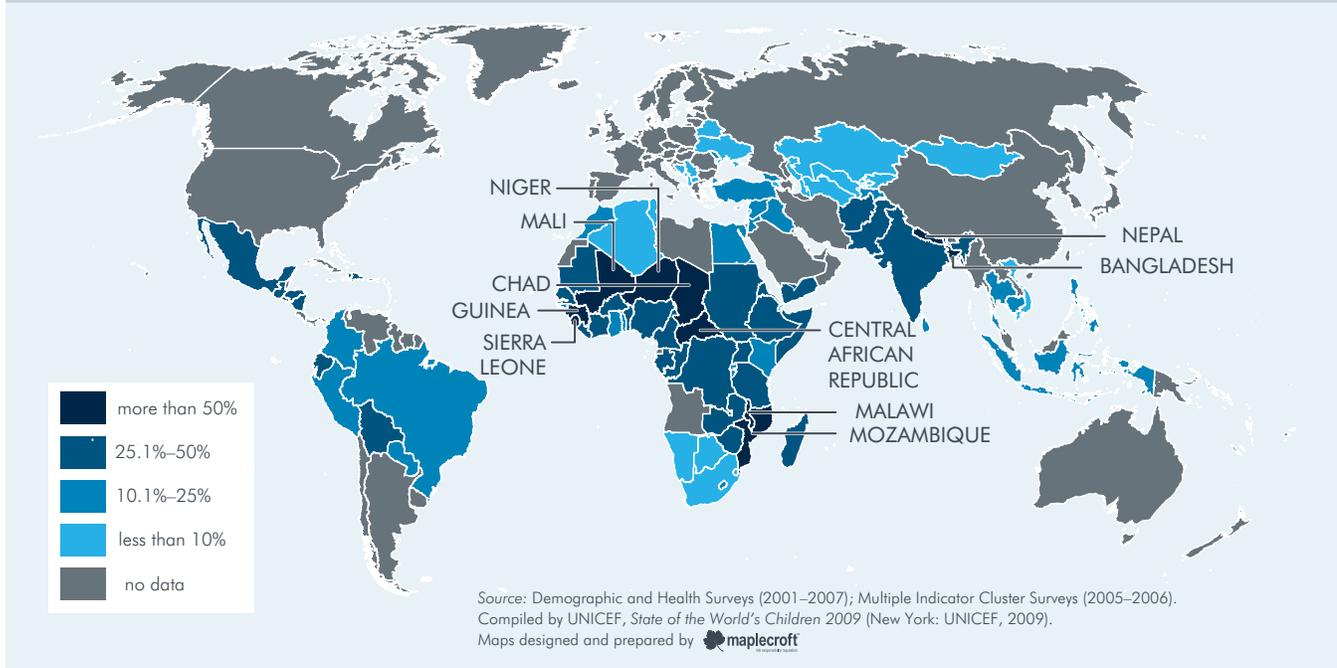
Ensuring that girls complete secondary school is one of the most efficient ways governments can improve girls’ chances for good health. Governments should focus not only on primary school, but on expanding access to and improving the quality of lower secondary education programs, through age 16. Governments and the private sector, with donor support, should increase formal and nonformal schooling opportunities by expanding primary school facilities, offering scholarships and alternative learning programs, and extending household cash transfer schemes to disadvantaged girls.

7. Create an innovation fund for girls’ health.

Current research on effective strategies to improve girls’ health is weak, but there are specific opportunities for

Child marriage is still common in many regions of the world

Percentage of women (20-24 years) married before 18 years (2008)



much-needed research on how to reduce adolescent girls' vulnerability. Philanthropic funders should create an innovation fund to build and share knowledge, and to leverage resources from governments and official donor agencies. Girls need investments in data collection (e.g. through the Demographic and Health Surveys and longitudinal studies) and multicountry evaluations of promising programs, including a 12-year-old check-in and programs to change boys' and men's attitudes and behaviors.

8. Increase donor support for adolescent girls' health.

Obtaining better health for girls requires significant investment by governments, donors, and the private sector. Although there is no valid estimate of current spending on girls' health, it is generally understood to constitute only a small share of today's efforts. Donors must increase official development assistance in areas that benefit girls by at least \$1 billion per year, approximately 6 percent of current spending on global health. In addition, nontraditional donors, including emerging donors in the Middle East, should identify girls' health as a focus area and commit \$1 billion per year.

The Bottom Line: Costs and Benefits

Estimating costs is challenging because only a small number of programs provide such information, but it is clear that action agenda for adolescent girls' health is affordable. An estimate for *Start with a Girl* suggests that the total cost of providing 10- to 19-year-old girls in need in low- and lower-middle-income countries with essential health services, com-

munity action, media, and comprehensive sexuality education is \$360 per girl per year, or approximately \$1 a day.³ This is a total rather than incremental cost, because no data are available on current spending levels. Many individual components are very affordable for low-income countries with support from donor partners (see figure next page).

“We have to underscore the worth of a girl, the future of our world. We have an unfinished agenda and we can do that best by making this report, *Start with a Girl*, our action manual.”

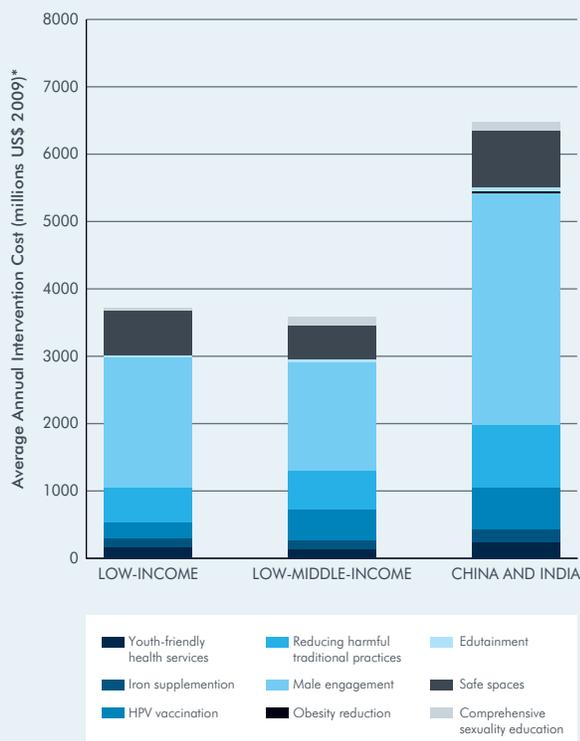
Melanne Verveer,
U.S. Ambassador-at-Large
of Global Women's Issues

Focusing on adolescent girls' health pays off. Even without implementing the entire action agenda outlined above, scaled-up programs could yield medium- and long-term

3. World Bank Atlas Method Classification. Low income: \$975 or less; lower middle income: \$976–\$3,855.

The Center for Global Development works to reduce global poverty and inequality through rigorous **research** and active engagement with the **policy** community to make the world a more prosperous, just, and safe place for us all. The policies and practices of the United States and other rich countries, the emerging powers, and international institutions and corporations have **significant impacts** on the developing world's poor people. We aim to improve these policies and practices through research and policy engagement to expand opportunities, reduce inequalities, and **improve lives** everywhere.

Estimated annual costs of priority interventions by region



*Average annual program costs for China and India are not included in the total global estimates.

Source: Jessica Ebbeler, "Financial Requirements for Global Investments in Priority Health Interventions for Adolescent Girls Estimated Costs of Scaling-Up Priority Interventions for Adolescent Girls' Health and Policy Recommendations for Improved Tracking of Global Health Expenditures on Adolescent Girls," Start with a Girl Web Annex 2, http://www.cgdev.org/doc/GHA/Start_with_a_Girl-Annex2.pdf.

reductions in maternal and infant mortality, HIV incidence, cervical cancer, and chronic disease, along with increases in girls' education and women's labor-market productivity.

By aligning high-level statements on adolescent girls with specific, high-impact actions, the international community will be able to achieve durable, sustainable solutions for some of the most pressing global health problems. Leadership at the national level is paramount: girls' health should be a high priority for ministers of health, as well as ministers of finance and planning officials. International donors and technical organizations should encourage and support leadership at national levels by providing advice on effective approaches in the health sector and beyond, as well as a share of the financial resources to step up action for girls' health. Civil society groups need to concentrate efforts to solve girls' health problems in locally relevant ways.

“Protecting the health of adolescent girls is a human rights priority. Whether by combating child marriage, facilitating access to quality health care, or eliminating harmful traditional practices, gains in adolescent girls' health permit the full realization of human potential.”

Mary Robinson, President of Realizing Rights: The Ethical Globalization Initiative and former President of Ireland

Above all, adolescent girls need support to be their own advocates. Healthy, empowered girls who speak up for their own rights and those of their sisters are our best hope for achieving sustained change.