

**Speech of Ms. Kate Gilmore, Deputy Executive Director, UNFPA and Assistant  
Secretary-General United Nations**

**at the**

**Launch Ceremony of Rashtriya Kishor Swasthya Karyakram, Ministry of  
Health & Family Welfare, Government of India**

*Date: 7 January 2014, Venue: Hotel Taj Palace, New Delhi, India*

Honourable Minister for Health & Family Welfare Shri Ghulam Nabi Azad

Secretary, Health & Family Welfare: Mr. Keshav Desiraju

Additional Secretary & Mission Director, National Health Mission Ms. Anuradha Gupta

Joint Secretary, Ministry of Health & Family Welfare Dr. Rakesh Kumar

Officials from other Ministries

Secretaries and Senior officials of the State Governments

NGOs, development partners, media and distinguished experts, academia and participants

A very special welcome to our youth participants who came from all across the country  
(despite the fog and cold)

Your Excellency

Please allow me to represent to you the warmest greetings and heartfelt congratulations from the international development partner community.

Your partners, including the UN family and international donors, are immensely proud to be here for the celebration of Rash-triya Kishor Swas-thya Kary-akram and to step out onto the path you have laid down - the 'pathway to inclusive, comprehensive and holistic social, emotional, sexual and physical health for India's adolescents.

The UNFPA is particularly honored to have had the opportunity to engage with your ministry in the development of this and we thank you for opportunity to engage colleagues around the world in doing so.

The vision the drives the RKSK launched here today is panoramic in scale and global in its importance. The systematic framework of delivery this puts in place demonstrates a mastery of public policy. The constructive compassion that it motivates will infuse hope and dignity where for millions otherwise neglected there is only despair.

Unprecedented in its specificity, this national commitment to adolescents is a bold, authoritative and propitious move: A principled and yet pragmatic programme by which the

rights of adolescents to a healthy life will be respected, protected and fulfilled on a national scale.

Releasing the healing and enabling power of access: to accurate integrated health information, to comprehensive education and counselling on health including on human sexuality, to skilled support rising from community based peer engagement to the ranks of the finest technical specialists, India's RKSK threads the steel of realism into the richer cloth of compassion, inclusion and commitment; a cloth cut as a pragmatic investment in human capital for more inclusive social and economic development.

Today's celebrations are a clear demonstration that the Government of India is honoring its commitment to India's own adolescents, and their families. And, in doing so it is also honoring its commitments at the international level.

India after all, is home to 243 million adolescents - the highest number of adolescents ever found in one country alone followed by China's 200 million adolescents.

It is this unprecedented number of adolescents alive today that gives urgency and policy pivot power to the issue. Adolescents today make up 18 percent of the world's population, 90 percent live in developing countries and more than half live in Asia. Totaling more than 1.2 billion - if they shared a common sovereignty - adolescents would constitute a country the same size as India.

But, having survived the often significant challenges of early childhood, adolescents are not out of the woods yet. 1.4 million (a population the size of Goa) will die this year from traffic accidents, suicide, gang-related violence, AIDS, childbirth complications among other causes. Some 430 young people (10-24) will die every day due to interpersonal violence. In some countries in Latin America for example, more boys will die from homicide than car accidents in Africa however, it is the complications, of giving life - pregnancy and childbirth - that are the chief killers for girls aged 15 to 19.

20 of adolescents will experience mental health challenges, most commonly depression or anxiety but most will pass largely unacknowledged, undiagnosed and untreated. Close to a quarter of a million of adolescents will die from alcohol-related causes, around 150 million young people will be active smokers, while drug abuse will be deployed by many to cope with unemployment, neglect, violence and sexual abuse. Worldwide, obesity will continue its growth as public health concern among adolescents driving up health care costs, often in the very same countries where poor nutrition for others will drive illness, stunting and low educational performance.

Adolescents and youth are biologically and socially will be more vulnerable to sexually transmitted infections (STIs) and HIV infections: Globally some 2.2 million adolescents are living with the virus yet most do not even know they are infected. Around 41 percent of all new HIV infections will be among adolescents and youth, with girls and young women outnumbering young men by almost two to one. A recent study in South Africa for example suggests that nearly one in seven cases of young women acquiring HIV could have been prevented had they not been subjected to intimate partner violence. An AIDS-free generation will not be achieved without adolescents and yet they are the only age group in which AIDS related deaths have increased. Discrimination, poverty, inequalities, and harsh

laws will continue to prevent adolescents from seeking and receiving testing, health care and support.

In many developing countries, adolescent girls this year will be rudely ejected from childhood into a crude enforced premature adulthood, by being forced to marry and/or bear children long before they are ready, devastating their future opportunities for education, for employment and for self-fulfilment. Imposed at the onset of adolescence, more than 70 million girls and women are living with the lifelong consequences of genital cutting and mutilation while globally, one in four girls under 17 reports experiencing sexual abuse with the rates are significantly higher in the global South.

A recent (2013) UN multi-country study on Men and Violence in Asia and the Pacific found that nearly half of the 10,000 men interviewed reported using physical and/or sexual violence against a female partner; a quarter reported perpetrating rape against a woman or girl with half reporting their first perpetration as occurring when they were teenagers, and some even younger than 14.

This year girls under 15 years of age will account for 2 million of the 7.3 million births that adolescent girls will deliver in developing countries. Millions more will seek to end unwanted pregnancy in an unsafe abortion. Nearly 70,000 will die this year from causes related to pregnancy and childbirth with girls who become pregnant before age 15 in low- and middle-income countries having double the risk of maternal death.

Contrary to our assumptions, 90 percent of births to adolescent mothers will occur within marriage. This year, each day, 39,000 girls will be married, without their prior, informed and free consent and in violation of their basic human rights.

Throughout the world, pregnancies in the young - within and outside of marital union - will be more common among the marginalized, among those subjected to discrimination; those least well served by education and health systems, by the poor, the rural and the isolated. And the most powerless of these - the 2 million adolescents aged under 15 who give birth - are those about whom we know the least because our efforts to collect data of their sexual and reproductive health is stymied by our bigotries about their sexual and reproductive realities. But for them pregnancy is more likely to be a death sentence and, for those who survive, childhood in motherhood brings dire health, social and economic consequences: derailing their futures over their lifetimes.

Because the proportion of the world's population now entering their productive and reproductive years is historically high, adolescents are central to the development agenda of the coming two decades particularly in the developing countries. Yet the international community directs less than two cents of every dollar spent on international development towards adolescent girls.

It is for such reasons that UNFPA is calling for a youth goal to be included in the coming post 2015 development agenda. Even on a cold calculated basis, the scale of the opportunity that a different type of response to adolescence - a planned, evidence based, accountable and human rights centered response such as the RKSK - is just stupendous and primarily so because the dimensions of its tragedy - when mismanaged - and its personal, social and economic costs - are just so great.

The economic impact of abandonment of the girl to the premature enforced adulthood of motherhood in childhood for example is enormous. For a large economy like China, the World Bank estimates that the lifetime opportunity cost of adolescent pregnancy equals 1 per cent of annual GDP, or \$124 billion [GDP, PPP, World Bank data]. In a smaller economy, like that of Uganda, the costs can amount to as much as 30 per cent of GDP-or about \$15 billion.

Yet the solutions are known, proven, affordable, tried and tested in many different settings around the world:

- End child marriage - in law and in practice.
- Give boys and girls unfettered access to comprehensive sexuality education
- Remove laws that impede their access to information, services, choice and contraception.
- Provide them comprehensive community based health services that welcome them rather than stigmatise them.

And most critically,

- Keep adolescents in school - pregnant or married
- If they are out of school - keep them in education - such as life skills education
- If they are out of education - keep building opportunities for them to learn and bridging them back into learning.

But overall, it is adults who are the main problem! Afterall, the paving of a child's safe passage from birth to adulthood - is not the child's responsibility - it is ours. The challenges have less to do with adolescents' behaviour and much more to do with ours - the behaviour of their families, communities and governments.

"We live in a decaying age. Young people no longer respect their parents. They are rude and impatient. They frequently inhabit taverns and have no self control." As one adult put it 6000 years ago on the wall of an Egyptian tomb.

"I would there were no age between sixteen and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting ... " as Shakespeare's Winter's Tale suggests.

Throughout time it is our prurience, moral discomforts and denials and our amnesia as adults that combine to drive much of the human suffering that adolescents encounter and clouds our ability to engage constructively with this growth period in which they are becoming themselves - sexual, gendered, talented, personalized, individualized selves - as indeed we all did, in all our diversity.

No development formula or economic advancement strategy can afford to ignore this. Investments in adolescents requires urgent attention globally and will reward richly those communities who so proceed: Investments in quality schools and post school education; in training linked to expanding sectors; in youth-centered sexual and reproductive health services; access to youth centered information; fostering youth entrepreneurship at local levels; investment in data gathering and in understanding adolescents lived experience and promotion of adolescents' participation in the design and evaluation of programs for which they are the intended beneficiaries - these are the fuel rods for sustainable inclusive economic growth.

Many countries have the possibility of reaping this "demographic dividend" that comes about when a rising proportion of the population is of working age. But none this can be achieved without substantial and prioritized investment in adolescents and in girls and other vulnerable adolescents in particular. We must build communities and societies in which adolescents - in all their diversity - are treated as people of value and dignified in rights, approached as community members not only as dependents - as individuals with progressively higher levels of capability, as partners in their own progress and as agents in their own well being.

Ministers and others at last year's Asian and Pacific Population Conference - which India chaired - recognized this when they pledged to "ensure that adolescents and young people, on an equitable and universal basis, enjoy the highest attainable standard of physical and mental health" and promised to provide them with access to youth-friendly sustainable health and social services without discrimination and judgment" "respect their sexual and reproductive health and rights ... with their full participation and engagement, and respect for their privacy and confidentiality."

The roll out of this strategy and National Adolescent Health Programme by the Government of India is a powerful example of what this means and a leading example of what needs to be done by other countries.

UNFPA is determined to support you all the way as you embark on the implementation of the Adolescent Health Strategy and will do so in collaboration, by focusing on the fostering of new partnerships, new knowledge, new data and new information; watching and learning from you so that your experience can be shared to others.

Aristotle wrote that "All who have meditated on the art of governing mankind have been convinced that the fate of empires depends on the education of youth." The Mahatma gave this ancient invocation contemporary wisdom "If we are to have real peace, we must begin with the children."

Mind you, it was Lucille Ball who said" The secret to staying in young is to live honestly, eat slowly and lie about your age"

RKSK is not a health initiative alone, it is a nation building program. It is not a disease response agenda, it is a life enhancing agenda. It is not necessary, it is essential. It is not about healing only or amelioration, it is about justice. It is not justice alone, it is about dignity. It is not about dignity, it is about humanity.

But it is young people themselves, especially girls, who are calling for change we need to see and the change we need to be. Young people want, need and have the right to the assets, space, support and freedom to make informed decisions about their bodies and their health. They are calling for education beyond schooling, not just formal learning but life skills and also training for decent work. And they are offering to teach us too.

Thank you.