



REFERENCE NOTES
ON POPULATION AND
POVERTY REDUCTION

The Case for Investing in Young People

as part of a
National Poverty
Reduction Strategy



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Reference Notes on
Population and Poverty Reduction

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Foreword

Over the past 15 years, there has been an ever-greater acknowledgement in the international community that if we are to have any hope of realizing our goals for the planet, we must begin to focus on youth. Given that it is the young people of today who will be the adults of tomorrow, this focus makes intuitive sense. But it has also been backed up by empirical evidence, as study after study has shown that investing in the needs of youth — for education, for jobs, for health care, for information — is perhaps the single best way to bring benefits to society as a whole. It is not surprising, then, to find that youth have been given a larger and clearer place in major initiatives of the international system over the past decade, from the International Conference for Population and Development (Cairo, 1994) to the Millennium Summit (New York, 2000).

Unfortunately, however, the importance of youth is not always clearly reflected in policies and programmes at the national level. And even if policies are in place, implementation in many cases is lacking. Furthermore, young people are not really “full” members of society, in most places — they cannot vote; they do not have the requisite status to be heard; adult members of their families are presumed to “speak for them.” It is thus difficult for young people, themselves, to clearly and forcefully present their needs and wishes to decisionmakers.

This paper focuses on national efforts to reduce poverty, it presents ways of how we can argue for investments in youth to policymakers in language they understand. It begins by laying out a public policy framework, which acknowledges the many competing interests and imperfect tradeoffs that decisionmakers must work with in forming policy. It then presents, clearly and systematically, seven arguments for why national poverty reduction efforts must include a focus on youth if they are to be successful. Finally, it discusses the best ways of approaching busy policymakers to engage and convince them on this important topic.

The ultimate goal is to create arguments “on the ground” for investing in youth at the national level. If the approaches in this paper are employed assiduously and systematically, they will open up a conduit through which emphasis on youth can begin flowing into national-level policies. Once a national focus on youth begins to show results — in poverty reduction and in other areas — a “virtuous circle” is created whereby other countries will begin investing in youth, as well — not because international bodies argue for it, but because countries see it is in their own self-interest. It is in this way that a focus on youth can become truly self-sustaining.

We invite interested parties to read this paper and put it into practice, in the hopes of a better life for youth today, and for all of us tomorrow.



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Executive summary

More attention to the promotion and protection of the rights and the socio economic needs of young people needs to be an essential element of a country's efforts to eradicate poverty. Young people (defined as aged 10 to 24 years) account for 29 per cent of the population in low and middle-income countries (or 1.4 billion in number). Over a 100 countries have a significant youth bulge in their populations (see Attachment 4 at the end of the paper). Many young people in the world, however, lack basic literacy and numeracy skills and have no access to reproductive health care. As well, their economic prospects are extremely limited. To close this gap requires both additional resources as well as attention to gender inequality issues and the more effective delivery of existing services. This paper presents analysis and evidence to support these claims.

The purpose of the paper is not to highlight the vulnerability of particular groups of young people. This task has been performed admirably by recent publications such as the UNFPA's World Population Report 2003 on adolescent health and rights. Its aim instead is a more focused one — to show how best to present the case to policy makers for more attention to the needs of young people ahead of other competing claims for resources.

A PUBLIC POLICY PERSPECTIVE

The paper's starting point is a public policy perspective. It offers a framework for UNFPA country staff, as policy change advocates, to work out what arguments and supporting evidence in relation to young people are likely to be most appropriate to apply in the context of developing or refining a national poverty reduction strategy. The underlying theme of the paper is how best to advocate for policy change where decision makers are faced with a range of competing claims for limited resources.

The first step in advocating policy change in relation to young people is to understand why many countries have neglected this age group in recent efforts to reduce poverty. Next, it requires using evidence-based arguments based on young people's needs. This involves paying specific attention to the most vulnerable in this age group, taking

WHY ADDRESS AND PROTECT THE RIGHTS, HEALTH AND DEVELOPMENT OF YOUNG PEOPLE?

At first glance, youth appears to be a relatively healthy — although not hazard-free — period of life. Young people account for 15 per cent of the disease and injury burden worldwide and over one million die each year, mainly from preventable causes.

Nonetheless, roughly 70 per cent of premature deaths among adults can be linked to gender discrimination and behaviours initiated during adolescence, such as tobacco use, poor eating habits, and risky sex. Young people face serious health challenges:

- About half of all HIV infections are in people under 25, with girls disproportionately affected.
- On average, one-third of women in developing countries give birth before age 20; a large proportion of these pregnancies are unwanted.
- Each year, between 2 and 4 million adolescents undergo unsafe abortion.
- Adolescent mothers are twice as likely as older women to die of pregnancy-related causes, and their own children are at higher risk of illness and death.
- Nutritional deficiencies such as anemia are widespread in both young men and women. They increase the risks that girls and young women face during pregnancy and childbirth.
- Millions of youth die tragically or suffer because of other preventable health hazards such as road accidents, substance abuse, suicide, and infectious diseases such as malaria and tuberculosis.

Source: World Bank: *Adolescent health at a glance*.

into account in particular gender, ethnicity, location, and household income. Widespread evidence of the disadvantage experienced by girls and young women in terms of access to health and education experienced in particular means that their rights need to be protected and their needs will be at the forefront of the evidence and analysis.

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Addressing the needs of young people in extreme poverty requires priority setting by identifying those most in need. In many cases, the focus of policy needs to be on girls and young women due to their greater lack of capabilities to rise out of their poverty. In other cases, the policy focus may need to be on boys and young men, due to the immediacy of the problem, such as a severe threat to civil order.

The generic term young people used throughout the paper should not be taken to imply that all young people's needs are viewed as being of equal importance. Evidence in relation to each country or region needs to be marshalled and presented about the disadvantages suffered by young people due to their sex, degree of disability, racial or ethnic minority status. This evidence is essential to ensure that those most in need are the focus of policy attention.

FOCUS ON ANALYTICAL FRAMEWORK SUPPORTED BY EVIDENCE

The paper aims not to merely highlight the difficulties facing young people in low and middle-income countries. This task is performed well by a range of existing reports from international agencies such as UNFPA and UNICEF. So the evidence used in this paper avoids the reporting of specific problems or program successes. In its place, the paper offers a series of arguments for why national public policy makers, in a sea of competing claims, should give more attention to young people, in particular girls. The evidence used to support these arguments will highlight the relative disadvantage experienced by a particular group of young people such as girls or young women compared with young males or other age groups as a whole.

Another focal point for the paper is the opportunity for policy change advocacy offered through development or refinement of a national comprehensive poverty reduction strategy. While some attention is given to the Poverty Reduction Strategy Paper (PRSP) process in which some 80 debt ridden developing countries are engaged, this does not imply that this is the only opportunity for producing such a strategy. Other examples of efforts to develop national strategies to reduce poverty applicable to other countries are discussed further in the paper.

The value of the PRSP process for analysis purposes is its transparency in the form of published documents readily available on the Internet. The Poverty Reduction Strategy Papers supply easily accessible evidence of the strategies pursued by some governments in low and middle income countries to eradicate poverty. It is highly likely that the limitations of these strategies identified in the paper also apply to most developing and transition countries.

WHY YOUNG PEOPLE ARE OVERLOOKED IN POVERTY ASSESSMENTS

Young people are often overlooked in the formulation of poverty reduction strategies? This claim is based on an analysis of 31 completed Poverty Reduction Strategy Papers to September 2003. One reason for their relative invisibility is to do with the narrow focus of the poverty assessments commonly used by governments and international agencies. This is often due to the static view of poverty used which does not recognise the variable circumstances in which most young people find themselves. A static view of poverty is also likely to produce in the poverty statistics a bias against young people as they are more likely to be mobile and hence less likely to be enumerated in a household survey.

The lack of accurate data on costs and benefits of programs is another reason for the neglect of young people in poverty assessments. Only limited evaluation results are available about education, post-school training, sexual and reproductive health, and community relations programs for this age group. The lack of these data makes it hard to identify the most effective forms of intervention.

The information that is available from a small number of robust program evaluations, nevertheless, offers important insights into how program interventions can deliver more than one beneficial effect. In a public policy context, these data about program costs and outcomes provide the best economic case for justifying investment in young people over and above other calls on limited resources. Specific attention is given in the paper to evaluations of programs to improve the sexual and reproductive health

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of young people and to the quantifiable benefits that can be identified from these programs.

THE LONG AND THE SHORT TERM PERSPECTIVES

Two broad sets of arguments can be offered in favour of directing resources to young people in more relevant areas as a means of reducing poverty in developing and transition countries. One approach is based on a long-term focus and emphasises the positive benefits to be gained. Investing in young people's education, health and opportunities for employment leads to improved productivity and security from enhanced human and social capital. Investing in young people can also reduce the chances of in-country armed conflict and hence improve national security.

However, these types of long-term investments, of their nature, are more difficult to justify because of the expected time lag for the return on investment. The economic fortunes of a country are likely to have a big effect on whether a long-term perspective is attractive to policy makers. Policy makers in countries with low per capita incomes and low growth prospects are more likely to focus on the more immediate causes of poverty.

The more common justification, therefore, for most policy makers to direct their attention to young people rests on the short-term benefits of doing so. This short-term perspective often views young people as either vulnerable or as a threat. Policy makers are more likely to respond to evidence of young people as high 'risks' in terms of adverse outcomes. These adverse outcomes can range from evidence of girls and young women's increased vulnerability to HIV infection and poor health due to early childbirth to concerns about boys and young men, through their propensity for violence, as threats to the social order. While civil disorder may be more visible and have a more immediate impact on policy makers, it is up to policy change advocates to present reputable evidence of the more invisible vulnerabilities of girls and young women.

SEVEN ARGUMENTS OFFERED

The paper offers seven arguments with evidence to support the case for more public policy focus on young people

in low and middle-income countries. The value of each of these arguments will depend on the context in which UNFPA advocates are making their case. This context is likely to be shaped by the stage in the policy process at which the case is put (ie consultation, evidence assessment, policy formulation, implementation or monitoring/evaluation). The case is also likely to be shaped by the type of stakeholders involved. A framework for working out which arguments should be put to whom and when is explained in the paper. .

Argument 1: Young people are due a fair share of resources

The most straightforward argument that can be put to policy makers is a distributional one based on equity — young people's large share of the population in all developing and transition countries justifies providing them with their fair share of resources. This argument has the most weight where the country has a low per capita income. In these countries, the extent of extreme poverty that applies to the population as a whole will apply to each broad age group, albeit with some small margin for variation.

Argument 2: Young people are a key focus in the Millennium Development Goals

A more sophisticated case can be based on a rights-based argument presents a moral and legal basis for directing more resources to young people, especially girls and young women due to their great vulnerability to poverty.

The Millennium Development Goals (MDGs) embody most elements of a human rights perspective by identifying the social and economic entitlements to development and the extent of disadvantage suffered. Showing the gap between current reality and the targets of the Millennium Development Goals in relation to young women's access to education, for example, can help to generate among policy makers a sense of political urgency.

The paper presents data in relation to the MDG targets to show how policy change advocates can highlight the extent of this gap for individual countries. Five Goals in particular are identified as explicitly referring to young

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people because they cover activities in which mostly young people are engaged. These are the MDGs that relate to: education attainment, gender balance in education, improved maternal health, combating HIV/AIDS and other diseases such as malaria and tuberculosis and decent employment opportunities for young people.

THE MDGS AND THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE

The paper focuses in particular on adolescent health and education levels and shows how more attention to these goals will also have a major impact on achieving the targets for other Millennium Development Goals. Action to reduce the incidence of pregnancies among undernourished adolescent girls will contribute significantly to reducing child mortality — the objective of Millennium Development Goal 4. Achieving higher education levels for girls as well as improved nutrition for young mothers will have a broader impact by helping to lower the prevalence of underweight children under-five years of age, one of the indicators for Millennium Development Goal 1 — the reduction of hunger.

The absence of a specific focus on adolescent sexual and reproductive health issues in the Millennium Development Goals does not make irrelevant on this issue. The links are there but may need careful demonstrating. UNFPA advocates may need to point out to policy makers the direct connections between preventive action in relation to young people's sexual and reproductive health and

HIV/AIDS PREVENTION, PROTECTION EFFORTS AREN'T WORKING FOR WOMEN: ANNAN

... women make up nearly two-thirds of those under 24 years old with HIV. Women [also] have less access to information and health than men do, and often face greater stigma than men if they have HIV/AIDS and are victims of discrimination and violence because of it. AIDS is contributing to women's poverty because it often forces them out of the work force to take care of an ailing family member.

Source: World Bank Press Review, 9 March, 2004

achieving the MDG targets through reductions in child malnutrition, child mortality, maternal deaths, and the spread of HIV/AIDS.

Arguments 3 and 4: Economic benefits at macro and micro levels

Two arguments emphasising the medium-term benefits of investing in young people can also be made. The first relies on evidence of the macro economic benefits that can come from a virtuous circle of investing in the health and education of children and then building on this investment in the adolescent years to consolidate the initial investment.

A micro economic argument can also be made about the economic returns from investment in certain programs based on the cost effectiveness data and information about which interventions are likely to have the greatest impact. Mention is made in the paper of how the rigorous evaluation results of PROGRESA, the Education, Health, and Nutrition Program of Mexico, were crucial in enabling the program to survive not only a major transition of government in 2000 but also to expand its coverage to urban areas.

Argument 5: Young people in poverty as a special case

Why should young people require special attention ahead of other age groups? A more theoretically based argument, based on their critical stage in the lifecycle, can also be used to justify the treatment of young people as a special case for additional resources. This argument uses a dynamic view of poverty and highlights the compounding effects of the hurdles young people often encounter, in particular girls, in their transition from dependence to independence.

Argument 6: Long-term benefits: the demographic bonus

Arguments which highlight the long-term benefits of investing in young people can be based on two cases. One is the value to the economy and society of taking advantage of a country's demographic transition to lower

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population growth. These potential benefits are available in particular to a country currently with a large youth population but with future age cohorts becoming smaller in size due to fertility decline — the so-called demographic bonus.

This window of opportunity applies particularly to Latin American countries where fertility has declined sharply in the last two decades, thus increasing the share of the productive age group (15 to 60 years) in the population. This effect will have its peak in Latin America in the years 2018-2019.

INVESTING IN YOUTH HELPS BREAK THE CYCLE OF POVERTY.

Poverty and inadequate health systems compound adolescent vulnerability to sickness and early death:

- When a young person becomes infected with HIV or resorts to unsafe abortion to terminate an unplanned pregnancy, poverty is often the root cause.
- A poor adolescent is more than three times as likely to give birth as a wealthy adolescent.
- Poor Health exacerbates poverty, by disrupting and cutting short school opportunities, by weakening or killing young people in the prime of their working lives, or by placing heavy financial and social burdens on families.
- Poor youth are particularly vulnerable to sexual violence and exploitation. Girls in many countries report having sex in exchange for money or gifts.
- Youth from AIDS-affected homes, including 13 million under age 15 orphaned by the disease, often have to forgo schooling and other opportunities, which diminishes their livelihood prospects, pushes them deeper into poverty, and increases their own chances of contracting HIV.

Source: World Bank: *Adolescent health at a glance*

Argument 7: Long-term benefits: reduction in the chances of violence and civil disorder

The second long-term argument that may have particular appeal to risk-averse policy makers is based on improving national security by lowering the chances of young people, in particular boys, engaging in violent criminal activity such as homicide and fostering civil strife. Young people are both disproportionately responsible for violent crime and are also more likely than other age groups to be the victims of such crime. The behaviour of some young males in particular may be a major source of urban insecurity. Male youth homicides are high in Latin America, the USA and the transition economies.

A poor country's chances of experiencing civil conflict have been linked to the size of its youth bulge in the population and its young people's lack of education and lack of access to jobs as a result. Countries where young people have low levels of participation in education are more likely, other things being equal, to engage in civil strife. However, this small lowering of the exposure to future disorder also needs other forms of investment to create jobs to absorb those young people who have gone on to complete secondary schooling.

USE OF VULNERABILITY PROFILES

The paper proposes, as an advocacy tool, the use of representative data to compile social vulnerability profiles for different groups of young people in the context of competing claims for the attention of policy makers. Carefully targeted investments based on social vulnerability profiles of different population groups offer the prospect of substantial gains in reducing poverty for only modest expenditures.

From a social vulnerability perspective, girls and young women from the ages 10 to mid twenties in most poor countries are particularly prone to adverse outcomes. Young women are more vulnerable to disease and an early death than young men due to their greater exposure to coerced sexual relations, often with older males and to HIV/AIDS compared with males of the same age and to morbidity and mortality from pregnancy and unsafe

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abortion. Data at a country level can be used to show for girls and young women their level of education attainment, child marriage rates, early childbirth rates and age-specific maternal mortality rates.

Development of social vulnerability profiles for young people requires comparisons between age groups and the sexes as well as comparisons between the sexes within the relevant age group. The first type of comparison is necessary to show policy makers to what extent young people need resources compared with other age groups. In relation maternal mortality, for example, it is first necessary to show which age group contributes the largest number of maternal deaths (it is mostly likely to be young women). Then data needs to be presented on who are the most vulnerable within that age group — what are the characteristics of the women that experience the highest maternal death rates in terms of household income, education level, ethnicity/race, and location. The paper presents an analysis of household data from six countries to show how these social vulnerability profiles can be produced.

CONCLUSION

Perhaps the best case for substantial investment in young people rests on the wide gap between the Millennium Development Goal targets and the current reality for young people. These poverty gaps for the 10 to 24 age group are particularly noticeable in relation to the key indicators concerning income and hunger, lack of access to employment and education, lack of gender equality, poor maternal health, HIV prevalence among 15-24 year old pregnant women, malaria and other diseases such as tuberculosis.

However, the case for investing in young people also needs to challenge the starting point for many poverty reduction strategies. The UNDP's 2003 Human Development Report has criticised the poverty reduction strategies of many poor countries for not being ambitious enough. A comprehensive strategy to eradicate poverty needs to first identify who are the poor in relation to a number of the dimensions of poverty. The next step is to obtain additional resources from the international community, on the basis of existing commitments, to close this gap within the specified time period.



1 Introduction

The purpose of this paper is to explain why young people should get more attention in country strategies to reduce poverty. The paper proposes a conceptual framework in the form of seven arguments to show why a focus on young people (defined as those aged 10 to 24 year olds) needs to be part of any national working understanding of poverty. The arguments are designed to be addressed to policy makers engaged in a multi-stage policy development process.

The paper is intended primarily for the use of UNFPA Technical Advisory System (TAS) and UNFPA country offices. A major focus for the paper is the UNFPA's mandate to promote youth development, including recognition of their health/reproductive rights and sexual and reproductive health, and in particular the prevention of HIV/AIDS among young people. Also underpinning the paper are the basic principles of rights-based programming, gender equality and equity, the empowerment of girls and social inclusion.

PUBLIC POLICY PERSPECTIVE

The perspective of this paper is a public policy one. This is in contrast to an academic research perspective which is often based on a narrow disciplinary focus. It is also a perspective which is different from that of an advocate of change who represents a specific constituency or has a set position. An advocacy perspective based on a single issue or narrow constituency often finds it hard to assess the costs and benefits of different courses of action to achieve a common goal.

A public policy focus, on the other hand, acknowledges the complexity of the policy decision-making process. This is due in part to the need for government decision makers, and indeed citizens when consulted, to weigh up relative costs and possible trade-offs which are needed to set priorities among competing claims for resources and capabilities. The complexity can also stem from the involvement of a range of government agencies with some responsibility for policy development and/or implementation.

Another source of added complexity is the differing motives policy makers may have in deciding priorities. These might vary from narrow self interest (such as protecting the interests of his or her agency), to being pragmatic (wanting to enhance a country's international reputation by, for example, complying at least minimally with the conditions of the debt reduction process) to the more long term (directing resources to achieving major change).

A four-step process for a policy dialogue

1. Identify the opportunity to develop a comprehensive strategy to reduce poverty

The challenges for an advocate of a greater policy focus on young people in the context of a national strategy to reduce poverty are several. The first is to work out what national policy process is in place, if any, to develop or refine a strategy to reduce poverty. There are likely to be several opportunities for doing this. One opportunity for countries which are part of the PRSP process is to develop or report progress on poverty reduction as a precondition for getting debt relief (see Box 1 below). Some 32 countries have completed their initial Poverty Reduction Strategy Paper by September 2003 and another

BOX 1 POVERTY REDUCTION STRATEGY PAPERS

Poverty Reduction Strategy Papers (PRSP) are prepared by the member countries through a participatory process involving domestic stakeholders as well as external development partners, including the World Bank and International Monetary Fund. Updated every three years with annual progress reports, PRSPs describe the country's macroeconomic, structural and social policies and programs over a three year or longer horizon to promote broad-based growth and reduce poverty, as well as associated external financing needs and major sources of financing.

Source: IMF <http://www.imf.org/external/np/prsp/prsp.asp#cp>

45 or so countries have still to reach that stage. In the former cases, many countries are now undertaking in-depth poverty and social impact analyses to assess the medium-term and distributional impact of the new policies.¹

Other opportunities for developing comprehensive poverty reduction strategies at a country level are outlined in Table 1. These instruments include Millennium Development Goals Reports, National/regional Human Development Reports, Common Country Assessments, and the UN Development Assistance Framework. Table 1 also notes under the heading partners for preparation that governments take the lead in the first two reporting processes and UN agencies in the other three instances. Another context for developing a comprehensive poverty reduction strategy may be offered by government and donors seeking to achieve better aid harmonization.

2. Identify who the stakeholders are and who is making the decisions

The second step for the policy change advocate is to form a good overview of the different elements of the policy process, working out which actors are involved

and who is making decisions at which stages in the policy development process. The following table outlines a five-step policy development process and describes the likely policy actors or audience who may be involved at these different stages.

The outline of the policy process, presented below in Table 2, should not, however, be taken to suggest that policy formulation/implementation is a simple process with clearly delineated accountabilities. The process of policymaking is often complex, requiring the revisiting of different stages to respond to a range of pressures and expectations. In many cases, there is at best confusion and at worst conflict over which government agency has responsibility for the different inputs into and outputs from the process. Lack of leadership is a common phenomenon.

3. Work out which arguments to offer to which key players

The third step for a policy change advocate is to work out which arguments with supporting evidence are likely to have greatest impact. The choice of argument and evidence will depend on the stage of the policy process

Table 1 Key advocacy and/or analysis instruments for United Nation agencies

Report	Output	Purpose	Partners for preparation	Primary target group
Poverty Reduction Strategy Paper	Medium-term action plan describing national poverty reduction programmes	Strategic planning document and pre-condition for certain World Bank and IMF lending and debt forgiveness programmes	Government takes lead in participatory process; UN supports process	World Bank and IMF boards, and national partners
Millennium Development Goals Report	User-friendly report on status of progress to date and distance to travel to reach MDGs	Public information and advocacy tool for raising awareness, monitoring progress and mobilizing action to attain the goals	Governments (including national statistics offices) with support of UN country team	General public, parliamentarians, civil society, professional associations, media and donors
National/regional Human Development Report	In-depth, nationally owned policy analysis document with bold policy messages	Generate debate and catalyse action for human development progress	Participatory and inclusive process involving leading national experts and intellectuals; UNDP facilitates process	Policy makers in government, NGOs, private sector, general public, UN country team, World Bank/IMF& donors
Common Country Assessment	Comprehensive and concise overview of development situation in a country	Common instrument of UN system used as a basis for coherent UN programming	UN with government inputs	UN country team, donor community and government
UN Development Assistance Framework	UN's business plan to support national priorities	Identifies areas of development support	UN with government inputs	UN country team, donor community and government

Source: Derived from UNDP's *Human Development Report Toolkit for national and regional HDR Teams* (<http://hdr.undp.org/nhdr/toolkit/>)

Table 2 Outline of a policy process to develop a poverty reduction strategy

Report	Report	Report
Consultation	Encourage participation of key stakeholders in identifying key issues to be taken into account in the design of the strategy and in subsequent monitoring and evaluation	NGOs, private sector, and the poor
Poverty diagnosis/assessment	Describe who the poor are, vulnerable groups such as married adolescents, and where they live using existing data and analyse macro-economic, social, structural and institutional constraints to poverty reduction.	Likely to involve main line departments (ie serve providers such as education and health) official central secretariat, monitoring unit, or coordinating body such as a Ministry of Planning
Policy formulation	Policies need to be costed and prioritised as far as possible so that they are not reduced to becoming a 'wish list'.	Thematic groups involving different agencies; Core agency such as the Ministry of Finance
Policy implementation	Define medium and long-term goals for poverty reduction outcomes (monetary and non-monetary), and establish indicators of progress, and set annual and medium-term targets.	Poverty Monitoring Steering Committee with broad membership of several types of stakeholder (Tanzania); National Development Planning Commission, Ghana
Monitoring and Evaluation	Develop capacity, including use of participatory mechanisms wherever possible	Special monitoring unit within government, such as Uganda's Poverty Monitoring and Analysis Unit, Ministry of Finance and NGOs

Sources: derived from Key Process Steps http://www.worldbank.org/poverty/strategies/overview.htm#key_steps Erin Coyle, Zaza Curran, and Alison Evans, 2003, 'PRS monitoring in Africa: synthesis note 7 and Erin Coyle and Alison Evans, 2003, 'Experience of PRSs in Asia: synthesis note 8', PRSP Monitoring and Synthesis Project, Department for International Development (UK) and Overseas Development Institute.

at which the advocate is seeking to put their case and who the key decision makers are at this stage of the process.

Presenting a case at the initial consultation stage may require use of realistic examples that can be easily digested at open meetings. However, at the poverty diagnosis/assessment stage, more systematic evidence will be needed, based on reliable data that are representative of the population as a whole so that comparisons between subgroups can be made. At the policy formulation stage, evidence about the relative cost effectiveness of different forms of intervention to meet a particular policy goal will be needed.

4. *Work out the best way to communicate the message*

The fourth step is for the policy advocate to work out innovative ways to communicate the relevant arguments and supporting evidence in an effective way. These can vary from the use of development narratives based on simplified stories or scenarios, making good use of personal experiences in delivering programs, or the use of an expert to offer an authoritative opinion.² Effective communication also often involves tapping

into formal or informal networks of like-minded people who are interested in sharing ideas around common interests (see Box 2).³

The final section of the paper will return to the schematic outline of the policy process and key actors presented above in Table 2 and suggest which arguments are best positioned to have the greatest impact on which policy actors.

BOX 2 A RANGE OF PRACTICAL TOOLS THAT CAN BE USED BY THOSE WISHING TO COMMUNICATE EFFECTIVELY

These include... the use of stories and of images. People relate more easily to stories than to abstract discussions, and they identify more readily with a person in another part of the world if they are given a name and a picture. Stories are also easier to remember and reproduce. If they include an element of surprise they are more likely to attract attention. The power of visual images is also a key element in effective communication — frequently, 'seeing is believing'.

Source: http://www.odi.org.uk/RAPID/Lessons/Theory/Theories_simplestsurprisingstories.html



2 Young People and the definition of Poverty

The starting point of any case for more policy focus on young people is first define poverty before asking who the poor are. It is now widely accepted that poverty refers to more than lack of income.¹ A good example of this broader definition of poverty is that provided by the Government of Mozambique in its PRSP:

*the 'lack of basic human capacities, such as illiteracy, malnutrition, low life expectancy, poor maternal health, prevalence of preventable diseases, together with indirect measures such as access to the necessary goods, services and infrastructures necessary to achieve basic human capacities — sanitation, clean drinking water, education, communications, energy, etc'.*²

This broader view of poverty owes much to the work of Amartya Sen who has contended that poverty is best understood as various forms of 'unfreedom' that prevent people from realizing and enlarging their capabilities. This broader concept of poverty views both civil and political liberties and economic and social rights as primary goals of development and the principal means of progress.³

Related to this broader definition of poverty is the concept of human security which is concerned with safeguarding and expanding people's freedoms.⁴ The concept refers to both efforts to better shield people from acute threats and to ways to empower people to take charge of their own lives. The concept of human security calls for integrated policies that focus on people's survival, livelihood and dignity, during downturns as well as in prosperity.

DYNAMIC VIEW OF POVERTY NEEDED

A broader understanding of poverty acknowledges that it is a dynamic phenomenon as well as static one. Poverty is a status that can change according to circumstances. This dynamic view of poverty is often more applicable to young people due to the obstacles most face in seeking to achieve adult status.

A dynamic view of poverty starts from an understanding that the 'determining condition for poor

people is uncertainty'.⁵ Young people's capacities to cope with these uncertainties are shaped by the legal rights, entitlements and support systems provided by governments or employers as well as an individual own personal attributes such as level of education attainment and physical health.⁶

NEGLECT OF YOUNG PEOPLE IN POVERTY REDUCTION STRATEGIES

Many poor countries overlook the needs of young people as a group and where they differ by gender. Although an increasing number of countries are making some reference to young people in their poverty reduction strategy papers, the initiatives are often piecemeal and, hence, limited in their scale and potential impact. The evidence for this claim is based on a content analysis undertaken for this paper of the thirty-one Poverty Reduction Strategy Papers completed to August 2003. These strategy papers and their action plans are produced by governments in heavily indebted countries as a requirement for debt relief. They are usually based on consultations with key stakeholders, the best available evidence about who the poor are and analysis of the main causes of poverty. The PRSP process aims to identify all groups experiencing poverty, and to highlight cross cutting issues that contribute to poverty.

Although most PRSPs refer to African countries, some South Asian (Vietnam, Cambodia and Sri Lanka), Europe and Central Asia (Albania, Moldova, the Kyrgyz Republic and Tajikistan) and Latin American countries (Nicaragua, Bolivia and Honduras) are also represented. The findings about the coverage of young people in the completed 31 PRSPs, therefore, are likely to apply broadly to the other 21 countries that have completed an interim PRSP.

Moreover, it is reasonable to claim also that the findings of the analysis reported below will apply to the poverty reduction strategies of other low and middle-income countries not in the PRSP process. In other words, the key findings about the lack of participation of young people in the consultation process related to PRSPs strongly suggests that in many other countries



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young people are overlooked as a group to be consulted in the development of national policies.

The detailed results of the content analysis of 31 completed PRSPs are reported in Attachment 1. They show that only a few Poverty Reduction Strategy Papers report that young people were consulted. Nor do the Papers identify young people in a major way as a group experiencing poverty. Nevertheless, just over half the PRSPs give some attention to youth in their action plans. However, the attention is often limited as only a few countries' PRSP action plans link the strategies focused on youth to specific targets and budget outlays.⁷

Moreover, there is little evidence that the problems facing youth are treated in the PRSPs as a major cross-cutting issue. Only 16 per cent of PRSPs view young people as a focus for integrated interventions. This arguably is the most important test of whether a PRSP addresses youth issues in a comprehensive way. Piecemeal or single program interventions are not likely to deliver the range of benefits an integrated approach can.

Details of the initiatives for young people being funded through the PRSPs, particularly in relation to

health, are also provided in Attachment 1. A summary of a content analysis of PRSPs in relation to population and developments issues undertaken by the UNFPA (eg coverage of reproductive health issues, gender issues and girls education) is presented in Attachment 2.

The failure of just under a half the PRSPs to consult young people is one likely contributor to the result about the piecemeal nature of the most of policy options adopted. The absence, for example, of accounts of young people experiencing poverty means that there is less likelihood of a concerted, whole-of-government effort to address their situation. Finding ways to promote the participation of young people, and particularly the most vulnerable, to identify how poverty affects them is an essential starting point for developing or revising a country's poverty eradication strategy.

WHY ARE YOUNG PEOPLE OVERLOOKED IN POVERTY ASSESSMENTS?

One reason young people are overlooked in poverty assessments is that collecting data from a dynamic perspective on poverty is a more complex task than the

methodology required for recording poverty from a static perspective. The World Bank's World Development Report on Poverty notes that:

Measuring vulnerability is especially difficult: since the concept is dynamic, it cannot be measured merely by observing households once. Only with household panel data—that is, household surveys that follow the same households over several years—can the basic information be gathered to capture and quantify the volatility and vulnerability that poor households say is so important. Moreover, people's movements in and out of poverty are informative about vulnerability only after the fact. The challenge is to find indicators of vulnerability that can identify at-risk households and populations beforehand (*World Bank, 2000, p19*).

The dynamic view of poverty requires going beyond aggregate cross-sectional data to collect information over time about individuals or a specific group's experiences of poverty. Most poverty assessments, such as those used in the formulation of the PRSPs, rely on household surveys to record who is in poverty. Household surveys usually focus on easily enumerated

households identified by a dwelling and a family. Young people in poverty are likely to be under-represented in this setting if they have left the parental home and are in precarious circumstances such as temporary accommodation or no accommodation at all.

A dynamic view of poverty uses risk profiles for different groups of the poor by measuring vulnerabilities. However, doing this requires more than merely observing households on a once-off basis. The World Bank's World Development Report on *Attacking Poverty* notes that only data collected over time can capture the basic information needed to quantify the 'volatility and vulnerability that poor households say is so important'. One-off survey data cannot track people's movements in and out of poverty and therefore cannot identify vulnerability — 'the challenge is to find indicators of vulnerability that can identify at-risk households and populations beforehand.'⁸ The following section spells out the case for more investment in young people through elaborating on seven arguments with supporting evidence.

References

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- 7 Sundaram et al. 2003 (forthcoming) cited by Rosen, J; 2003 (forthcoming) Adolescent Health and Development: A Resource Guide for World Bank Staff and Government Counterparts. Washington, DC: World Bank.
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3 The case for investing in young people

A number of strong analytical reasons can be offered in favour of governments investing in young people. Elaboration of these arguments is the focus of the rest of this paper.

ARGUMENT 1:

Young people need to get their fair share

The most obvious justification for investing in ways to improve the economic and social welfare of young people is the demographic one. Young people aged 10 to 24 years in developing countries now account for nearly 30 per cent of the population, with an even higher population share in the poorest countries (see Table 3 below). The poorer the country, the greater the share young people have in that country's population. This also means young people account for a large share of those who are below the extreme poverty line of US\$1 a day.

The number of young people aged 10 to 24 years in less developed countries is estimated to be just over a quarter of the world's population (29 per cent) or nearly 1.5 billion people (see Table 2). In relation to the 'least

developed', which is a smaller group 49 countries, just below a third of the population (32.4 per cent) is aged 10 to 24 years. In contrast, the relative share of young people in the more developed countries is much less, only accounting for a fifth of the population (20 per cent).

The relative share of young people aged 15 to 24 years in the total population of high income countries has declined over the last thirty years while the youth share of the population in low income countries has increased.² In other words, the high-income countries have experienced unprecedented levels of extended economic growth, and young people in 2000, compared with 1970, represent a declining share of the total population. This suggests that this age group in high income countries is likely to benefit more from this economic growth than earlier age cohorts as there are fewer young people chasing the new jobs being created.

However, as noted above, in the least developed economies the share of young people in the total population is just under a third and is growing. This means that these young people. Against a background of often limited economic growth, face increasing competition for jobs and other economic opportunities due to the greater absolute numbers of young people in these economies.

The lopsided age profile in favour of children and youth in the less and least developed countries is shown in Chart 1. While the less developed countries overall have a somewhat more even age distribution, the age profile for the poorest countries remains heavily concentrated in the youngest age groups. The youngest age groups in these countries in terms of their sheer numbers dominate the other age groups. Obviously, the effect of this age cohort on the demographic profile of

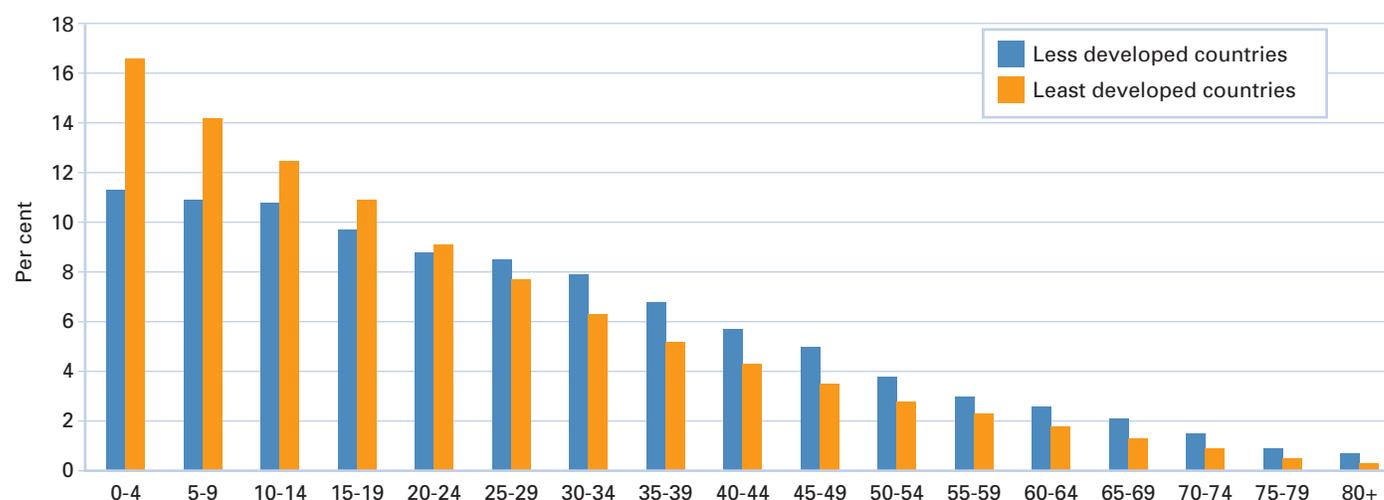
Table 3 Estimated population aged 10 to 24 years for least, less and more developed countries, 2000, and per cent of total population in each region

Region	Population aged 10 to 24 years	10 to 24 year olds as proportion of total population in this group of countries, per cent
Least developed countries ¹	216,457,000	32.4
Less developed regions	1,426,907,000	29.3
More developed regions	243,501,000	20.4
Total*	1,670,408,000	27.5

+ total refers to world population total

Source: World Population Prospects: The 2002 Revision, <http://www.un.org/esa/population/unpop.htm>

Chart 1 Population distribution — Less and Least Developed Countries Compared



Source: *World Population Prospects: The 2002 Revision*, <http://www.un.org/esa/population/unpop.htm>

a poor country will persist long into the foreseeable future. This suggests that investment in the education and health of the current generation of young people in poor countries will bear fruit, as the population ages, in terms of improved productivity, reduced health costs and enhanced social capital through increased capacity of the society to cope with unexpected shocks.

The above observation also highlights the importance of the reverse side of this argument. Failure to respond to the education, health and employment needs of a large share of the population will further entrench poverty for generations. This point is taken up further in the final argument, highlighting the downside for governments and the private sector of failing to respond to the challenges offered by the so-called demographic bonus. This challenge faces the governments of the Middle East and North Africa region, in particular due to the fact that between 1990 and 2020, the growth of the economically active population (ages 15–64) will exceed that of the economically dependent population by a much greater amount than in any other region.

ARGUMENT 2:

Millennium Development Goals and Young people

A more contemporary and weighty argument in favour of more investment in young people is to show how the

Millennium Development Goals relate to this age group and to the gap between present reality and the targets. To do this, UNFPA policy change advocates need to present data relevant to a particular country on how young people are performing in relation to the Millennium Development Goals targets. Data are readily available at a country level on a range of indicators concerning young people’s access to education and health, as well as showing the important differences between girls and boys. Country specific profiles of young people differentiated by gender can be easily compiled from official sources such as the end tables on the UNDP’s World Development Report 2003.

Basis of Millennium Development Goals in human rights

The Millennium Development Goals (MDGs) are an important source of authority because they are widely viewed as reflecting a broad consensus in the international community. The Millennium Development Goals are based on the economic, social and cultural rights enumerated in the Universal Declaration of Human Rights (articles 22, 24, 25, 26) and other human rights instruments.³ The Millennium Declaration of the UN General Assembly in 2000 states clearly that human rights underpin the MDGs.⁴

As the UNDP’s World Development Report 2003 notes, the targets expressed in the Millennium Development Goals should be viewed by those affected as claimable rights. This means governments and other

key stakeholders are obliged to act to achieve these rights and it is not a form of charity. Recognition that human rights-based entitlements underscore the MDGs provides the basis for a moral and legal framework to hold accountable key actors such as governments, citizens groups, corporations and international organizations. The World Development Report 2003 states:

Human rights carry counterpart obligations on the part of others — not just to refrain from violating them, but also to protect and promote their realisation. Human rights conventions recognise the need for an international order that ensures that these rights be secured... and that establishes the counterpart obligations of governments and other actors to contribute to their realization.⁵

A rights-based approach to addressing the needs of young people has four potential beneficial effects.⁶ The first is a greater focus on the root causes of poverty by highlighting the importance of specific rights and the obstacles to realising those rights. Secondly, a rights-based approach makes it easier to specify the criteria for measuring outcomes. Third, it requires that governments and other agencies also give attention to the processes involved. Governments need to involve citizens including the poorest, as far as practicable, in the development and implementation of public policy to give effect to their rights.⁷

Finally, a rights-based approach also entails an obligation on the part of governments and other actors to realise these rights. A key element of a focus on human rights is the duty of those responsible to undertake the necessary actions to achieve specific rights-based outcomes. This means identifying the duty bearers and having them fully accept the responsibility. The State actors are the relevant government ministry or ministries, supported by international agencies, non government organisations and international corporations.⁸ However, this also implies that the duty holders have the capacity to meet their obligations.

A number of countries have adopted the Millennium Development Goals as an important reference point for policymaking purposes.⁹ Moreover, the MDGs have been endorsed by the G8 countries and resources to meet the targets have been promised. At the Kananaskis meeting in Canada in 2002, the G8 Governments committed themselves to provide funding for any African Government that sought to achieve the MDGs with a framework of good governance and accountability. To support this G8 commitment further, UNDP's World Development

EXTRACT FROM THE UNITED NATIONS MILLENNIUM DECLARATION

25. We resolve therefore:

- To respect fully and uphold the Universal Declaration of Human Rights.
- To strive for the full protection and promotion in all our countries of civil, political, economic, social and cultural rights for all.
- To strengthen the capacity of all our countries to implement the principles and practices of democracy and respect for human rights, including minority rights.
- To combat all forms of violence against women and to implement the Convention on the Elimination of All Forms of Discrimination against Women.
- To take measures to ensure respect for and protection of the human rights of migrants, migrant workers and their families, to eliminate the increasing acts of racism and xenophobia in many societies and to promote greater harmony and tolerance in all societies.
- To work collectively for more inclusive political processes, allowing genuine participation by all citizens in all our countries.
- To ensure the freedom of the media to perform their essential role and the right of the public to have access to information.

Source: Resolution adopted by the UN General Assembly 55/2, 8 September, 2000

Report 2003 has proposed a Millennium Development Compact. The essence of the proposed Millennium Development Compact is a commitment by the wealthy countries to provide funding for the poorest countries, as defined by the UNDP's Human Development Index, to achieve the Millennium Development Goals by 2015.¹⁰

OMISSIONS FROM THE MDGS

However, it is important to acknowledge that the Millennium Development Goals are not exhaustive in the poverty-related issues they cover. They have been criticised for leaving out development priorities such as the need for strong governance, increased employment generation, better reproductive health care and the institutional reform of global governance.¹¹

It is also important to recognise that the Millennium Development Goals do not, in themselves, offer a model for development. Individual countries or regions still need to set their own policy priorities for reducing poverty through a national or regional

development strategy as the importance of the different causes of poverty is likely to vary by country or region. An overall development strategy is needed to coordinate actions by governments, NGOs, international agencies and donors to produce an integrated approach to reducing poverty.¹² See Attachment 3 for details of the human rights principles to underpin development cooperation in UN agencies.

YOUNG PEOPLE IN THE MDGS

Most of the Millennium Development Goals indirectly relate to young people because young people account for such a large share of the population in poor countries. However, five Goals can be identified as explicitly referring to young people because they cover activities in which mostly young people are engaged. These are the MDGs that relate to: education attainment, gender balance in education, improved maternal health, combating HIV/AIDS and other diseases such as malaria and tuberculosis and decent employment opportunities for young people (see Table 4).

More investment in improving adolescent health and education levels will also have a major impact on achieving the targets for two other Millennium Development Goals. Action to improve adolescent health and hence reduce the incidence of high-risk pregnancies among undernourished adolescent will contribute significantly to reducing child mortality — the objective of Millennium Development Goal 4. Higher education levels as well as improved nutrition for young mothers will also have a large impact on reducing hunger (Millennium Development Goal 1) by helping reduce the prevalence of underweight children under-five years of age (one of the indicators for Goal 1).

The prominence of young people in the MDGs is further confirmed by the specification of the targets and indicators. Young people are explicitly or implicitly the focus in relation to six targets (see Table 4). In terms of the performance indicators, four specifically refer to 15 to 24 year olds and two other indicators refer to activities that many young people are engaged in — secondary and tertiary education and childbearing.

Table 4 Millennium Development Goals, targets and indicators that relate to or potentially relate to young people

MDG	Target	Indicator
Goal 1: Eradicate extreme poverty and hunger	Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 per day
	Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under-five years of age)
Goal 2: Achieve universal primary education	Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	8. Literacy rate of 15-24 year olds
Goal 3: Promote gender equality and empower women	Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary, and tertiary education
		10. Ratio of literate females to males of 15-24 year olds
Goal 5: Improve maternal health	Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio
Goal 6: Combat HIV/AIDS, malaria and other diseases	Target 7: Have halted by 2015, and begin to reverse, the spread of HIV/AIDS	18. HIV prevalence among 15-24 year old pregnant women
Goal 8: Develop a Global Partnership for Development	Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15-24 year olds

Four performance indicators refer in particular to girls and young women. Goal 3 on gender equality and women's empowerment is closely related to the achievement of MDGs. Pervasive gender discrimination put girls at disadvantage in terms of completing school and at risk of unwanted pregnancies, unsafe abortion and HIV/AIDS infection through sexual coercion, child marriage and lack of control of their own lives. The two MDGs relating to sexual and reproductive health (Goals 5 and 6) implicitly refer to young people as this age group accounts for most of the people who can potentially benefit from actions directed at achieving these two goals. In relation to Millennium Development Goal 5, young women under the age of 25 years account for many of the women who will benefit from more investment of resources to improve maternal health. Adolescent girls under the age of 20, for example, account for 17 per cent of all births in the least developed countries.¹³ In relation to Goal 6, 'combating HIV/AIDS, malaria and other diseases' and one of its targets in particular: 'halt by 2015, and begin to reverse, the spread of HIV/AIDS' — young people, in particular girls are a prime potential beneficiary as those below age 25 account for more than half of the HIV infections in developing countries.¹⁴

The absence of a specific focus on adolescent sexual and reproductive health issues does not make the MDGs irrelevant on this issue. UNFPA advocates need, however, to highlight to policy makers the link between preventive action involving young people and achieving the MDG targets on reducing child malnutrition, child mortality, maternal deaths, and the spread of HIV/AIDS. UNFPA's publication *Achieving the Millennium Development Goals: population and reproductive health determinants* presents aggregate data for the relevant the Millennium Development Goals.¹⁵ The publication also highlights in what ways each of the MDGs can be linked to population and reproductive health issues.

HOW YOUNG PEOPLE ARE FARING IN RELATION TO THE MDGS

The first Millennium Development Goal, 'to eradicate extreme poverty and hunger', seeks to reduce by half between 1990 and 2015 the proportion of people living on minimal incomes and in hunger. As age group 10 to 24 age group accounts for 29 per cent of the population of less developed countries and nearly a third (32 per cent) of the least developed countries. The MDG refers in a

major way to young people. Applying the poverty line of US \$1 a day to young people's share of the population in low and middle-income countries, it can be reasonably claimed that one in four young people in less developed countries are living in extreme poverty.¹⁶

In relation to reducing hunger, young women in particular are also a key target group for action. A key performance indicator to show the reduction in hunger is the prevalence of underweight children. The nutritional intake of mothers and freedom from diseases such as malaria and tuberculosis are crucial influences on child mortality and malnutrition. This is due to the fact that low birth weight is the single most important determinant of infant mortality and child growth up to the age of seven. The high prevalence of births to mothers aged 15 to 19 years in the least developed countries shows that female adolescent health is a pivotal point of intervention to lower child mortality and malnutrition.¹⁷ Improving female adolescent health will, therefore, have a major impact on achieving MDG 1 by reducing the prevalence of children who suffer from hunger.

Young people and lack of access to education

In relation to the second MDG, which is to achieve universal primary education, many young people in poor countries continue to miss out on a basic education. In 2001, as many as 15 in every 100 young people aged 15 to 24 year olds in developing countries are still illiterate (see Table 5).¹⁸ In the least developed countries, it is twice this number of young people, 34 in every 100 aged 15 to 24 years, who are still illiterate (see Table 5).¹⁹ Many illiterate young people are female, as Table 4 shows — this gender imbalance is analysed further under MDG 3.

The averages of illiterate young people in 2001 reported in Table 4, column 1, mask major variations between developing countries. This is particularly the case for the countries in Africa which have been

Table 5 Literacy rate of young people aged 15 to 24 years and ratio of literate females to males, aged 15 to 24 years

Country type	Youth literacy rate — per cent of age 15-24 years, 2001	Ratio of literate females to males (age 15-24), 2001
Developing countries	84.8	0.91
Least developed countries	66.3	0.81

Source: UNDP Human Development Report 2003, pp 202, 207

Table 6 The 'top priority' countries in Africa and the MDG Goal 2 indicator — youth literacy rate, per cent

Top priority countries	Youth literacy rate — per cent of age 15-24 yrs, 2001
Côte d'Ivoire	15.0
Niger	23.8
Gambia	58.6
Comoros	58.8
Guinea-Bissau	59.5
Chad	68.3
Central African Republic	68.7
Togo	76.5
Congo, Dem. Rep.	82.7
Rwanda	84.2
Nigeria	87.8
Zambia	88.7
Tanzania.	91.1
Kenya	95.5
Zimbabwe	97.4

Source: UNDP Human Development Report 2003, pp 43, 202, 207

identified by the UNDP's *Human Development Report 2003* as 'top priority' in terms of the assistance required to reach the Millennium Development Goal targets. These are the countries in which 'entrenched human poverty is combined with failing or even reversing progress' in relation to the Millennium Development Goals.²⁰

Table 5 shows the literacy rate for young people aged 15 to 24 years in the designated 'top priority' countries in Africa. The table shows the value of using country specific data to ensure that resources are properly targeted to the areas of most need. The data show that there is no consistent relationship between the youth literacy rate and the UNDP's 'top priority' status, as some countries such as Kenya and Zimbabwe have near universal literacy for this age group.

However, the lack of basic education for young people is clearly evident for seven of the African 'top priority' countries (Côte d'Ivoire, Niger, Gambia, Comoros, Guinea-Bissau, Chad and the Central African Republic) These countries have literacy rates below or are near the least developed country average (see Table 5). A similar country specific profile based on ratio of female to male literacy ratio can also be presented (see Table 6). The youth and gender literacy indicators for

individual countries, therefore, can be used as a valuable pointer to a need to direct more resources to the basic education of children and young people.

Gender inequality and its consequences

Millennium Development Goal 3 is 'to promote gender equality and empower women'. The relevant indicator in terms of the focus of this paper is the 'ratio of literate females to males of 15-24 year olds', reported in Table 4 above. For developing countries as a whole, for every 100 young men who are literate, only 91 young women in this age group are. In the least developed countries, the ratio of illiterate females to males aged 15 to 24 years is even greater, with only 81 young women literate compared with every 100 young literate men (see Table 4). The regions where the gap between the literacy of young females compared to young males is greatest is in South Asia, followed by the Arab States, and sub-Saharan Africa (see Table 6).

Data are also available for individual countries on the ratio of literate females to males for 15-24 year olds. Table 7 lists the countries with low young female to male literacy ratios for which data are published. Being able to point to a low ratio of female to male literacy for the younger generation is one simple way of highlighting the need for more resources for basic education need to be targeted to girls and young women.

Another indicator of young female disadvantage years is the ratio of females to males in primary, secondary and tertiary education (see Table 8). However, no aggregate data for developing countries or regions are available, only data for individual countries within regions. Table 8 presents information on gender based enrolments in the three levels of education for countries in the South Asia region. In relation to primary

Table 7 The ratio of literate females to males aged 15 to 24 years, major regions

Region	2001
Arab States	0.83
East Asia and the Pacific	0.98
Latin America & the Caribbean	1.01
South Asia	0.80
Sub-Saharan Africa	0.89
Central, Eastern Europe & CIS	1

Source: UNDP Human Development Report 2003, p207

Table 8 Countries with low ratios of female to male literacy, 15 to 24 years, 2001

	Ratio of young female to male literacy
Comoros	0.79
Central African Republic	0.79
Morocco	0.78
Lao People's Dem Rep	0.77
Malawi	0.76
Gambia	0.76
Eritrea	0.76
Côte d'Ivoire	0.75
Togo	0.74
Mauritania	0.72
Senegal	0.71
Bangladesh	0.71
Mozambique	0.63
Liberia	0.63
Guinea-Bissau	0.62
Pakistan	0.6
Yemen	0.58
Nepal	0.57
Mali	0.54
Burkina Faso	0.52
Benin	0.52
Iraq	0.5
Niger	0.44

Source: UNDP Human Development Report 2003, p 203-206

Table 9 The Ratio of female to male enrolments in primary, secondary and tertiary education, for the main countries of the South Asia region, 2000-2001

South Asia	Ratio of female to male enrolments		
	Primary	Secondary	Tertiary
Bangladesh	0.96	0.99	0.51
India	0.77	0.66	0.61
Iran, Islamic Rep. of	0.91	0.89	0.89
Maldives	0.95	1.05	
Nepal	0.79	0.69	0.25
Pakistan	0.55	0.63	0.38
Sri Lanka	0.94	1.03	

Source: UNDP Human Development Report 2003, p 204

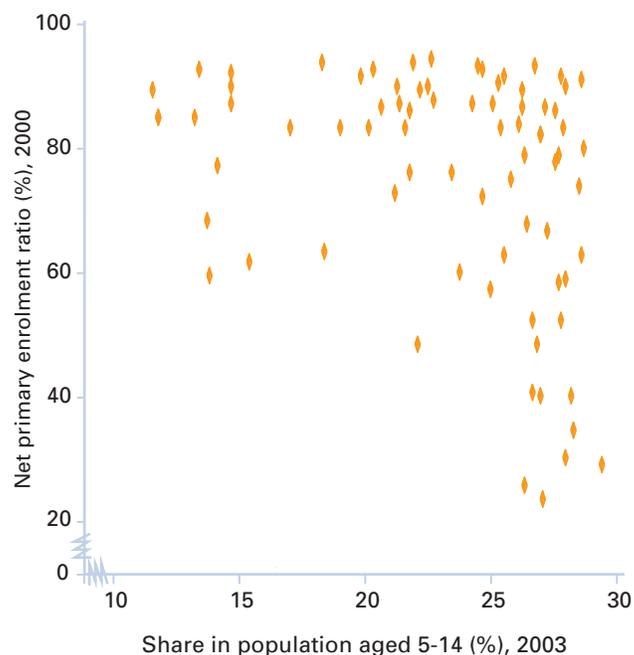
school enrolments, Table 8 shows that Pakistan has the lowest representation of girls (55 girls for every 100 boys enrolled) followed by India (77 girls per 100 boys) and Nepal (79 girls per 100 boys).

Young women's education levels and reproductive health

What are the consequences of low levels of education attainment for young women in particular? Two notable effects are a higher rate of adolescent fertility and higher infant mortality. A large body of research analysis has documented the link between gender inequality in relation to education and higher levels of fertility and infant mortality.²¹

The following chart, based on a scattergram, plots the relationship between the ratio of literate females to males aged 15-24 (the degree of educational inequality between the sexes) and births per 1000 women aged 15-19 years in a range of developing countries (Chart 2). The chart shows that the adolescent fertility rate also tends to be much lower in countries where the gap between female and male literacy is narrow or non-existent.

Chart 2 Female to male literacy aged 15 to 24 years, 2001 and adolescent births per 1000 women aged 15 to 19 years, 2002



Source: UNFPA, 2003, *Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants*, p 6.

Another link can be shown between the education level of women and the infant mortality rate. Chart 3, using data from Demographic Health Surveys in developing countries, plots the infant mortality rate per 1000 births for women with no education (N), primary schooling (P) and secondary schooling or above (S+). The marked downward trend shows that the higher the level of education attained by women, the lower the rate of infant mortality they are likely to experience. Mothers with more education are more likely to adopt appropriate health-promoting behaviours, such as having young children immunized.²²

The chart shows a marked difference between the high rate of over 80 infant deaths per 1000 births for women with no formal education, and rate of 60 infant deaths per 1000 births for women with some primary schooling, down to 40 infant deaths per 1000 births for women with secondary schooling or above. Both these associations strongly suggest a close link between education levels and better reproductive health outcomes.

It should well be possible for each UNFPA country office to use demographic health survey data for a particular country (or from another country within the same for region) to demonstrate a similar association

for a specific country or region. A web-based resource — demographic and health surveys — offers household survey data for 69 countries.²³

Young people and high exposure to sexual and reproductive health risks

Millennium Development Goal 5 seeks to improve maternal health. This goal and its target of reducing the maternal mortality ratio by three quarters between 1990 and 2015 offers the basis for justifying a major investment of resources in health related initiatives for girls and young women between the ages of 10 to 24 years. Table 9 reports the ratio of maternal deaths to 100,000 live births for 1995 for all developing countries and relevant regions. The data show that there is considerable variation by region with the least developed countries and sub-Saharan Africa recording the highest rates of maternal deaths due to childbirth.

Many adolescent girls in poor countries are vulnerable to unprotected sex and unwanted pregnancies with its greater potentially harmful side effects compared with older women. Adolescent females under age 20 in the least developed countries in 2002 are estimated to account for 17 in every 100 births (see Table 10).²⁴ This is more than double the rate for developed regions (8 in every 100 births) and much higher than the rate for developing regions in general (11 in every 100 births).²⁵

Regional variations on the percentages of births accounted for by young women is also marked (see Table 11). The percentage of all births accounted for by under 20 year olds ranging from 16 per cent in Africa, Latin

Chart 3 Relationship between the infant mortality and the three education levels of women

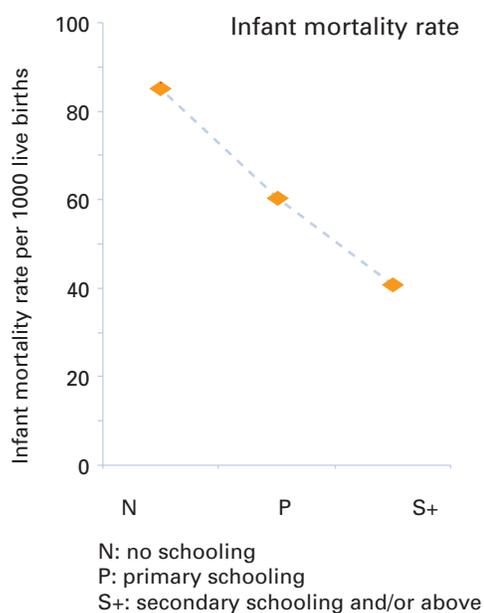


Table 10 Maternal mortality ratio in developing countries and regions, 1995

Country grouping	Maternal deaths per 100,000 live births, 1995
Developing countries	463
Least developed countries	1000
Arab States	509
East Asia and the Pacific	144
Latin America and the Caribbean	188
South Asia	427
Sub-Saharan Africa	1098
Central & Eastern Europe & CIS	55

Source: UNFPA, 2003, *Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants*, p 7, demographic and health surveys, latest years available.

Source: UNDP Human Development Report 2003, p 212

Table 11 Percentage of births to women under age 20 years, 2002

	Percentage of all births to women under age 20
More developed countries	8
Less developed countries	11
Least developed countries	17

Source: United Nations, 2003, *World Population 2002*

Table 12 Estimated prevalence rate of birth to women under age 20, major regions or sub-regions of the world, 2002, per cent of all births

Region and sub region	Percentage of all births to women under age 20
Africa	16
Eastern Africa	16
Central Africa	23
Northern Africa	
Southern Africa	15
Western Africa	16
Asia	8
Eastern Asia	1
South-central Asia	10
South-eastern Asia	10
Western Asia	9
Europe	7
Eastern Europe	13
Northern Europe	5
Southern Europe	3
Western Europe	3
Latin America & the Caribbean	16
Caribbean	17
Central America	16
South America	16
Northern America	12
Oceania	7
Australia/New Zealand	5
Melanesia	10
Micronesia	10
Polynesia	8

Source: Population Division, Department of Economic and Social Affairs, United Nations Secretariat, 2003, *World Population Prospects: The 2002 Revision*.

America & the Caribbean and North America to 8 per cent for Asia, 7 per cent for Europe and Oceania. The central African countries, for example, record a notably higher prevalence rate of 23 in every 100 births to women under the age of 20.²⁶ The Asian region, in contrast, has a low rate of 8 per 100 to women under the age of 20. Latin America, despite the region's large number of middle-income countries, nevertheless, records the same rate of under age 20 births for young women as the average for the least developed countries (17 in every 100 births). North America also records a high rate of under age 20 births (12 in every 100 births) despite its high-income status. Individual country level data are available to enable the policy change advocate to develop a specific profile.

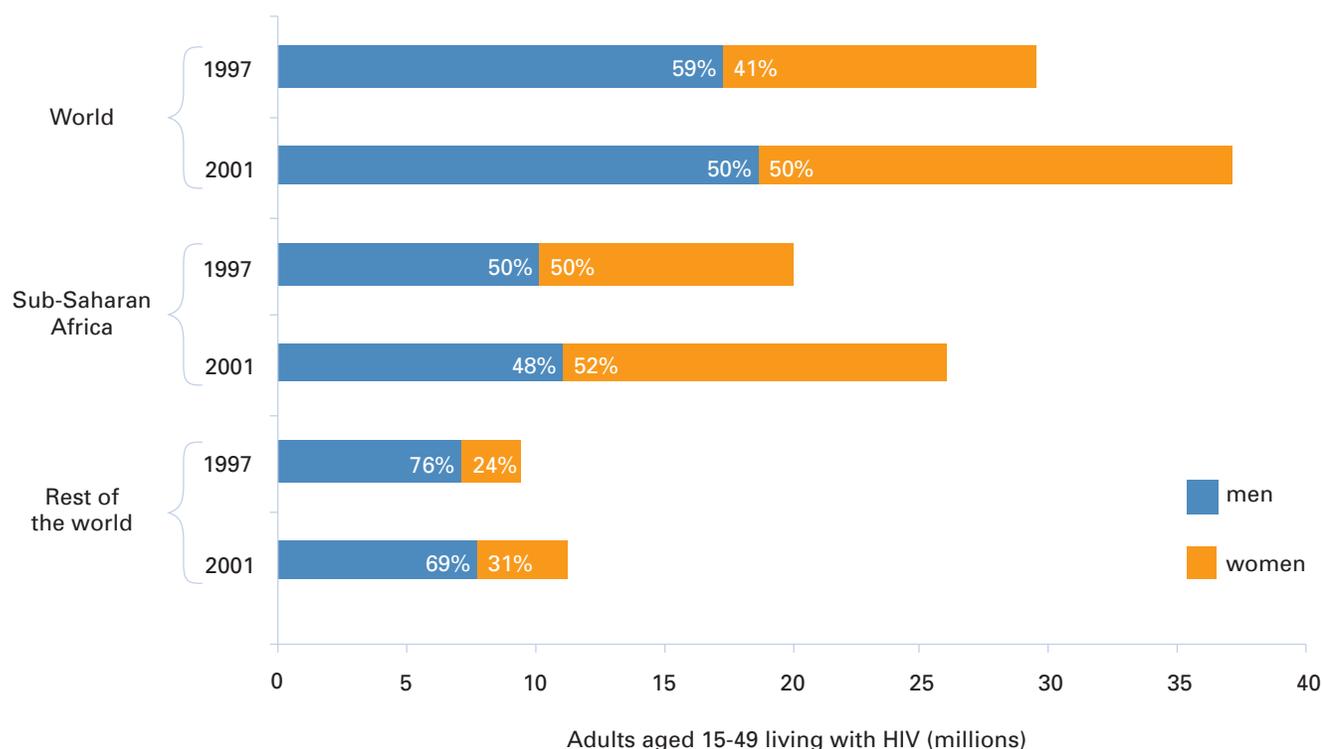
Young people and high exposure to HIV/AIDS

Young people in developing and transition countries, particularly young girls, need to be a major focus of investments to address Millennium Development Goal 6: combating HIV/AIDS, malaria and other diseases. Over 95 in every 100 people with HIV/AIDS are found in low and middle-income countries.²⁷ Young people in developing and transition countries are also more vulnerable than other age groups to HIV/AIDS. Of the approximately 14,000 new HIV infections that occur each day, more than half of them among young people below age 25.²⁸ It has been estimated that 11,800,000 young people aged 15 to 24 years in 2001 are HIV positive, of whom most are young women (61 per cent). Sub Saharan Africa accounts for nearly three quarters of all young people (72 in 100) in the world who are HIV positive.²⁹

Chart 4 shows that women account for half of those living with HIV, many of whom are in sub-Saharan Africa. However, the chart also shows that women in the rest of the world are increasing rapidly in their share with HIV. Women in many countries are now becoming infected at a faster rate than men. In a number of countries in Africa and the Caribbean, infection rates among young women (under 24 years) are two to six times higher than among young men.³⁰ More recent data for sub-Saharan Africa for 2002 indicate that 58 per cent of all HIV/AIDS infected people are women.³¹ Women make up nearly two-thirds of those under 24 years old with HIV.³²

Table 12 reports on the countries with the highest adult prevalence rates for HIV for adults aged 15 to 49.

Chart 4 Numbers of adults living with HIV, in millions and difference between males and females, per cent, 1997 and 2001



Source: UNFPA, 2003, *Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants*, p15, and UNAIDS, 2002, *Report on the Global HIV/AIDS Epidemic*, Geneva.

Table 13 Countries with the highest prevalence of HIV at the end of 2001 (i.e. over 10 in 100 of the adult population aged 15 to 49 years) and high-end estimates of HIV prevalence rate in young people in these countries (15-24 years), per cent

Country	Estimated number of people living with HIV/AIDS, end 2001		HIV prevalence rate (per cent) in young people (15-24). end 2001	
	Adults (15-49)	Adult rate (per cent)	Female high estimate	Male high estimate
Botswana	300,000	38.8	45.0	19.3
Zimbabwe	2,000,000	33.7	39.6	14.9
Swaziland	150,000	33.4	47.4	18.3
Lesotho	330,000	31.1	51.4	23.5
Namibia	200,000	22.5	29.2	13.3
Zambia	1,000,000	21.5	25.2	9.7
South Africa	4,700,000	20.0	30.8	12.8
Malawi	780,000	15.0	17.9	7.6
Kenya	2,300,000	15.0	18.7	7.2
Mozambique	1,000,000	13.0	18.8	7.8
Central African Republic	220,000	12.9	16.3	7.0
Cameroon	860,000	11.8	15.3	6.6

Source: UNAIDS. 2002. *Report on the global HIV/AIDS epidemic 2002*, 29 August 2003 http://www.childinfo.org/eddb/hiv_AIDS/database.htm

It also reports the high-end estimates of the HIV prevalence rates for young people aged 15 to 24 years. Two features of these estimates are worth highlighting. The first is the high absolute risk of HIV infection young women aged 15 to 24 years face, ranging from around half of all young women in Lesotho to 15 in 100 young women in Cameroon. The other feature is that the ratio of young female to male infection is more than double in all the reported countries.

The reasons for the higher vulnerability of young women to HIV are to do with gender discrimination which results in lack of power to negotiate sexual relationships, violence against them, rape, economic deprivation and lack of education, which are all factors which make women more susceptible to unwanted and unprotected sex. The executive director of the UN Development Fund for Women has noted that ‘younger and younger girls, caught in an economic crisis are marrying older and older men’.³³ In one recent survey in South Africa, over a third of young women reported they were afraid of refusing sexual advances with about a third reporting that their first sexual encounter was forced.³⁴ Similarly, the UN Secretary General has urged governments to fight the problems that put women at risk of getting the virus-including abuse, coercion by older men, and their spouses taking on numerous sexual partners.³⁵

These high HIV prevalence rates among young people, particularly girls and young women, mean that investments in gender equality to improve the sexual and reproductive health are fundamental to the survival of many young people in sub-Saharan Africa and indeed for the future prospects of the economies of these countries.³⁶ More than 99 in every 100 HIV infections reported in Africa in 2001 are attributable to unsafe sex.³⁷ As noted above, young women, even more than young men in poor countries, are highly vulnerable due to gender inequality to becoming HIV infected as heterosexual transmission causes more than 70 in every 100 HIV infections worldwide.³⁸

Children under the age of 15 are also highly vulnerable. Of the 5 million people newly infected with HIV in 2001, 2 million are women and 800,000 are children under the age of 15 years.³⁹ Two thousand children below the age of 15 become HIV-positive every day.⁴⁰ Nine out of 10 HIV infections of children occur during pregnancy, birth or breastfeeding, and are largely preventable.⁴¹

WOMEN, HIV/AIDS AND THE WORLD OF WORK

Many women experience sexual and economic subordination in their personal relationships and at work, and so cannot negotiate safe sex or refuse unsafe sex. Education is also a key defence against infection, but girls are the first to be taken out of school to help with care or to earn needed income.

Source: ILO Statement ‘Women, HIV/AIDS and the world of work’, 5 March, 2004.

Young people and access to decent work

Millennium Development Goal 8 concerns the need to develop a global partnership for development as a means of developing and implementing strategies for decent and productive work for young people. About 100 million young people enter the global workforce every year, mainly in developing countries.⁴² In many countries, young women are less likely than young men to find work. Those with less than 12 years’ schooling are particularly disadvantaged.⁴³

The difficulties young people in low and middle-income countries face as new entrants to the labour market are typified by their reported income levels for Latin America over the decade of the 1990s. These data show that the income earned by young people aged 20 to 24 is half that of adults and, for those under age 19, only 30 per cent of the income of adults.⁴⁴

The lack of productive work for young people has a number of highly damaging economic and social consequences. It perpetuates the inter-generational cycle of poverty and is associated with high levels of crime, violence, substance abuse and the rise of political extremism. In some countries virtually the only paid occupation open to many young men is to join the various armed groups involved in civil conflict. For young women, the dangers of entrapment in the sex industry are widespread.⁴⁵

However, it is not easy to obtain reliable data on unemployment for young people. The absence of regular data collections on employment and unemployment in many developing countries makes it impossible to estimate unemployment rates reliably. The international definition of unemployment is also an inadequate indicator for most developing countries of the lack of access to a sustainable livelihood. As the Sri Lankan PRSP notes, the official definition of ‘employment’ used internationally for comparability purposes, is too narrow.⁴⁶

Among the so-called 'employed' are people that have worked for as little as one hour per week in paid employment. This definition hides many who are significantly under-employed and who are in need of full time productive jobs. (It has been estimated that the number of "under-employed" amount to as many as 20 percent of the total workforce...).

The Sri Lankan PRSP also notes that the 'employed', as officially defined, also includes a large number of people who are classified as 'unpaid family workers', 'many of who would no doubt welcome full-time, paid work if it were available'.⁴⁷ Also omitted from consideration are issues related to decent work such as the million migrant workers working in low paid, menial jobs mostly in the Middle East who would prefer to work at equal or better paying jobs at home.⁴⁸

Special purpose surveys are needed to estimate young people's income levels, the differences between young women and men and to identify their sources of income such as informal sector activity. The cost and difficulty of administering surveys of young people seeking paid work or in jobs means that data are often not available.

The UN Secretary General has set up the Youth Employment Network.⁴⁹ The task of the Network is to coordinate the efforts of the UN agencies, the ILO and the World Bank in the area of employment for young people. UN Member States, through a UN General Assembly resolution (A/RES/57/165), are encouraged to prepare National Reviews and Action Plans on youth employment by September 2004. The ILO, the UN Secretariat, the World Bank, and other relevant specialized agencies are invited to assist Governments in these efforts. Senegal, Egypt, Indonesia, Hungary, Sri Lanka, Namibia, Azerbaijan, Brazil and Iran have agreed to be lead countries in preparing National Reviews and Action Plans and to highlight successful youth employment practices.⁵⁰

The Youth Employment Summit is another body seeking to promote youth employment.⁵¹ Their focus is on YES country networks of youth organisations, governments, NGOs, the private sector, academic and training institutions. The aim of these networks is to develop programs and policies to provide youth with opportunities to create sustainable livelihoods. Some 65 networks are listed as operating in early 2004 and 25 of these networks have initiated specific projects.⁵²

Young people and exposure to violence

While not addressed by a Millennium Development Goal, another indicator concerning young people is in relation to violence. Young people in poor countries are often exposed to violence as perpetrators or as victims. According to the Youth Agenda for Peace and Justice, there are over 300,000 children, some as young as 8 years of age, participating in armed conflicts across the world. In addition, hundreds of thousands more are enrolled in armed forces in countries not currently involved in armed conflict.⁵³ Over 50 countries, many of which are not at war, currently recruit under-18 year olds into the armed forces. In some countries, under-18s join as volunteers, e.g. UK, Slovakia, and New Zealand. In other countries such as Angola, Cuba, and Namibia, there is conscription (i.e. compulsory military service) for under-18s.

During 1996 and 1997, children participated in over 30-armed conflicts, and many are still fighting in these conflicts. In war situations, both boys and girls are used by government and guerrilla forces for a number of different purposes: they might be fighting on the front line, sent on reconnaissance missions, used as cooks, messengers, sex slaves or spies. They are often forcibly recruited, for example the rebel army in Uganda's civil war kidnapped thousands of children and brutalized them.⁵⁴

ARGUMENT 3:

The Macro economic Case for Investing in Young People

A strong macro economic argument can also be made to support investing more in young people. The argument highlights the connection between improvements to health and education outcomes, particularly for girls and better economic growth. The association between infant mortality and a country's per capita income is presented in Box 3. Other evidence based on a rigorous multi country analysis is also discussed below.

A sophisticated cross-country analysis (109 countries for the period 1960 to 1992) shows a strong association between a country's gender inequality in access to education and reduced economic growth. In particular, the research shows, taking into account other factors, that

BOX 3 LINK BETWEEN HUMAN DEVELOPMENT AND ECONOMIC GROWTH

Consider the average growth in per capita incomes in several dozen developing countries between 1965 and 1995, grouped by their incomes and infant mortality rates in 1965 (infant mortality is a general proxy for overall disease levels.) In countries starting with per capita incomes below \$75 ...and infant mortality rates above 150 per 1,000 live births, incomes grew by an average of 0.1 per cent a year — while those countries with infant mortality rates between 100 and 150 grew by an average of 1.0 per cent a year and those with infant mortality rates below 100 grew by an average of 3.7 per cent a year.

In countries with initial incomes of \$750 to \$1,500, those with infant mortality rates above 150 experienced negative growth averaging -0.7 per cent a year, while those with rates between 100 and 150 averaged 1.1 per cent annual growth and those with rates below 100 averaged 3.4 per cent annual growth. Thus, even after accounting for initial incomes, countries with better health conditions were systematically more successful in achieving higher growth. Moreover, economic growth provides more resources to invest in education and health and those investments contribute to higher growth.

Source: UNDP, 2003, *Human Development Report 2003*: Oxford University Press, published for the United Nations Development Programme (UNDP) New York, pp 68-69.

countries in South Asia, the Middle East and Africa could have experienced higher economic growth rates since 1960 (up to 0.9 percentage point per year faster) if they had started with and done more over time to achieve a better gender balance in education.⁵⁵

The macro economic argument posits that there is a two-way link between human development and economic growth. On the one hand, investment in human development promotes economic growth, and this in turn makes it easier for governments and people to invest in their own human development (a virtuous circle). However, the opposite case also applies. Poor human development is likely to contribute to economic decline, leading to a further deterioration in human development. The prospect of a vicious circle highlights the value of a country seeking to preserve and enhance the investment already made in human development. For example, once a country has achieved a lower rate of child mortality, further investment in adolescent health is needed to ensure that the initial investment is not dissipated.

Evidence of the negative impact on the economy of the failure to address adolescent health issues is available for seven Caribbean countries. The data relate to the cost of adolescent pregnancies compared with pregnancies after age 20.⁵⁶ Two components of the costs are identified: the financial costs (direct expenditures) and the economic costs (opportunity costs for alternate uses of resources and marginal effects on other expenditures). The estimates costs are outlined in Box 4.

Investment in improving the health of young children can be easily dissipated by not addressing the health issues faced by older children and adolescents such as HIV, adolescent pregnancy and poor nutrition. As noted above, more than 50 per cent of new HIV/AIDS cases every year are among 15-24 year olds. The costs of the pandemic have been estimated in terms of arrested development, lost agricultural output, lost education, excess training costs to provide for personnel losses, health facility overloads, treatment (where available) and care.⁵⁷ The Commission on Macro-economics and Health estimated the benefits from one averted HIV/AIDS infection in a poor country as \$34,600 in settings with annual average earnings of \$1,000 per year.⁵⁸

BOX 4 ESTIMATING THE ECONOMIC COSTS OF ADOLESCENT PREGNANCY

The net social financial cost over the lifetime of a single cohort of adolescent mothers in the Caribbean region ranges from US\$1 million in Guyana to US\$86 million in the Dominican Republic. ...The social financial costs, which include health care, government transfers, the financial costs of crime committed by [some of the] children, and child support, average from US\$28 per year per birth to US\$262 per year per birth...

The net social economic cost over the lifetime of one cohort of adolescent mothers ranges from US\$1.6 million in Guyana to more than US\$335 million in the Dominican Republic...The sum of forgone tax revenues, the opportunity cost of the criminality of [some of] the children when they become adults, and the forgone benefits from spending government transfers and health care on others averages from US\$33 annually in Guyana to US\$363 annually in St. Kitts.

Source: *Caribbean Youth Development Issues and Policy Directions. A World Bank Country Study*, May 2003, p 50.

ARGUMENT 4:

Micro economic argument and evidence

There is also a good micro economic case for investing in programs in education and health directed at young people, although the evidence is meagre. Knowles and Behrman (2003) have carefully scrutinised for the World Bank evaluations of existing programs focused on young people.⁵⁹ They note the absence of reliable evaluation data:

In developing countries, there is very little evaluation of the effectiveness of existing youth programs. Where reliable estimates of effectiveness exist, the measurement is often over too short a period of time to be useful. In other cases, there is reliable information only on one or two effects of an investment (e.g., the productivity effects of investments in formal schooling). Information on other effects, including many of those needed to obtain estimates of social benefits, is often lacking. This is clearly a major gap in the information base on investments in youth.⁶⁰

Knowles and Behrman are able to find cost benefit data on only 41 programs focused on young people. The programs fall into six broad categories: formal schooling, civilian and military training, work, reproductive health, school-based health, other health, community and other. In relation to reproductive health, the only reliable data found related to reproductive health education programs provided in schools.

Evaluation results

From close scrutiny of these 41 programs, they have identified some highly effective programs for young people offering a good return on investment. They also conclude that there are good efficiency reasons for using public resources to fund the cost effective programs directed at young people. However, they also acknowledge the limited capacity to generalise from one setting and set of operating parameters to another (see Box 5). For example, the size of the return on investment in formal education will depend on how well a country's economy can make productive use of the more educated younger generation. On the other hand, they found that health and nutrition investments to be cost effective are less dependent on other favourable conditions.

BOX 5 COST BENEFIT ANALYSIS OF INTERVENTIONS RELATED TO YOUNG PEOPLE

...the available evidence suggests that there are some high-return investments in youth in developing countries and that there are efficiency reasons for using public resources in addition to private resources for such investments due to inadequacies in markets such as for capital, insurance and information...

What are relatively high rates of return for different investments in youth depends importantly on the context of such investments. Rates of return to schooling, for example, are likely to be much higher in dynamic contexts in which there are rapid changes in technologies and markets through greater integration into world markets. Many health and nutrition investments tend to yield higher returns in settings in which health and nutrition conditions are poor. The economic returns to reproductive health investments designed to reduce rates of HIV infection increase proportionately with HIV incidence in the targeted age groups.

Source: Knowles, J C and Behrman, J R; 2003, 'Assessing the Economic Returns to Investing in Youth in Developing Countries', Final version of paper presented to the expert meeting on Assessing the Economic Benefits of Investing in Youth organised by the US National Academy of Sciences and the World Bank.

Identifying programs for young people that have a broader impact

Based on their assessment of the 41 systematic evaluations, Knowles and Behrman find that the investments in youth with the highest economic returns include:

- formal schooling where it is to improve the quality of schooling in general or through targeted scholarship programs aimed at individuals, girls in particular⁶¹,
- adult basic education and literacy targeted to adolescents,
- selected investments in school-based health services such as micronutrient supplements, and
- investments designed to reduce the use of tobacco products.

Another significant finding of the Knowles and Behrman literature review is information about the range of quantifiable effects a particular type of investment may have. Knowles and Behrman summarise the 'broad effects' identified from a program evaluation or

other evidence source. It is not intended to reproduce here the detailed analysis presented in the Knowles and Behrman literature review. Only a brief summary of key benefits in relation to one area, sexual and reproductive health, is presented below. Readers are advised to consult the original report to obtain more detailed information with references to the supporting evidence.

The investment with the largest range of multiplier effects is education. Knowles and Behrman identify 13 quantified effects for young people and the community from increased education. These are: an increase in labour productivity, less chance of youth unemployment, reduced child labour, lower rates of adolescent pregnancy, lower levels of HIV infection and other

sexually transmitted infection, improved health and mental health, less likelihood of drug/alcohol abuse as well as physical and/or sexual abuse, more control of fertility for young women, less chance of social exclusion and reduced likelihood of violence and civil conflict.⁶²

Benefits of investing in sexual and reproductive health

In relation to investments related to improving the sexual and reproductive health of young people, Box 6 summarises the range of quantifiable effects identified by the Knowles and Behrman literature review. In relation to averting HIV infection, for example, seven

BOX 6 THE BROAD EFFECTS IDENTIFIED FOR PROGRAMS FOCUSING ON SEXUAL AND REPRODUCTIVE HEALTH

Form of investment/program	Broad effect of investment/program						
Averted HIV infection	Improved health	Averted secondary HIV infections	Averted TB infections	Reduced cost of medical care	Averted social exclusion	Averted orphans	Increased education
Delayed marriage (females only)	Increased education	Averted adolescent pregnancy	Averted HIV infection	Averted STIs	Reduced fertility	Averted physical/sexual abuse	
Improved self esteem	Improved mental health	Averted adolescent pregnancy	Averted crime	Averted drug/alcohol abuse	Reduced tobacco use		
Averted physical/sexual abuse	Improved mental health	Averted crime	Averted adolescent pregnancy	Averted HIV infection	Averted STIs		
Averted adolescent pregnancy	Improved health	Increased education	Reduced fertility	Averted unsafe abortion	Averted social exclusion		
Averted STIs	Improved health	Reduced cost of medical care	Averted HIV infection	Averted infertility			
Reduced fertility	Enhanced labour productivity	Averted adolescent pregnancy	Improved health				
Averted abortion	Improved health	Reduced cost of medical care	Averted infertility				
Averted female genital cutting	Improved health	Improved mental health					

Derived from: Knowles, J and Behrman, J; 2003⁶², 'Assessing the Economic Returns to Investing in Youth in Developing Countries', Annex C: The Components of Broad Effects of Investments in Youth, 24 March.

broad beneficial effects are identified. These are: greatly improved life expectancy and health prospects for the individual, no risk that a HIV-infected person will infect others, less chance of TB infection⁶³, reduced personal and societal cost of medical care, avoided social exclusion, children not left as orphans, and increased likelihood of parents investing in children's education.⁶⁴

In relation to delayed marriage for young women, up to six potential beneficial effects are identified. These are: increased chances of gaining more education, lower risk of adolescent pregnancy, lower risk of HIV and other sexually transmitted infections, reduced lifetime fertility and lower chances of physical and/or sexual abuse.

Investment in ways to improve the self esteem of young people can potentially produce five benefits. These are improved mental health, less chance of adolescent pregnancy, fewer chances of involvement in crime and of drug/alcohol abuse, and reduced tobacco use. Five benefits of stopping the physical and/or sexual abuse of young people are identified. These are improved mental health as there is evidence that the sexual abuse of women during childhood increases the likelihood of mental depression as an adult. Forms of sexual and physical abuse are also risk factors for mental illness, risky sexual behaviour and crime, adolescent pregnancy, HIV and other sexually transmitted infections and drug and alcohol abuse.⁶⁵

Averted adolescent pregnancy can achieve up to five benefits. The first is improved health prospects because adolescent pregnancies and deliveries often involve complications with much greater risk of maternal mortality and morbidity when they are poor compared with the pregnancies of older women in the same socio-economic status.⁶⁶ Not becoming pregnant while an adolescent also means a greater likelihood of staying on to higher levels of education. If married, not getting pregnant in the adolescent years can mean more control over a women's fertility. Avoiding a adolescent pregnancy can also mean less chance of an abortion and the health risk complications associated with unsafe abortion. There is also less chance of social exclusion.⁶⁷

The identifiable benefits of avoiding sexually transmitted infections⁶⁸ are fourfold: improved health prospects, reduced costs of medical care, averted HIV/AIDS infections⁶⁹, and reduced risk of infertility, especially for women.⁷⁰ Reduced fertility resulting from

offering incentives to stay at school or to participate in reproductive health education has three identifiable benefits. The first is an increased labour productivity benefit for the society due to the demographic dividend effect outlined above. The second is more chance of avoiding the health and other problems associated with adolescent pregnancy. And the third benefit is improved health prospects as 'pregnancy exposes women of all ages to increased risk of morbidity from such causes as anaemia, malaria, hepatitis, and tuberculosis, as well as the risk of maternal mortality'.⁷¹

Three benefits of avoiding unsafe abortion for young women are identified. These are reduced chances of dying as a majority abortions in developing countries are performed often in unsafe conditions by a person without the needed medical skills.⁷² Unsafe abortions are a major health risk as it is estimated that one-third of women obtaining an unsafe abortion experience serious side effects, but fewer than one-half of these women receive hospital care.⁷³ Unsafe abortions also entail a risk of infertility.

ARGUMENT 5:

Young people in poverty are socially vulnerable during their transition to adulthood

A fifth argument in favour of focus on young people as a means of eradicating national poverty is based on the value of reducing their vulnerability to a range of adverse outcomes during their transition to adulthood. All age groups are in some sense in a process of transition from one steady state to another. However, many young people in their transition from dependence to independence potentially face a large number of changes at the same time, thus compounding the difficulties they may face.⁷⁴ This transition for many involves confronting and overcoming a number of uncertainties — 'managing durations of radical uncertainty'.⁷⁵

Most vital events — such as marriage, motherhood, and migration — are...negotiable and contested, fraught with uncertainty, innovation and ambivalence.⁷⁶

Entry into adulthood is a process that varies greatly between societies. It can entail any sequence of events

involving leaving the family home, finishing education, migrating, generating an income, setting up a new household, or having a child. This does not imply that it is a one-way process as aspects of the transition to adulthood may also be reversible.⁷⁷ Nor is the transition likely to be the same for all adolescents as there may be marked differences within a society between adolescent girls and boys. And within gender groupings, other variations are also likely to be important due to socio economic and ethnic differences.

In other words, the capacity of children and young adolescents to make a successful transition to adulthood will be strongly shaped by their society, and within that context, by their gender, socio-economic background, family support, ethnicity, race, or complex combinations of these factors. So it is an empirical question for each country to identify what vulnerabilities or uncertain outcomes young people or subgroups of young people are likely to face in this ‘duration of uncertainty and potential’.⁷⁸

THREE WAYS TO CATEGORISE THE POOR

Linked to this perspective on young people’s vulnerability is a more general issue of how the poor are defined. Three groups of poor have been identified: the chronic poor, the excluded and the capable poor. The chronic poor are those with little or no capacity to move out of poverty such as the elderly with no access to family care or pension, physically challenged persons unable to work, people suffering from chronic illnesses, and drug addicts. ‘The excluded’ refers to the poor who are severely limited in their capacity to move out of poverty because they do not have a right to the benefits, such as they are, of being part of a wider community and political system. This group of the poor include displaced communities such as refugees.

A third group can be termed the ‘capable poor’⁷⁹ — those with scope to manage risk in some way through developing coping strategies. It is this latter definition of the poor that applies particularly to many young people. In the case of Ghana, for example, the capable poor might be found among: rural agriculture producers, children in difficult circumstances, people living with HIV/AIDS, disadvantaged women (particularly single mothers, malnourished rural pregnant and nursing mothers, adolescent mothers and commercial sex workers), residents of urban slums (including unemployed youth), the victims of harmful practices

(such as early marriage), and the unemployed (especially unskilled retrenched workers and unemployed youth).⁸⁰ Young people are likely to be found in most of these groups of the capable poor (eg those living with HIV/AIDS, disadvantaged women, residents of urban slums, the victims of harmful practices and the unemployed).

THE POOR AS VULNERABLE

Identifying vulnerability as a cause of poverty has specific implications for policy. These are illustrated in the approach of the Nicaragua’s Poverty Reduction Strategy Paper, which identifies the need for better protection for vulnerable groups:

*Work is also being done to differentiate between transfers the government should make unconditionally,... and more targeted interventions to relieve those vulnerable groups undergoing temporary reversals. Clear income and exit mechanisms for social protection programs are being designed, so that support and capacity-building go hand-in-hand when a crisis affects the poor, avoiding regression to paternalism and dependency.*⁸¹

From the perspective of the ‘capable poor’, young people are active agents who are negotiators of the uncertainties they face. This perspective on poverty acknowledges first the importance of recognising the poor’s different capacities to respond. It then looks to ways to reduce an individual’s or a group’s exposure to adverse outcomes. One way to do this is through setting up social protection mechanisms to allow the most vulnerable, as individuals or in association with others, to manage risk better. These policies can vary from providing better access to opportunities to upgrade skills to offering easier access to credit. Other policies include setting up mutual health insurance schemes or social insurance schemes to smooth out income flows as one way to cope with the unexpected.⁸²

As noted above, young people vary in their social vulnerability capacities in the face of the uncertainties involved in the transition to adulthood. These different capacities will differ by factors such as sex, region and the income level of household of origin. In the poorest countries, the more socially vulnerable among young people are likely to be girls and young women, those whose parental household income is low and those living in rural areas. Young people’s exposure to adverse outcomes such as HIV/AIDS is considerably greater for

the poor, especially those who are mobile, as the Malawi Poverty Reduction Strategy Paper explains (see Box 7).

An important aspect of this transition for young people is the negotiation of sexual and reproductive health issues during and beyond adolescence. At one extreme, this transition may be invisible or barely noticeable where, for example, a girl without formal education is forced to marry before puberty and transferred from one state of dependency to another. Child marriage is illegal but is still practised and early marriages continue to be common in parts of Africa and South Asia.⁸³ At the other extreme, the transition to adulthood can be protracted and may involve movements back and forth between different statuses of full-time student, independent living arrangements and full-time employment. This situation is more likely in middle and high-income countries where young people often find it difficult to access decent work with career prospects.

ARGUMENT 6:

Capitalising on the demographic transition

The sixth argument in favour of more public investment in young people compared with other age groups is one based on the long-term benefits. Inter generational benefits are likely to flow to poor countries from investing in the productive potential of the current large cohort of young people. The reverse of this argument is that the failure of governments and the private sector to respond to the employment needs of large number of young people will create a huge future burden for the economy and society.

Recent demographic analysis has shifted from a focus on population growth per se to looking more closely at the importance of a population's evolving age structure and its implication for development.⁸⁴ This new analysis suggests that as the relative size of each age group in a population changes, so does the relative impact of their economic activity on a country's economy. For example, a greater share of young people in a country's population means the need for more intensive investment in education and reproductive and related health care. On the other hand, an economy with a preponderance of prime-age adults can take advantage of a good tax base and an increased propensity to save.

BOX 7 POVERTY AND HIV/AIDS

There are clear links between HIV/AIDS and poverty. Poverty is one of the major underlying factors driving the epidemic. People living in the state of serious and worsening poverty are more vulnerable to HIV infection due to a number of factors. Firstly, they have poor access to health care facilities, both because they cannot afford to pay for quality care and that the general free health services are inadequately resourced as a result of the overall national poverty. This poor access to health care means that the people are in poor general health, enhancing risk of HIV infection and progression of AIDS.

Secondly, in search of income for subsistence and survival, people living in poverty participate in labour migration which results in breakdown of male and female relations, increasing likelihood of multiple sexual partners or casual sexual partners and risk of HIV infection. In addition, women in poverty can be forced to enter into high risk sexual relationship in battering sex for subsistence. This increases their vulnerability to HIV infection. Finally, people who are poor also have poor access to information, including information on HIV/AIDS issues which is critical for them to make informed decisions and choices about their sex and sexuality.

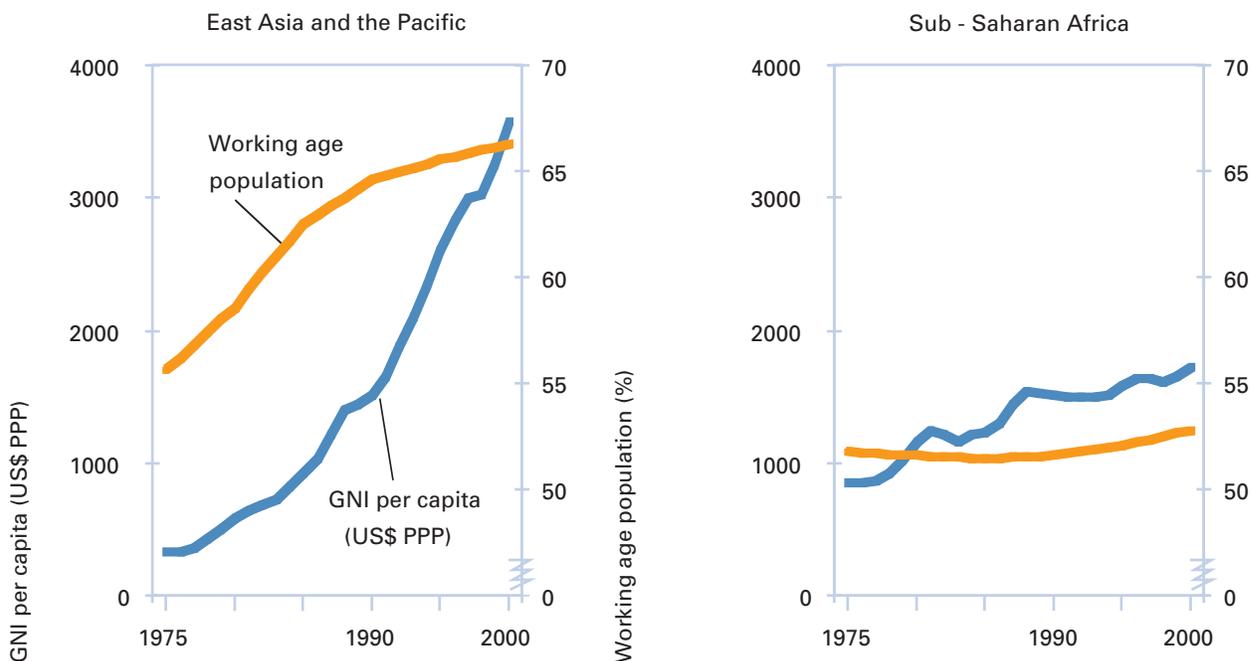
Source: Government of Malawi, 2002, *Malawi Poverty Reduction Strategy Paper*, p 86.

Countries with a large aged population require more investment in ways to enhance retirement incomes and old age health care.⁸⁵

This new analysis contends that policy makers need to recognise this complex relationship between economic and human development by taking into account the effects of a country's own changing age structure. In policy terms, the potential impact is called the demographic bonus or dividend. This refers to the opportunity where mortality and fertility rates are beginning to fall, for governments to reap the benefits of having a growing cohort of working-age adults relative to the dependent population. Reaping the benefits of a declining dependency burden depends on the levels of investment in creating more employment opportunities, improvements in public health, greater gender equality and improved education outcomes.⁸⁶

The achievement of this demographic bonus also requires not only good public sector policies, such as a comprehensive youth and social sector policy, as well as health and education policies. It also requires of governments good fiscal discipline as well as efforts to

Charts 5 and 6 Association between share of the working age population, per cent and gross national income per capita (\$US, purchasing power parity), East Asia and the Pacific and Sub-Saharan Africa, 1975-2000



Source: UNFPA, 2003, *Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants*, p 5.

promote efficient functioning markets. Conversely, lack of investment by the public and private sectors will result in high levels of unemployment and health, education, and social welfare systems will experience unbearable strains as the large working age population gets older.⁸⁷

Charts 5 and 6 above show the impact of a large working age population on gross national income (GNI). Chart 5 shows that the association between an increased working age population share and per capita income in the East Asia and Pacific regions is a markedly positive one over the last 25 years. Chart 6, on the other hand, shows for Sub-Saharan Africa over the same period that a lower and stable working age share of the population has been associated with only a small increase in per capita income.

Another important potential benefit to governments from the demographic dividend is a lower chance of civil conflict. An analysis of demographic and civil

conflict data in the 199–2000 period has shown that countries with a large youth share of the population and rapid urban population growth are more likely to be politically unstable and more vulnerable to violent civil unrest.⁸⁸ The issue of the relationship between the youth bulge in the population and the a country’s greater susceptibility to civil conflict is discussed further under Argument 7.

How much time do developing countries have to take advantage of this demographic dividend? In countries where fertility has declined sharply in the last two decades, the share in the population of the productive age group (15 to 60 years) has increased. This is the case for many countries in Latin America and the Caribbean where the window of opportunity will be at its peak in years 2018-2019 (see Table 13). However, in the least-developed countries, with continuing high fertility rates and the slowest declines, the window of opportunity will not open for nearly fifty years (see Table 13).

ARGUMENT 7:

Youth bulge and the increased potential for social conflict

The final and perhaps the most emotive argument to put to policy makers in favour of investing resources in young people relates to the benefits to national security and a lessening of country's exposure to civil disorder and even armed conflict. Young people are both disproportionately responsible for violent crime and are also more likely than other age groups to be the victims of such crime (see Box 8).⁸⁹ The criminal behaviour of some young males in particular in terms of homicide, robbery, aggravated assault, and forcible rape may be a major source of insecurity in a society.⁹⁰ Young men aged 15 to 34 years account for more than three-quarters of all recorded violent crime.⁹¹

Young people who are victims of violence are likely to suffer both short and long term negative effects, including psychological depression, alcohol or drug abuse and phobic disorders.⁹² Young victims of violence may themselves later turn to violence.⁹³ Other negative effects include undermining the victim's educational aspirations and efforts, leading to a lower income generating capacity in later life.⁹⁴ Victims of violence not only have their own sense of self undermined, they are also less likely to trust others.⁹⁵

Table 14 Timing of the demographic window of opportunity for developing countries

Region or sub-region	Period when productive age groups (15 to 60 years) at maximum size
Less developed region excluding Least Developed Countries	2036-2038
Least Developed Countries	After 2050
Latin America and the Caribbean	2018-2020
Western Asia	2023-2028
South-Central Asia	2037-2038
Sub-Saharan Africa	After 2050

Source: UNFPA, 2003, *The State of World Population 2003: Making 1 Billion Count: Investing in Adolescents' Health and Rights*, draft, p10.

BOX 8 VIOLENT CONFLICTS AND YOUNG MEN

Violent conflicts such as mugging, assault and murder, are pertinent problems in many urban areas in developing countries, spatially concentrated in inner-city areas and in poor sub-urban settlements. Young people, particularly young men, represent the largest group of both victims and perpetrators of urban violence. For instance, in the year 2000 63 per cent of homicide victims in Bogotá, Colombia, were young men between 18 and 34 years, and youngsters between 15 and 24 years, representing 25 per cent the population, committed 35 per cent of May 2003...

In certain neighbourhoods gangs fight for territories, causing an atmosphere of fear and insecurity. Young women are particularly vulnerable to intra-family violence and sexual abuse. In many cases, violent activities flourish in a context of an absent police-force, indifference towards public order and lack of trust in government.

Source: Ziss, R & Dick, E; 2003, *The Relevance of the Informal Sector to Youth Employment and Social Integration*, World Bank and GTZ Development Cooperation, Youth Employment and Social Integration in Developing and Transition Countries, SUM Consult GmbH, Wiesbaden and Eschborn, May, p 26-27.

The countries with the highest youth homicide rates can be identified using data for 56 countries for the 1990s.⁹⁶ These countries are mostly found in Latin America (Colombia, El Salvador, Puerto Rico, Brazil, Venezuela, Ecuador and Mexico, Paraguay, Cuba) but also include the United States and the transition economies (Russian Federation, Kazakhstan, Turkmenistan, Azerbaijan, Tajikistan, Kyrgyzstan, Belarus, Ukraine, Latvia, Estonia, Republic of Moldova and Lithuania). The WHO report on Violence and Health in its chapter on youth violence notes: apart from the United States of America, where the rate stands at 11.0 per 100,000, most of the countries with youth homicide rates above 10.0 per 100,000 are either developing countries or those experiencing rapid social and economic changes.⁹⁷

YOUTH HOMICIDES INCREASING

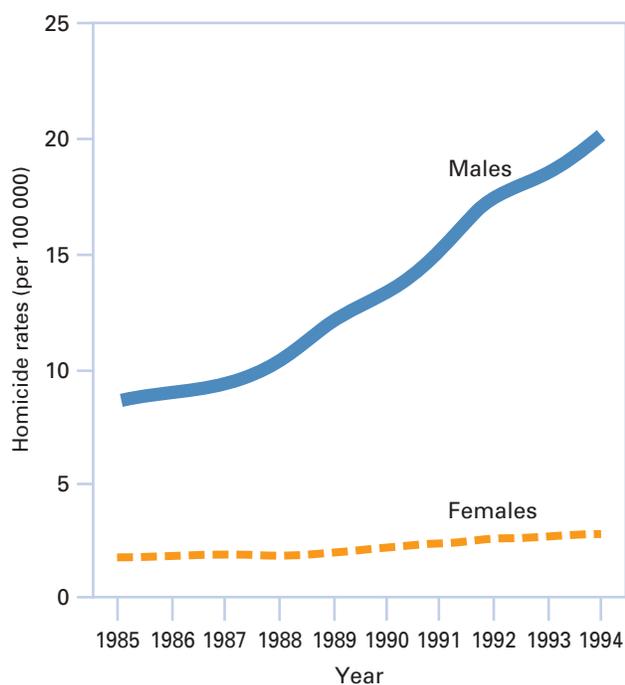
The trend in youth homicide rates is upward over the decade 1985 to 1994 and it overwhelmingly involves males (see Chart 6 below). Developing countries and economies in transition account for the most rapid increases in youth homicide rates over this period. Furthermore, this rise on the rate of youth homicide also took a more violent shape with increased use of guns as the method of attack. For example, youth homicide rates in Eastern Europe and the former Soviet

Union increased dramatically after the collapse of communism in the late 1980s and early 1990s. In the Russian Federation, in the period 1985–1994, homicide rates in the 10–24-year-old age bracket increased by over 150 per cent. In the same period in many of the transition economies, there was a steep increase in the proportion of deaths from gunshot wounds, with the proportion of young people dying this way more than doubling in Azerbaijan, Latvia and the Russian Federation.⁹⁸

Young people from poor backgrounds are more likely to engage in assault and robbery as well as to be victims of violent crime. Evidence for this statement has been found from surveys in the USA, Peru, Brazil, as well as Denmark, New Zealand and Sweden.⁹⁹

However, it is important to note that research shows that only a small proportion of those young people committing violence are likely to become lifetime perpetrators of violence. Results from the US National Youth Survey followed a national sample of young people aged 11–17 years in 1976 until the age of 27–33 years. The results show that some three-quarters of young people who had committed serious violence stopped their

Chart 6 Global trends in youth homicide rates among males and females aged 10–24 years, 1985–1994



^a Based on WHC mortality data from 66 countries

Source: WHO, 2002, *World Report on Violence and Health*, Figure 2.2, p 27.

Chart 7 Proportion of youth share (aged 15 to 29 years) in the population (aged 15 and over) and likelihood of newly emerged armed conflict, 1990–2000

Demographic Stress Category	Proportion of Young Adults 1995	Likelihood an Outbreak of Civil Conflict 1990–2000
Extreme and High	40.0% and greater	33%
Medium	30.0 to 39.9%	18%
Low	less than 30%	11%

Source: Cincotta, R; Engelman, R; and Anastasion, D, 2003, *The Security Demographic: Population and Civil Conflict After the Cold War*, p 48.

violent behaviour after one to three years. These results suggest that the majority of young people who become violent do not continue this behaviour beyond adolescence.¹⁰⁰

In many ways, this argument based on the threat to civil disorder young people can represent is merely the reverse of the preceding argument about the benefits to be gained from a country responding to the demographic window of opportunity. Failure by policy makers to direct poverty reducing resources to a large youth cohort within their country’s population is likely to increase the risk of civil disorder and societal insecurity.

A large youth share of the total adult population historically has been associated with political violence and the overthrow of governments. It has been noted that the English Revolution of the seventeenth century, the French revolution of the eighteenth century and most twentieth-century upheavals in developing countries have occurred when exceptionally large youth bulges in the population were present.¹⁰¹ An increased risk of political violence often comes from an expanding population of higher-educated youth who are facing limited opportunities to obtain elite political and economic positions.¹⁰²

THE YOUTH BULGE AND ITS ASSOCIATION WITH CIVIL CONFLICT

Countries with a high share of youth in their population are more likely to experience new armed conflict. Recently published analysis shows that where there is more than 40 percent aged 15 to 29 years, the country is 2.3 times more likely to experience an outbreak of civil conflict compared with countries with smaller youth

BOX 9 FROM DEMOGRAPHIC BURDEN TO DEMOGRAPHIC GIFT

...the maturing of MENA's [Middle East and North Africa region] age structure has placed the region in a unique position at the end of the 20th century. Between 1990 and 2020, the growth of the economically active population (ages 15–64) will exceed that of the economically dependent population by a much greater amount than in any other region. As East Asia's experience has shown, this differential—the so-called demographic gift—provides MENA with an opportunity to accelerate economic growth through faster accumulation of factors of production.

Lower dependency ratios imply a potential for higher savings and investment. Rapid labor force growth, especially with increased education and longer life expectancy, provides economies with a larger pool of productive workers. As a result, policymakers in MENA are facing new challenges. These demographic changes are shifting the policy focus from providing health and education for a young population to facilitating employment and output growth.

Source: 'Creating 100 Million Jobs for a Fast-Growing Work Force; overview' *Unlocking the Employment Potential in the Middle East and North Africa: Toward A New Social Contract*. Annual Meetings of the IMF and the World Bank in Dubai, 19 September, 2003, p 3. <http://lnweb18.worldbank.org/mna/mena.nsf>

Contemporary evidence shows that the presence of more young people in a country's population is one of the factors associated with a greater chance of a country experiencing violent conflict. A high ratio in a population of males aged 15 to 29 years of age to men aged 30 and older is strongly associated with the occurrence of violent conflict as well as their severity as measured by the number of war casualties.¹⁰⁶ The relative prevalence of young men in the adult population consistently accounts for more than one third of the variance in the severity of recent conflicts, despite taking into account a country's per capita income level and degree of inequality.¹⁰⁷

A greater chance of civil conflict for a poor country has also been linked to its young people's lack of education and lack of access to jobs as a result. Countries whose young people have low levels of participation in education are more likely, other things being equal, to be engaged in civil strife. According to World Bank research, the average country that experienced civil conflict during the period 1965 to 1999 had only 45 per cent of its young males in secondary education. As young unemployed males are prime candidates for recruitment as soldiers in any civil disorder, the lower education participation of young males is associated with a higher propensity for internal conflict. Multivariate statistical analysis shows that a country with ten percentage points more of its young male population in secondary education, other things being equal, reduces its risk of civil conflict from 14 per cent to around 10 per cent.¹⁰⁸

Demographic pressures such as a youth bulge are, of course, not the only or indeed the most important cause of civil conflict leading to state failure. A major study of 114 state-failure events between 1955 and 1998 drawing on nearly 1,300 political, demographic, economic, social, and environmental variables, nevertheless, highlights youth bulge in the adult population as one of the contributing factors.¹⁰⁹ A high proportion of young people aged 15 to 24 years in the adult population appears to be a key factor, if not in itself the major cause of large-scale violent conflicts.¹¹⁰

The key factors associated with state failure are a low level of economic development, as reflected for example in a high infant mortality rate, and the type of regime where political institutions are weak such as a partial democracy, as well as a large population and a low level of openness to trade. However, the analysis

shares.¹⁰³ The focus was on newly initiated civil conflicts in the period 1990 to 2000 and is based data from 145 countries.

By 2005, some 102 countries will have populations with youth bulges of 40 or more per cent (see Attachment 4 at the end of this paper for a listing of the countries). Almost all the countries with a population of young adults higher than 50 percent are in sub-Saharan Africa and the Middle East. Nine Latin American countries are represented in the cluster with 40 to 50 per cent youth share of the population.

Large numbers of educated but unemployed young people can be found, for example, in the Middle East and North Africa region (see Box 9). The proportion of the unemployed who are young people ranges from 37 percent of all the unemployed in Morocco to 73 percent of the total unemployed in Syria.¹⁰⁴ Young people on average account for just over half the unemployed in the countries of the Middle East and North Africa region for which data are available.¹⁰⁵ This is despite the often high levels of formal education attainment of young people in these countries.

also shows that the statistically significant demographic and social variables associated with state failure are: the extent of youth bulge (the ratio of the population aged 15-29 years to the 30-54-year age group), a higher level of urban population, a higher proportion of the population in paid work or looking for work and the extent of ethnic fractionalisation of the population. A high ratio of youth to the older adult population is also statistically significant in an analysis of factors associated with ethnic wars based on the same data set.¹¹¹

Another independent analysis of countries for the period 1950-2000 shows that youth bulges in the adult population increases the risk of domestic armed conflict in countries where the economic conditions are stagnant.¹¹² The combination of youth bulges in the adult population and poor economic performance can greatly increase the risks of political conflict in a country. As noted above, this potentially applies in particular to sub-Saharan Africa and the Middle East and North Africa region.

Indeed, it is possible to identify particular countries, based on 2000 data, which are exposed to a higher risk of armed conflict, using the three criteria of youth bulges, poor domestic economic conditions and an unstable political regime.¹¹³ These countries are: Zambia, Kenya, Zimbabwe, Yemen, Niger, Togo, Iran and Jordan. In addition, it has been noted that Côte d'Ivoire, Burkina Faso, Tanzania and Guinea may experience a considerable rise in risk of armed conflict if they do not maintain strong economic growth, experienced at the end of the 1990s.¹¹⁴ In the cases of Syria and Honduras, a youth bulge in the adult population and economic hardship are also evident, but both countries appear less prone to conflict due to the nature of their political regimes.¹¹⁵



4 Suggestions on how to present the case

THE POLITICAL VALUE OF ROBUST EVIDENCE OF PROGRAM IMPACT

The evidence needed to justify the investment of more resources to meet the needs of young people is at its strongest if it is robust enough to form the basis of a comparative cost benefit analysis. As noted above, estimates of the rate of return for a particular program compared with other programs is the best way to identify highly effective programs for young people offering a good return on investment. These results reduce greatly the high element of uncertainty about outcomes policy makers can face in deciding which program in which to invest.

One of the best examples of this is the way the evaluation results of PROGRESA, the Education, Health, and Nutrition Program of Mexico (see Box 10), were used to justify continued funding and indeed expansion despite a major change of government in Mexico in 2000.

...the Fox government recently changed Progresa's name to Oportunidades but retained the program's key elements and plans to extend it to urban areas, with the help of a \$1 billion loan — the largest ever — from the Inter-American Development Bank.¹

Beginning early 1998, the International Food Policy Research Institute conducted an evaluation of the impact of the program based on an experimental design, producing a series of reports between November 1998 and November 2000.

The program was rolled out in a way that made it easier to evaluate its impact. This was done by randomly assigning 320 villages to a treatment group that received benefits beginning in May 1998, and 186 villages to a control group that did not receive benefits until 20 months later.² Some 24,000 households from the villages were surveyed on five occasions between 1997 and 1999.

The evaluation results showed that the program increased children's progression to secondary school by nearly 20 percent. Child labour also decreased by about 15 per cent as school enrolment increased. The program was also found to have a net positive impact on partici-

pants' health, for both young children and adults. The educational benefits of the program in terms of future earning power have been estimated to exceed program costs by 40 to 110 per cent. The positive program effects on health and nutrition raise the benefits over costs even further.³

One use of the cost benefit analysis has been to show that at least in rural areas in Mexico, payment to parents to send their children to school is a more cost-effective way to increase school enrolment than building more schools.⁴

Evidence of net program impacts on education and health outcomes based on robust evaluation methodologies has been crucial element in gaining wider acceptance of this new approach to addressing poverty based on conditional cash transfers.

Evaluation results from the first generation of programs in Mexico, Brazil and Nicaragua show that

BOX 10 PROGRESA — THE EDUCATION, HEALTH, AND NUTRITION PROGRAM OF MEXICO

PROGRESA began its operations in August of 1997 aiming to address malnutrition, morbidity, high infant mortality rates, high fertility, school dropout rates and unhealthy living conditions. The idea was basically a simple one: pay families to send children to school and visit health care providers

As part of an overall strategy for poverty alleviation in Mexico, PROGRESA worked in conjunction with other programs that are aimed at developing employment and income opportunities and developing local infrastructure.

At the end of 1999, PROGRESA covered approximately 2.6 million families or about 40 per cent of all rural families and one-ninth of all families in Mexico. At that time, the program operated in almost 50,000 localities, in more than 2,000 municipalities and 31 states. PROGRESA's budget of approximately \$777 million in 1999 was equivalent to 0.2 per cent of Mexico's GDP. The program has served as a model for similar programs in Honduras, Nicaragua, and Argentina.

Source: Targeted Interventions to Reduce and Prevent Poverty, International Food Policy Research Institute — <http://www.ifpri.org/>

conditional cash transfer programs are an effective means for promoting human capital accumulation among poor households. There is clear evidence of success in increasing [school] enrollment rates, improving preventive health care and raising household consumption.⁵

However, despite this promising evidence about the impact of conditional cash transfer programs, the authors of the above overview of evaluation results note that many questions still remain unanswered, including those concerning program effectiveness under different country conditions and the sustainability over time of the welfare impacts.⁶

DATA LIMITATIONS ON THE USE OF COST BENEFIT ANALYSIS

Moreover, as noted above, only a relatively few programs for young people have been evaluated using rigorous criteria. Therefore, the use of cost benefit comparisons of programs may be too restrictive a base from which to make public policy or private investment decisions. This form of analysis is highly demanding in terms of the type and quality of the data it requires. Rigorous program evaluation results can be difficult to interpret or extrapolate from if the operating parameters of a program vary over time or by different locations. Under demanding cost benefit analysis criteria, programs that may be effective, but for which only partial or incomplete information is available, may not be considered as candidates for expansion.

USE OF VULNERABILITY PROFILES

Use of vulnerability profiles for young people in relation to outcomes linked to poverty reduction offers a valuable, albeit less demanding way, to use objective data to influence decisions about policy priority setting. Carefully targeted investments based on social vulnerability profiles of a country's population offer the prospect of substantial gains in reducing poverty for only modest expenditures. In other words, a better understanding of which age groups and within an age group, which income or ethnic groups are more likely to produce an outcome such as higher maternal death rates will enable resources to be better directed and so have a greater impact on reducing poverty.

Specific social vulnerability profiles of the poor can be developed by using available data in relation to a particular outcome related to the reduction of poverty. However, it is essential that there be a clearly under-

stood cause and effect relationship between the attribute of the person and the outcome. The attributes of the poor that need to be taken into account in a social vulnerability profile are: age, gender, household income in relation to other households, ethnicity/race and location. The outcomes related to poverty reduction, borrowing from the MDG indicators are: income earned, basic literacy, level of education attainment, access to wage employment, maternal mortality, HIV prevalence and AIDS death rate, malaria and tuberculosis prevalence and death rates.

To develop a vulnerability profile, it is essential to use a large number of observations to estimate the probability of an event or outcome. Assessment of social vulnerability, therefore, requires use of a large body of empirical data that is representative of the total population or a reference class within that population.⁷ The data to compile the social vulnerability profiles for a population can come from administrative records if they are computerised. However, it is also essential to have a reference class or base line population from which to calculate a base or prevalence rate.⁸ Information on the number of children in school means little in terms of a social vulnerability assessment if the base population of total children in a designated age group is not known.

Development of social vulnerability profiles for young people requires comparisons between age groups as well as comparisons within the relevant age group. The first type of comparison is necessary to show policy makers to what extent young people need resources compared with other age groups. In relation maternal mortality, for example, it is first necessary to show which age group contributes the largest number of maternal deaths in absolute terms and then in relative terms — whether young women are more likely to die in childbirth compared with older age groups of women.

More specific social vulnerability profiles of young people can be developed by use of available data in relation to an attribute. The common option is to obtain more specific data about prevalence rates for a reference class by using household survey data based on a representative sample. Survey data make it possible, within a known margin of error, to identify the characteristics of people who are 'at risk' of certain outcomes. The key variables by which the data on young people (aged 10 to 24 years) need to be disaggregated are gender and relative household income. Further disaggregation

by ethnic/racial group and or location (urban/rural or geographic region) may also be desirable for targeting purposes.

Difficulties with a targeted approach

Targeting the most vulnerable as a means of allocating resources within a poverty reduction strategy may have some downsides. There is a danger that those identified as more vulnerable may be stigmatised by others, resentful of the assistance they are receiving.⁹ This resentment may be justified if there is little to separate the target group from the wider population in terms of need. Targeting may also involve higher administrative costs, reducing the overall resources available.¹⁰

One valuable way to address these potential problems is to involve the community as a whole in identifying who the beneficiaries should be, using their own selection criteria. This method draws on local knowledge and so is likely to be more accurate.¹¹ It also gives legitimacy to the targeting process, minimising the chances of resentment among non beneficiaries. Another potential benefit of community involvement is minimising the chances of spillage in the delivery of resources if the community are fully aware of who is to benefit, why and by how much.

Nevertheless, the success of community engagement in identifying the most vulnerable will depend on several factors. One is the extent of the community's trust in its leaders to put in place a fair selection process. Second, the availability of objective, reliable data on, for example, household incomes will be an important element in ensuring a fair process. The third important ingredient of success will be the extent of the community's engagement with national political institutions, especially the processes related to developing and refining a national poverty reduction strategy.

Examples of the use of social vulnerability profiles of young women

The following section draws on data from the Demographic and Health Survey results from six countries (Bolivia, Nepal, Niger, Nigeria, India (State of Rajasthan) and Turkey) to show how social vulnerability profiles for young women can be developed for specific income groups.¹²

In relation to vulnerability to early marriage (married by age 18), for example, analysis of the survey results suggest that the lower the income group of

female adolescents, the more likely they are to marry young. Nigeria, for example, has the highest frequency of young women from the lowest income group who marry early (almost 80 out of 100 young women in the lowest quintile marry early compared with just 20 out of 100 young women in the highest quintile).¹³

However, the survey data also show, independent of household income, great variations between the six countries in the proportions of young women who marry by age 18. This variable pattern suggests that local factors are crucial in shaping the age-specific propensity of young females to marry. So even among women in the high-income groups in some countries, the absolute frequency of early marriages is high. This is the case in Nepal and Niger where 65 and 55 in 100 young women in the highest income group marry by age 18. The pattern for early childbearing (proportion of women aged 20-24 years who have had a child by age 18) by income grouping shows a similar overall trend linked to household income although the differences between countries are also marked.

These survey data offer a good guide to identifying whether to target specific income groups of young women to for assistance to lower maternal mortality. In some countries, targeting all girls and young women for attention in relation to the dangers of early childbirth is justified regardless of income level (eg Niger, Nepal and India). However, more specific income-based targeting appears justified in the cases of Nigeria, Bolivia and Turkey. In these countries, the prevalence rate for early childbearing among young women for the highest income group is 15 out of 100 young women or below.

Similar indications of social vulnerability indicators by broad income grouping can identify whether specific targeting for particular income groups is needed or whether all young women should be targeted regardless of income level. The latter case applies, for example, in relation to addressing moderate to severe anaemia among adolescent females aged 15 to 19 years in India (State of Rajasthan). The prevalence rate across the five income groupings stays in the range of about 23 to 17 in 100 adolescent females.

Other 'at risk' indicators in relation to reproductive health for young women, on the basis of the six-country survey analysis, also vary according to income group (see Table 14). The implications of how variations according to income group can be used for program targeting purposes are spelt out in Table 14 below.

Table 15 Association between income and ‘social vulnerability’ indicators related to reproductive health outcomes for young women with implications for program targeting

At risk indicator related to reproductive health for young women	Link with income level based on 6 country surveys	Whether targeting justified on basis of income
Having a skilled health worker attend the birth of a child to promote the health of mothers and newborns)	Strong link with income — the higher the income the higher the probability	Targeting of lower income groups justified
Use of modern contraception	Weak link with income except in Turkey and Nigeria	Targeting by income group not justified except in Turkey and Nigeria
Low body mass — indicator of malnutrition among young women.	Strong link with income for Niger and Nigeria	Value in targeting the lower income quintiles.
	Weak link with income in Nepal and India (Rajasthan)	Targeting all young women appears justified
	Bolivia has minimal levels of low body mass index among young women	No intervention justified
Control adolescent girls have over their earnings	Weak link with income and negative trend in India (Rajasthan)	Targeting to low income groups only slightly justified in most cases
Knowledge among young women aged 15 to 19 years about how HIV/AIDS is transmitted sexually	Strong link with income but still only as high as 65 per cent for highest income quintile in five countries	Despite strong association with income, the low proportion of young women in the high income group justifies targeting all young girls and young women

Table 16 Relating arguments to particular steps in the policy process and particular audiences

Best positioned arguments	Step in policy process	Key audience
Equity argument, MDGs and rights based argument, demographic bonus, national security	Consultation	NGOs, private sector, and the poor
Stage in the lifecycle, macro economic benefits	Poverty diagnosis/assessment	Likely to involve main line departments (ie serve providers such as education and health) official central secretariat, monitoring unit, or coordinating body such as a Ministry of Planning
Micro economic returns from particular forms of interventions	Policy formulation	Thematic groups involving different agencies Core agency such as the Ministry of Finance
Micro economic returns from particular forms of interventions	Policy implementation	Poverty Monitoring Steering Committee with broad membership of several types of stakeholder (Tanzania); National Development Planning Commission, Ghana
Equity argument, MDGs and rights based argument	Monitoring and Evaluation.	Special monitoring unit within government, such as Uganda’s Poverty Monitoring and Analysis Unit, Ministry of Finance, involvement of NGOs

WORKING OUT WHICH ARE THE MOST APPROPRIATE ARGUMENTS FOR WHAT CONTEXT

Early in the paper, finding the right argument for the right context and audience was emphasised. The context referred to working out what stage of policy process the advocacy for more investment in young people was addressing. The audience referred to working out the particular interests of the policy maker in terms of the agency he or she came from (eg line or core department, multilateral agency, international donor). The following table offers some suggestions about what arguments are better positioned for which stage of the policy development process and what audience (Table 15).

LIMITATIONS OF A RIGHTS-BASED APPROACH

Similarly, sole reliance on a rights-based argument in favour of more focus on young people in a national poverty reduction strategy is not sufficient in itself for at least three reasons. The first is that the mechanisms for ensuring that governments are accountable are still at a formative stage and there are no punitive measures that apply for non compliance.¹⁴ The second is that a rights-based approach will require massive injection of resources and will take decades to realise. This means that in the here and now, priorities for action still need to be set.¹⁵

Third, most policy makers see the duty of the state as ensuring that all citizens can exercise their economic, social and cultural rights.¹⁶ They are likely to resist any use of human rights as the basis for allocating resources to one group of citizens ahead of another group. In the absence of an accepted methodology and practice for implementing a human rights-based approach, decision makers are still faced with the need to work out priorities for the allocation of limited resources.¹⁷

A rights-based approach is valuable for highlighting the plight of those who are most disadvantaged in a society and those whose rights are most severely denied. It is also a helpful way to highlight crosscutting issues in developing policy responses and in addressing the issue of who will be responsible for doing what. However, from a public policy perspective, it is still essential to work out priorities and realistic timeframes. This means having to decide on which human rights objectives should be aimed for immediately and which objectives can only be achieved over the longer-term.¹⁸



5 Conclusion

This paper started with the premise that a comprehensive strategy to reduce poverty needs to include a major focus on young people. The wide gap between the Millennium Development Goal targets and the current prevalence of poverty among young people justifies substantial investment in young people. These poverty gaps for the 10 to 24 age group are particularly noticeable in relation to the key indicators concerning income and hunger, lack of access to employment and education, lack of gender equality, poor maternal health, high levels of exposure to HIV/AIDS, malaria and other diseases especially tuberculosis. However, the paper has also emphasised how a national poverty strategy needs to be based a concept of poverty and appropriate statistics that accurately reflect the situation facing young people.

Simply winning the argument about the need to allocate more resources to this age group does not answer the question of about the most effective ways to do this. Reliable information about program costs and benefits is needed but difficult to come by. In the absence of this information, it is proposed that social vulnerability profiles, now increasingly used in the health sector, be used more widely to justify carefully targeted investments in young people.

From a social vulnerability perspective, girls and young women from the ages 10 to mid twenties in most poor countries are particularly prone to adverse outcomes. Gender discrimination combined with greater biological factors make young women more vulnerable

to disease and an early death than young men due to their greater exposure to coerced sexual relations and to HIV/AIDS compared with males of the same age.¹ Data at a country level can be used to show for girls and young women their level of education attainment, child marriage rates, early childbirth rates and age-specific maternal mortality rates.

Carefully chosen investments which are targeted at the most socially vulnerable among young people are likely to have a multiplier effect beyond the immediate expected benefit. The empirical presented in the paper shows that programs for young people can have multiple beneficial effects, thus producing a multiplier effect on reducing poverty. Community involvement and empowerment of young people may be necessary to gain community support of the resources going to some groups but not others.

However, the case for investing in young people also needs to challenge the starting point for many poverty reduction strategies. The UNDP's 2003 Human Development Report has criticised the strategies of a number of poor countries for not being ambitious enough.² A comprehensive strategy to eradicate poverty needs to first identify the gap between present conditions and the poverty reduction target as expressed, for example, in the Millennium Development Goals. The next step is to obtain additional resources from the international community, on the basis of existing commitments, to close this gap within the specified time period.



Poverty Reduction Strategy Papers and young people: content analysis

The following attachment reports the results of a content analysis of completed Poverty Reduction Strategy Papers to September 2003.

In relation to the consultation process that is meant to be a key part of the PRSPs process, an analysis of the thirty-one PRSPs shows limited effort to consult with young people. Only a half (55 per cent) of the PRSPs appear to have consulted youth in the development of the poverty reduction strategy (see Table A1). This situation has not improved over time, as the proportion is the same (50 per cent) for most recent PRSPs, from April 2002 (N=14).

Table A1 Proportion of PRSPs mentioning youth as a group consulted as part of the PRSP process

	Yes	No	
N	17	14	31
Per cent	54.8	45.2	100.0

IDENTIFYING YOUTH AS A GROUP IN POVERTY

In terms of identifying youth as a group in poverty, only a few PRSPs do so — only a fifth of the completed PRSPs to September 2003 (see Table A2). These countries are: Malawi, Zambia, Cambodia, Ghana, Senegal and Sri Lanka. Another two-fifths of the PRSPs (39 per cent) identify in a minor way youth as a group in poverty with a fifth (19 per cent) of the PRSPs identify youth in poverty as one of several groups. A quarter (23 per cent) of the PRSPs do not identify youth at all as a group in poverty. However, it is worth noting that the more recent PRSPs, post April 2002, are more likely to have a major focus on youth (29 per cent compared with 12 per cent of the earlier PRSPs).

Ghana, for example, notes in relation to the half a million Ghanaians afflicted with AIDS that: ‘the loss of

the youth in their productive years will diminish the capabilities of households to support themselves’.¹ The PRSP for Ghana also identifies gender inequality among young people in relation to education attainment as a major source of poverty because education attainment is a predictor of income earning potential and hence its absence increases a person’s vulnerability to future income shocks.²

The Sri Lankan PRSP notes in the context of the need to generate two million new jobs that ‘...most importantly, there will be between 400,000 and 500,000 new entrants to the workforce in the next several years that will need jobs’.³ In relation to Sri Lanka’s protracted conflict, the PRSP notes that ‘...’ Poor rural youth on both sides of the conflict are faced with fewer opportunities to better their lives; they make up a substantial share of the soldiers fighting the war’.⁴

In relation to young people and health issues, the Zambian PRSP observes that HIV/AIDS has worsened poverty in the 1990s in that country. The PRSP emphasises the need for behavioural change in relation to young people. The problems related to young people include low levels of knowledge and awareness of existing low levels of personal risk perception for

Table A2 The extent to which Youth are identified as a group in poverty in PRSPs, number and per cent of total

	Major focus	Minor focus	One of several groups only	No Mention	Total
N	6	12	6	7	31
Per cent	19.4	38.7	19.4	22.6	100.0

HIV (especially among youth); low levels of belief in the efficacy of condoms to prevent HIV transmission; low levels of knowledge about the links between STIs and HIV transmission; and gender equity issues that prevent girls and women from negotiating safer sex or refusing sex.⁵

Key issues related to behaviour change in Zambia remain, however, and prevent the adoption of safer behaviours.

In Nicaragua, its PRSP notes that although the demographic transition has already started, the decrease of fertility rates has been mostly among the non-poor. High fertility rates are particularly associated with the adolescent poor.

The rural, extremely poor areas have the highest fertility rates. ...The problem is particularly acute among the adolescent poor. Cultural patterns of early fertility, high school drop-out rates, abuse of women, and limited options in the job market result in poor adolescents having particularly high rates of early pregnancy.⁶

Guyana's PRSP notes the health risks in particular facing its young people:

there are periodic outbreaks of infectious and other diseases, malnutrition, high levels of sexually transmitted infections (STIs) including HIV/AIDS, high levels of adolescent pregnancy, drug abuse, especially among the youth, and unhealthy lifestyles.⁷

Youth mentions in PRSP action plans

Just over half of PRSPs (55 per cent) give specific attention to youth in their action plans which spell out the key features of each country's poverty reduction strategy, (see Table A3). In the case of a quarter of PRSPs, young people are a minor focus in the action plans. However, it has been noted that despite coverage in the action plan, only a few countries link the strategies focused on youth to specific targets and budget outlays.⁸

The good news, however, is that the focus on youth in PRSPs is improving over time. Nearly two-thirds of

the PRSPs completed between May 2002 and September 2003 give youth major attention in their action plans. The largest grouping (over a third) of initiatives for young people mentioned in the action plans refer to education, both formal and informal. This is followed by employment related initiatives (under a third of all initiatives directed at young people). Only a quarter of the action plan initiatives directed at youth refer to health issues. A small number of the remaining initiatives refer to other issues such as the environment, population awareness and sport.

HEALTH RELATED PRSP INITIATIVES FOR YOUNG PEOPLE

In Malawi, the Government, as part of its PRSP, is implementing a sector-specific strategic plan on HIV/AIDS, focused on prevention and mitigation among teachers and pupils. In addition, HIV/AIDS education will be imparted to the youth through the media and youth clubs.⁹

The Nicaraguan poverty reduction strategy provides for investment in new and rehabilitated health centres with better equipment are being provided for rural areas with the highest levels of maternal and infant mortality rates and illnesses. The PRSP goes on to note that:

the effectiveness of this effort will also depend on a better integration of reproductive healthcare services into the primary health clinics, health posts, and programs. Primary health care will be combined with family planning methods, basic and emergency obstetric care, improved nutritional services for expectant mothers, more and better prenatal care, more institutional births, and better treatment for common childhood illnesses.¹⁰

The Zambian PRSP outlines 'second level priority' programs which aim to reduce new HIV/STD infections with a focus on children, youth, women, and situations providing risk for HIV transmission.¹¹ Ethiopia is putting in place an innovative community-based health care delivery system focusing on preventive health measures targeting households particularly women/mothers in their own communities.¹² The other youth health related initiative in Ethiopia's PRSP is to support the AIDS control program through capacity building, training of people from all sectors, including youth. The aim is to reduce HIV transmission by 25 per cent within 5 years.¹³

Table A3 The proportion of PRSPs with a special focus on Youth in their action plan, number and per cent

	Major focus in a key goal	Minor focus in a key goal	No mention at all	Total
N	17	7	7	31
Per cent	54.8	22.6	22.6	100.0

BOX A1 EXTRACT FROM THE REPUBLIC OF MOZAMBIQUE'S ACTION PLAN FOR THE REDUCTION OF ABSOLUTE POVERTY (2001-2005)

- **138.3** Health care for youth and adolescents
- **138.3.1** Main objectives: Improve health, and knowledge of health issues amongst young people and adolescents, through school health activities.
- **138.3.2** Principal measures to be undertaken: Train personnel to work with adolescents in Family Planning, complications arising from abortion, and the prevention and treatment of HIV/AIDS. Other key measures include: creating health services that serve the reproductive health needs of adolescents.

Source: Republic of Mozambique, 2001, *Action Plan for the Reduction of Absolute Poverty (2001-2005)* (strategy document for the reduction of poverty and promotion of economic growth), April, p 52.

The Guyana's PRSP in relation to HIV/AIDS, devotes more attention to expanding the program to reduce mother-to-child transmission to all regions; and to provide community-based education and counselling, especially to the youth.¹⁴ Attachment 1 summarises the results of a content analysis of PRSPs in relation to population and development issues, undertaken by the UNFPA's Population and Development Branch.

Youth as a cross cutting issue in PRSPs

However, youth are not treated in the PRSPs as a major cross-cutting issue. Only 16 per cent of PRSPs view young people as a focus for integrated interventions. This arguably is the most important test of whether a PRSPs addresses youth issues in a comprehensive way. Piecemeal or single program interventions are not likely to deliver the range of benefits an integrated approach can.

The PRSPs which address cross cutting issues are those relating to Malawi, Nicaragua, the Gambia, Zambia and Ghana. Malawi's PRSP highlights HIV/AIDS, gender, environment, and science and technology as cutting issues. In relation to gender as a cross cutting issue, the PRSP notes:

*Inequalities and disparities between women and men are still very pronounced in Malawi and this is one of the major causes of poverty among women and men. In view of this situation, efforts will be made to establish a gender sensitive formal and informal legal environment, eradicate gender based violence, and enhance women's participation in leadership and decision-making processes.*¹⁵

The Zambian PRSP notes that ...' cross-cutting issues of gender, the youth, HIV/AIDS, environment, and energy will form a critical pillar to attaining industrial development'.¹⁶

The Nicaraguan PRSP has a cross cutting strategy related to social equity which in part is to review legislation such as the children and adolescents code to improve the rights and equity of those covered. As well, among other things, institutions which protect the rights of vulnerable groups will be strengthened. This applies particularly the National Women's Institute and centres for adolescents at risk.¹⁷ Ghana's proposed special programs for the vulnerable and excluded include alternative education for out-of-school youth, community-based rehabilitation and education for physically and mentally challenged youth and support for the enforcement of legislation to stop female genital mutilation.¹⁸ The Ghana PRSP also highlights youth employment as a cross cutting issue and nominates the eight agencies to be involved in developing a coordinated approach with one agency response for taking the lead.¹⁹

PRSPs and population and development issues related to young people

How well do the PRSPs address population and development issues? A content analysis by the UNFPA of 27 PRSPs completed to March 2003 looks at the extent to which issues are covered in relation to reproductive health, HIV/AIDS, girls' education, gender issues and human rights.¹ Coverage of these issues in each PRSP is given one of three possible ratings: reasonable, minimal and no coverage. The category 'reasonable' is defined as a substantive discussion and/or in-depth analysis. The category 'minimal' is applied if the discussion is brief or superficial. The third category applies when there is no coverage at all, or simply a passing reference in the PRSP.²

In relation to reproductive health, only 40 per cent of PRSPs provide a substantial discussion or in-depth analysis, with 56 per cent providing a minimal coverage of the issue and 4 per cent providing no coverage at all. However, half of the PRSPs make reference to the contraceptive prevalence rate for the population. The countries with PRSPs that deal with reproductive health reasonably well are (in order of completion of their PRSP): Burkina Faso, Mozambique, Bolivia, Nicaragua, Niger, Ghana, The Gambia, Zambia, Viet Nam, Rwanda and Cambodia.

In relation to HIV/AIDS, one half of the PRSPs to March 2003 provide a substantial discussion or in-depth analysis, and a quarter offer a minimal coverage of the issue (26 per cent). However, a fifth of PRSPs (22 per cent) provide no meaningful coverage of HIV/AIDS. These countries are: Bolivia, Nicaragua, Albania, Yemen, Tajikistan and Sri Lanka.

Gender is covered in a major way in two-thirds of the PRSPs and a further fifth cover gender in a brief or superficial way. Some 15 per cent of the PRSPs do not address gender issues in any way (Mauritania, Albania, Guyana and Tajikistan). A fundamental gender issue is girls' improved access to education. As noted above, there is a clear relationship between girls' education attainment and wider social choices in relation to early marriage and adolescent childbirth.

Despite two-thirds of the PRSPs giving due attention to gender, only a half of the PRSPs refer in some depth to the importance of increasing girls' access to education. A fifth of the PRSPs (22 per cent) provide minimal coverage. However, as many as 30 per cent of PRSPs do not address at all the issue of girls' improved access to education. These countries are: Uganda, Bolivia, Albania, Zambia, Viet Nam, Guyana, The Kyrgyz Republic and Tajikistan.

The Convention on the Rights of the Child affirms that children have the right to health care, including family planning education and services.³ However, human rights are only referred in any depth in four PRSPs (4 per cent) — Mauritania, Malawi, The Kyrgyz Republic and Rwanda. Another third of PRSPs provide minimal reference to human rights. Half of the PRSPs make no reference at all to human rights as a justification for the poverty reduction strategies adopted.

BOX A2 ADDRESSING REPRODUCTIVE HEALTH SERVICE DELIVERY IN NICARAGUA

...reproductive healthcare services will be integrated into primary healthcare services. The integrated approach aims to improve family planning, reduce mortality rates, and strengthen the basic social fabric. Key to the second is better basic health services, including family planning, for women and adolescents, increased coverage of basic and emergency obstetric services, nutritional improvements, and expanded access to safe water and basic sanitation. A further objective would be to change behavioural patterns within families and amongst vulnerable groups. The goal would be to reduce the violence and family disintegration that go typically hand-in-hand with economic crises. Formal and non-formal education programs will be undertaken, the latter with the participation of NGOs, community leaders and municipalities, to encourage self-esteem, responsible paternity and maternity, and family unity. Activities to prevent or penalize family violence and assist victims will also be developed.

Source: Government of Nicaragua, 2001, *A Strengthened Growth and Poverty Reduction Strategy* July, p 34.

Human rights principles to underpin development cooperation

Extract from: The Human Rights Based Approach to Development Cooperation Towards a common Understanding among UN Agencies

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Human rights principles guide all programming in all phases of the programming process, including assessment and analysis, programme planning and design (including setting of goals, objectives and strategies); implementation, monitoring and evaluation. Among these human rights principles are: universality and inalienability; indivisibility; inter-dependence and inter-relatedness; non-discrimination and equality; participation and inclusion; accountability and the rule of law. These principles are explained below.

Universality and inalienability: Human rights are universal and inalienable. All people everywhere in the world are entitled to them. The human person in whom they inhere cannot voluntarily give them up. Nor can others take them away from him or her. As stated in Article 1 of the UDHR, “All human beings are born free and equal in dignity and rights”.

Indivisibility: Human rights are indivisible. Whether of a civil, cultural, economic, political or social nature, they are all inherent to the dignity of every human person. Consequently, they all have equal status as rights, and cannot be ranked, a priori, in a hierarchical order.

Inter-dependence and Inter-relatedness: The realization of one right often depends, wholly or in part, upon the realization of others. For instance, realization of the right to health may depend, in certain circumstances, on realization of the right to education or of the right to information.

Equality and Non-discrimination: All individuals are equal as human beings and by virtue of the inherent dignity of each human person. All human beings are entitled to their human rights without discrimination of any kind, such as race, colour, sex, ethnicity, age, language, religion, political or other opinion, national or social origin, disability, property, birth or other status as explained by the human rights treaty bodies.

Participation and Inclusion: Every person and all peoples are entitled to active, free and meaningful participation in, contribution to, and enjoyment of civil, economic, social, cultural and political development in which human rights and fundamental freedoms can be realized.

Accountability and Rule of Law: States and other duty-bearers are answerable for the observance of human rights. In this regard, they have to comply with the legal norms and standards enshrined in human rights instruments. Where they fail to do so, aggrieved rights-holders are entitled to institute proceedings for appropriate redress before a competent court or other adjudicator in accordance with the rules and procedures provided by law.

Source: http://www.dse.de/ef/human_rights/silva.htm

ATTACHMENT 4:

Countries ranked in order of their population's youth share

(Youth defined as 15 to 29 years and total population defined as 15 and over, 2005)

Country	Population thousands of people 2005	Young Adults (15-29) as a proportion of all adults (15+) <i>percent young adults in adult population</i> 2005	Country	Population thousands of people 2005	Young Adults (15-29) as a proportion of all adults (15+) <i>percent young adults in adult population</i> 2005
Zimbabwe	12,963	58.8	Ethiopia	74,189	50.3
Zambia	11,043	56.5	Nigeria	130,236	50.2
Swaziland	1,087	55.8	Cape Verde	482	50.2
Burundi	7,319	55.6	Senegal	10,587	50.2
Kenya	32,849	55.5	Comoros	812	50.2
Uganda	27,623	55.2	Central African Republic	3,962	50.1
Burkina Faso	13,798	55.1	Togo	5,129	50.0
Mali	13,829	54.5	Chad	9,117	49.9
Lesotho	1,797	53.9	Mozambique	19,495	49.9
Rwanda	8,607	53.5	Cameroon	16,564	49.9
Yemen	21,480	53.2	Maldives	338	49.9
Tanzania, United Republic of	38,365	53.1	Guatemala	12,978	49.7
Niger	12,873	52.7	Nicaragua	5,727	49.3
Botswana	1,801	52.4	Samoa	182	49.3
Congo, Democratic Republic	56,079	52.3	Ghana	21,833	49.2
Côte d'Ivoire	17,165	52.3	Guinea	8,788	49.2
Liberia	3,603	52.0	Guinea-Bissau	1,584	49.1
Sao Tome and Principe	169	51.9	Iran (Islamic Republic of)	70,675	49.1
Benin	7,103	51.9	East Timor	857	49.0
Congo, Republic	3,921	51.7	Solomon Islands	504	49.0
Haiti	8,549	51.5	Occupied Palestinian Territory	3,815	48.8
Malawi	12,572	51.2	Namibia	2,032	48.7
Eritrea	4,456	51.0	Sierra Leone	5,340	48.3
Somalia	10,742	50.8	Cambodia	14,825	48.2
Angola	14,533	50.7	Madagascar	18,409	48.0
Syrian Arab Republic	18,650	50.5	Honduras	7,257	47.9

Country	Population	Young Adults
	thousands of people 2005	(15-29) as a proportion of all adults (15+) <i>percent young adults in adult population</i> 2005
Bhutan	2,392	47.7
Iraq	26,555	47.5
Lao People's Democratic Republic	5,918	47.4
Afghanistan	25,971	47.4
Mauritania	3,069	47.4
Djibouti	721	47.3
Gabon	1,375	47.2
Belize	266	47.0
Micronesia (Federated States of)	111	46.8
Vanuatu	222	46.7
Pakistan	161,151	46.5
Libyan Arab Jamahiriya	5,768	46.4
Equatorial Guinea	521	46.3
Tajikistan	6,356	46.2
Jordan	5,750	46.0
Papua New Guinea	5,959	45.7
Bangladesh	152,593	45.6
Nepal	26,289	45.5
Mongolia	2,667	45.3
Sudan	35,040	45.3
Algeria	32,877	45.1
Paraguay	6,160	45.1
Tonga	106	44.7
Gambia	1,499	44.4
Philippines	82,809	44.4

Country	Population	Young Adults
	thousands of people 2005	(15-29) as a proportion of all adults (15+) <i>percent young adults in adult population</i> 2005
South Africa	45,323	44.2
Egypt	74,878	44.2
Uzbekistan	26,868	44.0
Oman	3,020	44.0
Bolivia	9,138	43.9
Turkmenistan	5,015	43.7
Saudi Arabia	25,626	43.6
St. Vincent and the Grenadines	121	43.4
El Salvador	6,709	43.1
Morocco	31,564	42.5
Viet Nam	83,585	42.0
Ecuador	13,379	41.7
Kyrgyzstan	5,278	41.4
Suriname	442	41.3
Peru	27,968	41.3
Mexico	106,385	41.2
Myanmar	50,696	41.0
Dominican Republic	8,998	41.0
Fiji	854	40.8
Saint Lucia	152	40.8
Tunisia	10,042	40.8
Brunei Darussalam	374	40.8
Venezuela	26,640	40.6
Western Sahara	324	40.4
Guyana	768	40.4



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