

# INVESTING IN YOUTH

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A D O N O R G U I D E

Donor Group on Adolescent Sexual and  
Reproductive Health and Development



# INVESTING IN YOUTH: A DONOR GUIDE



## Donor Group on Adolescent Sexual and Reproductive Health and Development

### **The largest generation of young people ever**

More than one quarter of the world's population – 1.7 billion people – is now between the ages of 10 and 24, making this the largest group of people ever to enter adulthood. The choices these young people make – or that others make for them – will determine the course of their lives and the well-being of their families. Those choices will also shape the future of their communities and the shared world in which we live.

Decisions about sex and childbearing are among the most profound and irrevocable choices these young people will make. Many young people will navigate those decisions safely and joyfully, with the support of their families and communities. But others face a difficult – and even deadly – transition to adulthood. The dangers are great. Fully half of all HIV infections now occur in people under the age of 25. Unplanned pregnancies threaten the lives and health of young women and their children. Among girls aged 15 to 19, 15 million give birth each year and four million undergo abortions — many of which are unsafe. Girls and young women face the greatest reproductive health risks, but persistent discrimination too often denies them the means to protect themselves.

The human and social costs of these dangers are incalculable – lost lives, lost productivity, and diminished hope for the future. But those dangers can be averted, by investing in young people — and giving them the information, services,

and opportunities they need to make wise and healthy choices. By making those investments today, we can help young people build a better world tomorrow.

### **Why invest in young people?**

Adolescence is never easy. Young people—no matter where they live or what their situation in life—need help to acquire the knowledge and skills that will allow them to lead fulfilled and productive lives. These skills are critical to helping young people stay healthy, learn, get work, be productive, and participate fully in society.

#### **Defining adolescence and youth**

Few societies agree on the boundaries of adolescence because most societies define adolescence in terms of both age and life circumstance. Thus, the meaning of the terms adolescent, youth, and young person vary across countries. This document uses those terms interchangeably to mean all people between the ages of 10 and 24.

Families everywhere intuitively understand the need to smooth the way for young people. Communities also recognize the societal benefits of education and other investments in youth. Many societies also recognize the reproductive health threats facing young people, including HIV infection and unwanted pregnancy. Nonetheless, programs to help youth successfully navigate their sexual and reproductive health and development are underfunded relative to their importance in young people's lives.

That is where donors – private and public, large and small – can have a great impact. Donors can, for example, fund innovative approaches to adolescent sexual and reproductive health (ASRH), which others can then expand and make sustainable. They can invest in much-needed research to study the reproductive health needs of young people and evaluate the effectiveness of different interventions. They can fund media efforts to reach youth with life-saving messages about HIV prevention and other public health issues. They can support sexuality education that gives young people the information and skills they need to protect themselves from coercion, unwanted pregnancy and sexually transmitted disease. Or they can support advocacy efforts to engender broader public support and funding for ASRH programs.

The challenges are significant, but there is precedent for success. In the last several decades, for example, donors helped spark a revolution in child survival. Investments in vaccinations and other public health measures blunted the force of preventable diseases that took millions of children's lives. Now,

partly because of that life-saving work, the largest generation of young people ever stands on the brink of adulthood. As these young women and men enter their reproductive years, the need for adolescent sexual and reproductive health services has never been greater. By investing in ASRH programs, donors can seize an unprecedented opportunity to safeguard the lives and health of young people.



### **Sexual and reproductive health: the challenges**

Choices made in adolescence – especially sexual and reproductive health choices – have far-reaching effects on the lives of women and men. It is during these critical years that a course is often determined for their future health, productivity, and relationships. Although statistics show that young people are healthier, on the whole, than the general population, those numbers fail to capture the impact that behaviors initiated during adolescence can have later in life. Other data tell a different and more disturbing story about young people at risk:

- *Young, vulnerable, and HIV-positive.* This is now the face of the HIV/AIDS epidemic. About half of all HIV infections occur in people under age 25, with girls disproportionately affected. To halt the advance of this devastating epidemic, we must focus on young people. Short of a cure or vaccine, prevention remains the best approach, because many young people are just starting their sexual activity and beginning to take risks.
- *Married young and against their will.* Although the age of marriage is rising in many countries, many girls are forced into marriage in their teens and even younger. In Bangladesh, for example, 75% of girls are already married by age 18. Rates are similarly high in many other countries in Africa and South Asia. Besides violating the rights of young women who are still legally children, early forced marriage has serious health and socioeconomic consequences.
- *Early and risky childbearing.* More than one-third of teenage girls in developing countries will give birth before the age of 20. Having children before their own growth is complete raises the risk to both young mothers and their babies. Teen mothers are twice as likely as older women to die of pregnancy-related causes and their children are more likely to die in infancy.

### **How do youth challenges vary by region?**

Just as countries vary in economics and culture, there are also important regional differences in the challenges and opportunities that youth face. In sub-Saharan Africa, a young person's greatest challenge may be avoiding or coping with HIV infection. In South Asia, early marriage combined with health problems such as malnutrition and poor physical development is a more common problem. In Europe, Central Asia and Latin America, the leading problems for young people, besides sexual and reproductive health, are substance abuse and related violence and crime.

- *Unplanned, unwanted pregnancies.* Most young women who get pregnant did not plan their pregnancy. Indeed, only 17 percent of sexually active young people use contraceptives. Largely as a result, each year, four million adolescents undergo unsafe abortions. Many of the almost 80,000 women who die each year from the complications of unsafe abortions are adolescents. A large proportion of those who do become teen mothers are not physically, emotionally or economically prepared to care for their children, and their life options are curtailed.

- *Harmful traditional practices.* Some two million African girls undergo female genital mutilation (FGM) each year. FGM, a traditional practice that involves excision of part or all of the external genitalia – often with unclean sharp instruments such as

razor blades or pieces of glass – has a devastating effect on girls' physical and psychological health.

### **Reproductive health and the cycle of poverty**

Poor reproductive health exacerbates poverty; poverty and inadequate health systems compound young people's vulnerability to sickness and early death. Thus, a vicious cycle is perpetuated:

- A poor teenage girl is more than three times as likely to give birth as a wealthy teen. She is also much less likely to use contraception, and to have reduced access to maternity care.
- Poor health aggravates young people's poverty by disrupting and cutting short their school opportunities, by weakening or killing them in the prime of their working lives, or by placing heavy financial and social burdens on their families.
- Poverty makes young people 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 the 13 million orphaned by the disease, often have to forgo schooling and other opportunities and are forced to become heads-of-households. This diminishes their liveli-

hood prospects, pushes them deeper into poverty, and increases their own chances of contracting HIV.

By contrast, expanded social, educational, and economic opportunities foster better health and quality of life. Likewise, investments in improving sexual and reproductive health complement and support the help young people get to attend school and gain useful jobs skills.

### **Breaking the cycle: the economic and social benefits of ASRH**

Just as poverty and poor reproductive health create a vicious cycle of harmful effects, ASRH programs – when combined with other investments in health, education, and youth development – can create a positive synergy of beneficial effects. An investment in ASRH can reinforce and compound the benefits of government expenditures on child survival and early education, and enhance future economic and social development. Research bears this out:

- When policies and social norms foster the conditions that allow young people to postpone marriage and childbearing, families are smaller and population growth slows. Combined with investments in the health and education of young people, these conditions contribute to higher economic growth and incomes.
- The benefits of investments in education, health and other youth priorities far outweigh their costs, especially when taking into account their long-term positive economic impact and their mutually reinforcing nature.
- By reducing HIV infection in young people, countries can lessen the devastating economic and social effects of HIV/AIDS.

### **A human right**

Young people are entitled to the universal human rights that other age groups enjoy. Various international agreements protect young people and affirm their rights to information, counseling and high-quality sexual and

#### **Global agreements on ASRH**

The United Nations has reached consensus on the importance of addressing ASRH in achieving global health and development goals:

Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies. ICPD Programme of Action.

By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15-24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers. UNAIDS-Declaration of Commitment on HIV/AIDS: United Nations General Assembly Special Session on HIV/AIDS 25-27 June 2001.

reproductive health services. These include the *Convention on the Rights of the Child*, the *Programme of Action* of the 1994 International Conference on Population and Development, and the *Platform of Action* of the 1995 World Conference on Women. When countries uphold and protect the rights of young people, they contribute to the overall effort to guarantee human rights for all of their citizens.

### **ASRH programs: the goals**

Sexual and reproductive health programs for young people are as diverse as their clientele, but many share common goals, including:

- Enhanced self esteem and knowledge of sexual and reproductive health;
- Postponed age at first intercourse and promotion of abstinence;
- Reduced number of sexual partners;
- Increased contraceptive use, especially use of condoms for both pregnancy prevention and prevention of HIV/AIDS and other sexually transmitted infections (STIs);
- Better nutrition;
- Lower rates of early marriage;
- Lower rates of unwanted pregnancy and resulting unsafe abortions;
- Better birth outcomes; and
- Lower rates of infection with HIV/AIDS and other STIs.

ASRH programs try to meet the needs of a wide range of youth. These include young people who are already sexually active as well as those not yet having sex. At the same time, ASRH programs overlap with and complement broader youth development efforts. These efforts aim to enable young people to grow and to develop the necessary skills to become healthy, responsible, caring, and productive adults.

### **Achieving the goals: what works**

Accumulated experience, backed by an increasing body of research, has created consensus around a multi-pronged approach:

- Young people need medically-accurate information and skills to make the right decisions about whether and when to have to sex and how



to protect themselves from infection and unintended pregnancies.

- They need the means to protect themselves from STIs and unwanted pregnancy, including access to condoms.
- Finally, they need a social, legal and regulatory environment that supports wise choices. This means parents, teachers, health workers, and other influential adults playing a positive and supportive role in fostering healthy and informed behaviors. For girls and young women, this means an environment that recognizes their basic human rights and empowers them to determine whether and when to have sex.

Donors have actively invested in all these elements: programs that give young people information and services, as well as support for policy and advocacy work to ensure a positive context for ASRH programming. Moreover, donor agencies have supported the kind of rigorous research needed to guide decisions on effective approaches and on scaling-up model projects. Research and experience have identified the following effective interventions:

### ***Providing information and services***

- *Comprehensive school-based sexuality education.* Where school enrollment is high, sexuality education is a cost-effective means to reach young people. Well-designed, well-implemented sexuality and reproductive health education can provide young people with a solid foundation of knowledge and skills to enable them to practice safe and responsible sexual behavior.
- *Peer education.* For many young people, peers are a primary source of information on sexuality and health. Peers can serve as models of health-promoting attitudes and behaviors. Peer education programs are especially appropriate for young people who are not in school and for hard-to-reach, at-risk subsets of the youth population, including sex workers and street children.

### **Winning policy change**

With sustained support from a handful of private foundations, Action Health Inc. (AHI) of Nigeria has parlayed a small youth-serving project into policy change at the national level. AHI developed guidelines for comprehensive sexuality education, which have been adopted by Nigeria's Council on Education and integrated into school curricula. AHI and its allies also pushed the Nigerian government to endorse a national framework for adolescents' sexual and reproductive health, which includes access to comprehensive sexuality education, reproductive health services, contraceptive information and services, and services to address gender-related violence.

### **Fighting AIDS with MTV**

MTV's Staying Alive campaign began in 1998 as an Emmy award-winning documentary profiling the lives of six young people from around the world infected with or affected by HIV/AIDS. Now, Staying Alive has expanded to include other programming on HIV/AIDS prevention, which is distributed free of charge to local broadcasters reaching more than 800 million homes — 64% of total television household worldwide. This innovative program is a partnership among corporate, bilateral and multilateral donors, including MTV Networks International, the Kaiser Family Foundation, USAID, UNAIDS, and The World Bank.

- *Mass media.* The mass media have enormous influence on youth in most societies and can help to promote positive adolescent behaviors and gender roles as well as to direct young people to appropriate health services.
- *Provision of health services.* The most effective efforts to reach youth are tailored to address their specific needs and to reach young people where they live, go to school, work, and play. Although some young people seek care through the formal health system, many others are deterred by the often-judgmental attitudes of health workers, particularly when seeking care and advice on sexuality-related matters.
- *Social marketing.* The subsidized sale of condoms and other health products through social marketing programs brings commodities and services to places that young people frequent, such as shops, youth centers, kiosks, and pharmacies.

### ***Creating a positive context for improvements in ASRH***

Successful adolescent health efforts also address the political and social context in which young people make decisions that affect their health and development.

- *Advocating for supportive national policies, laws, and regulations.* Against the backdrop of these existing agreements, many advocates have worked to translate international commitment into national policies, a supportive legal framework, and adequate budgetary support. Most countries now have national youth policies that address sexual and reproductive health needs. Many also have policies in the health or education sectors that explicitly support efforts to serve youth. Implementation of such policies, however, lags because of lack of political will. Even small investments in policy work and advocacy can have relatively large impact on the levels of information and services that countries eventually provide to young people.
- *Changing social norms.* Improving adolescent health also requires changing the social norms that promote negative health outcomes, for exam-

ple, norms that stigmatize using condoms and cultural expectations to marry and bear children early in adolescence. Of critical importance are programs that address gender discrimination, by empowering girls and young women and promoting responsible behavior among boys and young men. Mass media and community mobilization efforts that engage influential adults such as parents, teachers, community and religious leaders, as well as pop and sports stars can positively affect these norms.

- *Linking with programs that meet a range of other youth needs.* Multisectoral programs that meet the job and schooling needs of young people can help young people make better life choices and protect them from HIV/AIDS and unwanted pregnancy.

### **New opportunities for girls**

Since 2001, Save the Children, with the Population Council, CEDPA and Caritas International, has worked in Upper Egypt to improve the quality of life of current and future generations of young women. The project provides health education and team-based sports activities for the girls, engages the support of older brothers and parents, and educates local community leaders. With these interventions, the project has begun to change social norms and expectations of girls' roles in society, improve local support for girl-friendly measures and policies, and improve the self-esteem of the girls in the program.

### **Research to guide policy and programs**

Investments in research, monitoring and evaluation are critical areas in need of donor support. There is an urgent need to identify promising approaches that can be replicated and scaled up. Likewise, although the field has come a long way in understanding the major influences on youth behaviors, more refinement of that understanding is needed, along with a better understanding of how to incorporate such knowledge into the design of programs and policies. There are opportunities to support research across a wide range of methodologies and scales, from large-scale operations research to smaller qualitative research and cost studies.

### **Key principles in ASRH programming**

Whatever the approach chosen, experience has shown that effective youth-focused efforts share a set of common general principles. These include the following:

- *Recognize the diversity of the youth age group.* A sexually inexperienced 15 year-old has vastly different needs from those of a married 20 year-old. Programs should apply appropriate strategies to

reach youth who vary in age, sex, employment, schooling, and marital status.

- *Involve young people.* Policies and programs are more effective when young people are involved in all aspects of design, implementation, and evaluation. Involvement must go beyond tokenism and be real, meaningful, and sustained.

### Nurturing Young Leaders

With funding from the US Centers for Disease Control, Advocates for Youth has launched a 3-year initiative to build youth leadership capacity in HIV/AIDS prevention and advocacy. In partnership with four youth-led NGOs in three countries, the program includes skills-based training, advocacy program implementation, organizational development, and efforts to secure youth participation in policy making.

- *Make health services appealing to youth.* A key to rapidly expanding access for young people is to make existing health services more "youth-friendly" by using specially-trained health workers and by bolstering the privacy, confidentiality, and accessibility of care.

- *Address gender inequality.* Unequal power relations between females and males means that, from infancy onward, girls and young women lack equal access to food, education, and health care. This power imbalance exposes girls and young women to coerced sex, HIV infection, and unwanted pregnancy.

Programs should focus on changing the social norms that perpetuate gender inequalities.

- *Address the needs of boys.* Adolescence presents a unique opportunity to help boys form positive notions of gender relations and to raise awareness of health issues. Program design should take into account the specific needs of boys and young men.
- *Design comprehensive programs.* Comprehensive programs that provide information and services while addressing the social and political context are more effective than narrowly-focused interventions.
- *Address the many non-health factors that influence adolescent health.* Linking school and livelihood opportunities to adolescent health programs, at both the policy and program levels, is central to helping youth avoid risky behaviors.
- *Address underlying risk and protective factors.* These factors are those that either increase (risk factor) or decrease (protective factor) the chances that a young person will have unhealthy behaviors. They operate at the individual, family, institutional, and community level and include feelings of self-efficacy, attitudes and behaviors of friends, connectedness with parents and other influential adults, and involvement in the community.

## Lessons from previous donor investments

Perhaps the main lesson from experience to date is an obvious one: programs to reach young people are not simply programs for adults applied to a younger population. They require different thinking and a different approach. This central lesson has a number of important implications as donors look to the future:

- *Take the long view.* Although not every donor is prepared to make long-term commitments, they must recognize that change will occur slowly and that we are only beginning to understand how to meet the needs of young people. Donors should focus on long-term results, fund rigorous evaluations that measure long-term impact, and increase their efforts to build the capacity of youth-serving organizations.
- *Understand cultural sensitivities.* ASRH is still controversial in many settings, and thus requires a high level of cultural sensitivity and awareness-raising. By acknowledging sensitivities, advocates can, however, turn controversy into an asset by galvanizing support for their efforts.
- *Use what we already know.* Donors can play a key role in disseminating best practices and helping organizations and countries to learn from the experiences of others. It is just as important to recognize which models or approaches have not been proved effective.
- *Fund and evaluate innovation.* Where ASRH programs do exist, they are often small. This opens up the possibility for innovative solutions. Nonetheless, greater investment will be needed to raise awareness of the problem and devise locally-appropriate solutions.
- *Scale-up is key.* Innovative pilot programs play an important role in devising new approaches, but to improve youth reproductive health on a large scale, we must replicate those approaches at the national level. This is often a challenging task, hampered by a lack of political will and limited data on best practices. But it can be done. For example, in Mongolia, advocates were successful in bringing sexuality education to schools nationwide. Advocacy efforts are critical in boosting political will.

### Improving ASRH in Asia

With support from the European Union (EU), the United Nations Population Fund (UNFPA) has embarked on an ambitious three-year Reproductive Health Initiative for Youth in Asia, which is being implemented in seven countries. The EU/UNFPA Initiative supports peer counseling and promotes HIV/AIDS awareness and prevention. It also works to improve access to youth-oriented reproductive health services and build the capacity of local NGOs to meet young people's health needs. The Initiative serves vulnerable youth in and out of school, street children, factory workers, rural migrants and sex workers.

- *Think multisectorally.* The factors that affect youth reproductive health emerge from all facets of a young person's life. ASRH programs should therefore be part of broader youth development efforts that include education, job training, life-skills, health and nutrition.

### Cost and expected benefits of ASRH programs

Spending on ASRH programs varies greatly depending on the country, type of intervention, and target group. The few studies that exist bolster the case for greater investment in ASRH. For example:

- A study in Honduras found that each dollar invested in sexuality education would generate up to \$4.59 in benefits. The program produces this high benefit-cost ratio even when only considering the program's impact on HIV infection and not on other outcomes such as unwanted pregnancy and other STIs.
- *Confronting AIDS*, The World Bank's major policy document on the epidemic, uses a similar public investment rationale to recommend that countries implement sexuality education programs for young people.
- Studies of ASRH programs in the United States show similar rates of positive economic benefits.

#### Involving boys and men

With grants of just \$200,000 from two small foundations, Brazil's Instituto Promundo pioneered a training program for health professionals and educators to work with young men on sexuality and sexual/reproductive health, fatherhood, violence prevention, mental health, and prevention and care of HIV/AIDS. The program is now being replicated throughout Latin America, as well as parts of Africa, Asia and the United States.

These analyses place sexual and reproductive health interventions in the same range of positive economic benefits as investments in education, literacy, nutritional supplementation, and smoking prevention. Furthermore, many such programs have been evaluated only at the pilot stage, when costs are likely to be higher. As programs mature, they are likely to become even more cost-effective.

### Making a difference

We have already seen that individual programs can be effective in changing youth behaviors. But those changes have occurred within individual schools or communities. Can programs make a difference at the national level? The answer is an encouraging yes.

- Several countries have launched programs that successfully reversed high rates of HIV infection in young people. In Thailand, Uganda, Tanzania, and Zambia, HIV prevalence among young people has recently declined by half or more, primarily because of changes in behavior such as delay in first sexual experience and increased condom use. Thailand is another country where infection rates have fallen.
- Several countries have had success in reducing related risky behaviors and promoting safer sex. In Jamaica and Brazil, condom promotion and distribution programs account for large increases in the percentage of young men who use condoms the first time they have sex.
- Adolescent fertility rates have declined in many countries, with large increases in girls' education, rising age at marriage, and increased use of effective contraception.
- In the United States, between 1991 and 2001, sexual activity among high school boys and girls fell, the proportion with multiple partners fell, the percent who used a condom during the most recent sexual encounter rose.

The evidence is encouraging – we can make a difference.

## Conclusion

Today, one and a half billion young people stand on the threshold of adulthood. These young women and men are the future of the earth and its most important resource. And they are at risk: as they enter their reproductive years they face a gauntlet of threats to health and life itself. Still, national and international institutions have yet to mobilize resources equal to the magnitude of those threats. Donors — large and small, public and private — can and must help fill that void by funding ASRH programs, research, and policy. An investment in adolescent sexual and reproductive health is an investment in today's young people, and in the world they will build tomorrow.

### Are "abstinence-only" programs effective?

Virtually all comprehensive sexuality education programs promote abstinence from sexual activity as part of the curriculum and try to teach young people how to resist pressure for unwanted sex. But "abstinence-only-until-marriage" programs are different: they teach only the benefits of abstinence, and offer no other strategies — for example, information about condoms — for youth who already are or may become sexually active. How effective are abstinence-only programs in delaying sexual activity and protecting young people from AIDS and unwanted pregnancy? Only three such programs have undergone rigorous evaluation. None report any significant impact on the initiation of sexual activity, frequency of sexual activity, number of sexual partners, use of condoms, or use of contraception. Based on this evidence, sexuality education should emphasize abstinence *and* give young people honest and medically accurate information about how to protect themselves from disease and unwanted pregnancy.



## Additional resources

### Web Sites

Advocates for Youth: [www.advocatesforyouth.org](http://www.advocatesforyouth.org)  
 International Youth Foundation: [www.iyfnet.org](http://www.iyfnet.org)  
 Kaiser Family Foundation: [www.kff.org](http://www.kff.org)  
 loveLife: [www.lovelife.org.za](http://www.lovelife.org.za)  
 Reproductive Health Outlook: <http://www.rho.org/html/adolescent.htm>  
 UNAIDS: <http://www.unaids.org/youngpeople/index.html>  
 UNFPA: <http://www.unfpa.org/adolescents/index.htm>  
 WHO Child and Adolescent Health: <http://www.who.int/child-adolescent-health/>  
 YouthAIDS (PSI): [www.youthaids.org](http://www.youthaids.org)  
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### Documents and Data

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### About the Donor Guide

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