

1201 Connecticut Avenue, NW, Suite 501
Washington, DC 20036
202-835-0818
<http://www.pathfind.org/focus.htm>

**Formulating and Implementing
National Youth Policy:
Lessons from
Bolivia and the Dominican Republic**

James E. Rosen

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Acknowledgments

My many thanks to colleagues in Bolivia and the Dominican Republic who so generously gave their time and insights to greatly enrich this study and to breathe life into dry policy documents.

For their comments on earlier drafts of this report, my thanks to Vanessa Carroll, Seema Chauhan, Anne Lion Coleman, Charlotte Colvin, Sharon Epstein, Norine Jewell, Linda Lankenau, Dorothy Lohmann, Robert Magnani, Laura Moch, Patricio Murgueytio, Nancy Murray, Maritza Romero, Remedios Ruiz, and Lindsay Stewart.

I am also grateful to Nancy Murray, Charlotte Colvin, and Lindsay Stewart of the FOCUS on Young Adults program for their guidance and encouragement.

For this imperfect attempt to retell a complex story involving many actors, I assume full responsibility and ask forgiveness for any inadvertent errors or misrepresentation.

Executive Summary

This report describes the formulation and implementation of youth policies in Bolivia and the Dominican Republic and draws lessons that advocates for youth programs can apply in other countries. Both countries have approved comprehensive national policies that incorporate strong adolescent health components, including reproductive health. Program implementation, however, has so far not kept pace with progress in the policy arena.

Bolivia approved a national youth policy in October 1998, and its president issued a decree on youth in February 1999. The health sector is taking the lead in implementing the policy, but tight budgets and changes in leadership have limited the government's ability to mount a nationwide effort. Key elements in the success of youth policy efforts include influential support from top political leaders, a strong coalition of youth advocates from private groups, and consistent support from international agencies.

The Dominican Republic formally approved a national youth policy in January 1998 and enacted a youth law in August 2000. The government is pilot-testing an intensive implementation strategy in three municipalities with encouraging yet uneven results to date. Key factors contributing to the success of youth policy efforts in the Dominican Republic include a broad-based and consultative process that drew on the experience of nongovernmental organizations, effective leadership from the National Youth Office, and steady technical and financial support from international partners.

In both countries, strong national leadership was key to moving the policy process forward. Influential individuals—the former first lady and then a vice-minister in the new government—championed youth policy in Bolivia. In the Dominican Republic, continuity of leadership and the institutional strength of the National Youth Office, and the backing of the vice-president, were critical.

The national-level intersectoral commissions that played a vital role at the policy-making stage are grappling with redefining their role and maintaining their relevancy as each country moves from policy making to program implementation. In both countries, adequate funding for implementation has been a problem, with the severity of the funding constraint greater in Bolivia. Putting the mechanisms in place for local-level implementation of policy has proved both time-consuming and expensive.

Youth proponents in Bolivia—supported by a coalition of influential, private youth-serving groups, advocacy by young people, and the help of an influential ally within the new government—successfully maintained policy and program momentum when a new, more conservative government took over in 1997. With a new president taking office in the Dominican Republic in August 2000, proponents there are taking measures to assure that the policy process moves forward under a new government.

Although still falling short in their efforts to establish nationwide services for young people, youth advocates in both countries are optimistic about eventually achieving this goal.

Keys to Success

The following observations by key participants distill the lessons learned from the policy development process in both countries:

Support from the Top—*Despite the informality of the National Technical Committee, no minister would say to their technical staff, “I don’t want you to go to a meeting called by the first lady.”*—Norine Jewell, Policy Advisor, The Futures Group International

Intersectoral Coordination—*The key to our achievements is intersectoral coordination, which, by the way, is the most difficult part of the process. It is easier to coordinate with tens of thousands of youth than to coordinate with ten institutions.*—Juan José Gúzman, National Youth Office, Dominican Republic

A Focal Point—*What you need to lead the process is an agency with a broad vision. It is important that youth issues not be monopolized by a single sector, for example, health or sports.*—José María Pantoja, Office of Family and Generational Affairs, Bolivia

Steady Outside Help—*The whole thing would not have been possible without the support of the Pan American Health Organization [PAHO]. When we started the process, no one believed in it, not even many of us. It was the permanent technical assistance that kept the process moving forward.*—Juan José Gúzman, National Youth Office, Dominican Republic

Youth Involvement—*One of the main reasons we were able to keep the process moving forward when the government changed was the pressure from the young people who had participated in the process from the beginning.*—Gladys Pozo, Pathfinder International, Bolivia

Good Information—*Having good data on youth needs and behaviors and collecting information on existing programs early in the process of policy development was extremely helpful to youth advocates—for defining problems and priorities and to push their agenda.*—Nancy Murray, Policy Advisor, FOCUS on Young Adults

Seizing the Moment—*You had a lining up of the planets a year or two ago. You had USAID interested in youth, you had the Europeans, you had UNFPA, UNICEF, PAHO. So you had the resources. You have a nice situation now where people are interested in collaborating and there is enough money flowing that you can complement and not duplicate efforts.*—Paul Schenkel, USAID, Dominican Republic

Mobilizing the Youth Vote—*Like children and mothers, youth has become one of those no-lose issues for politicians. Youth represent potential votes, now and even more in the future.*—Remedios Ruiz, Agencia Latinoamericana de Expertos en Planificación, H (ALEPH), Dominican Republic

Involving Civil Society—*Government agencies are constrained because they need to adhere to government policies. They can't always respond to the real issues and needs of youth. Civil society, by contrast, has the flexibility to introduce and promote youth issues.*

—Indiana Barinas, Ministry of Health, Dominican Republic

1. Introduction

Purpose of the Report

One of the main ways that the FOCUS on Young Adults program works to advance the field of adolescent health is by disseminating knowledge of effective policies and programs. To date, nearly all of the literature reviews, syntheses, and project profiles that FOCUS has published have addressed programmatic concerns—an understandable by-product of the demands by program managers to meet the current, pressing needs that youth have for information and services.

Programs to address significant matters such as adolescent health do not, however, appear spontaneously. Rather, they typically emerge after a long process during which governments and other institutions first recognize that a particular need or problem exists and then state their intention to do something about it. *These expressions of general concern and the guidelines for action that follow are the essence of policy.*

This study aims to tell how two countries in Latin America—Bolivia and the Dominican Republic—have gone about making and implementing comprehensive national youth policies that contain strong adolescent health components—including reproductive health. The document sets out to answer a few critical questions, such as the following: Which individuals and organizations were important to the process? What moved the

process forward and what held it back? How well have the two countries made the transition from policy making to program implementation?

In both countries, private nongovernmental organizations have played an important role as catalysts for the development of national policies and as innovators in providing information and services to young people. However, to establish national-level policies and programs, government involvement is indispensable. Thus, the report focuses on the role of the public sector in the policy process and in program implementation.

By describing the policy development process in some detail and laying out the main challenges in policy making and implementation, we hope this study will guide readers in thinking and strategizing about their own efforts to formulate and carry out policy. We further hope that readers will adapt and apply the lessons learned in these two countries elsewhere around the globe.

Deciding to spotlight these two countries reflects the active and intense involvement of the FOCUS program in the development and/or implementation of youth policy. Why is it worthwhile to tell these stories to a broader audience? First, the process has met with significant, albeit limited, success. Both countries have approved comprehensive national policies on youth that address adolescent reproductive health issues in a serious way. Program implementation has, unfortunately, not kept pace with progress on the policy front. Second, those involved in drawing up the policies have important insights on the often slow and obstacle-strewn road to progress. Third, advocates for adolescent

and youth programs in other countries can learn from the experiences of Bolivia and the Dominican Republic in navigating the difficult transition from national policy to field-level implementation.

What We Mean by National Youth Policy

This report highlights the development of a few key policy documents. It does not attempt to catalogue the entire range of youth laws and policies in either country. It focuses on comprehensive national youth policies that embrace multiple sectors, including health, education, employment, and recreation. Because of the emphasis of the FOCUS program, the report takes a closer look at health in general and reproductive health in particular in terms of (1) the motivation for establishing policy; (2) the content of policy documents; and (3) the programs that have emerged as a result of the policy process.

Diverse Settings, Similar Achievements

One of the striking findings of this report is that advocates for youth policy have made significant policy gains in two countries that, although superficially similar—both are in Latin America and former colonies of Spain—in fact, differ substantially. Landlocked Bolivia is one of the poorest countries in the region and houses a diversity of languages and ethnic groups that matches many African and Asian nations. The more homogenous population of the Caribbean island nation of the Dominican Republic has a per capita

income almost double that of Bolivia. The national family planning program in Bolivia is less than a decade old. In the Dominican Republic, the family planning and reproductive health program is at a much more mature stage of development. At the same time, both nations have much in common with developing countries in other parts of the world. Each is addressing widespread poverty while attempting to improve inadequate public services. Each also is trying to improve adolescent health and reduce teen pregnancy while facing related threats to public health—increasing rates of HIV/AIDS and other sexually transmitted infections in the Dominican Republic and high levels of infant and maternal death in Bolivia.

The Regional and Global Context

Although they take center stage in this study, Bolivia and the Dominican Republic are not unique in their pursuit of youth policies and programs. Their efforts are part of a regional and global push to address youth concerns that has emerged in the last decade, largely driven by worries about high rates of teen pregnancy, the increasing prevalence of HIV/AIDS and other sexually transmitted infections, and high levels of drug abuse. By 1996, eight of 30 countries surveyed in the Latin America and Caribbean region had a national policy on adolescent health, and five more were drafting such policies. Almost 60 countries worldwide—including Ghana, Jamaica, Malawi, and Papua New Guinea—have broad national youth policies and youth coordinating mechanisms, and are implementing a national youth program of action. Nevertheless, youth policies that specifically address adolescent reproductive health are relatively uncommon. And

comprehensive national programs to meet adolescent reproductive health needs are even scarcer.

Our Intended Readership

We hope to reach multiple audiences with this report:

- First, policy makers and program managers in government and private agencies serving adolescents and youth. These individuals craft the youth policies and ultimately work to ensure their successful implementation.
- Second, representatives of the many international donor agencies working on adolescent reproductive health. The support of these organizations for youth health and broader youth development policies and programs can be decisive in the eventual success of such efforts.
- Finally, staff of the international technical assistance agencies working in health and other issues of importance to youth. These experts often advise developing country governments about effective policies and programs, and their technical input can be a key influence on local counterparts.

We hope all readers will learn and draw strength and encouragement from the efforts in Bolivia and the Dominican Republic.

2. Case Study: Bolivia

Summary: *Bolivia approved a national youth policy in October 1998, and its president issued a decree on youth in February 1999. The health sector is taking the lead in implementing the policy,*

Statistical Snapshot: Bolivia

Population	8.3 million
Population ages 10–24	31%
GNP per person	\$1,010
Human Development Index rank	112
Average births per woman	4.2
Infant death rate	67 per 1,000
Teen pregnancy rate	84 per 1,000
Girls' secondary school enrollment	34%
Women using contraception	48%
Teens using contraception	21.5%
HIV/AIDS adult prevalence	0.1%
Median age at first marriage (female)	20.6 years
Median age at first intercourse (female)	18.9 years

but tight budgets and changes in leadership have limited the government's ability to mount a nationwide effort. Key elements in the success of youth policy efforts in Bolivia include influential support from top political leaders, a strong coalition of youth advocates from private groups, and consistent outside technical and financial help from international agencies.

The First Lady's Youth Initiative

The efforts of a single individual—Mrs. Ximena Iturralde Sánchez de Lozada, first lady of Bolivia from 1993 to 1997—provided much of the early impetus for the development of a national youth policy in Bolivia. Mrs. Iturralde Sánchez de Lozada is one of several first ladies of the region who have used their influence to raise awareness of the problem

of teen pregnancy and youth issues more broadly. She was also an outspoken advocate for programs to reduce the high rate of maternal deaths in Bolivia.

Beginning in 1994, the first lady directed her staff to analyze the problem of adolescent pregnancy, review existing programs addressing teen reproductive health needs, and study youth programs across sectors. She participated actively in discussions of the issue during the meetings of first ladies held on the occasion of the Summit of the Americas, an annual political gathering attended by virtually all of the presidents of the nations of the Western Hemisphere.

By early 1996, the first lady's thinking on youth policy had evolved significantly. She concluded that although it was important to provide young people with reproductive health information and services, the complex underlying factors contributing to adolescent pregnancy required more far-reaching solutions. Although dozens of private organizations were providing health services to youth, most were small, and urban-based. Government efforts were extremely limited. Reducing teen pregnancy would require the development of a multisectoral youth policy that would spur action on a broad range of critical issues, including health, education, employment, juvenile justice, and military service.

With this resolve, Mrs. Iturralde Sánchez de Lozada escalated the effort to address youth concerns. With elections to be held in June 1997, the president unable to succeed himself, and the first lady eager to leave a legacy of action on youth, the process took on a sense

of urgency. In mid-1996, she sought and began to receive intensive technical and financial help for her initiative from the FOCUS on Young Adults program. Support from FOCUS and the Bolivia office of the U.S.-based technical assistance agency Pathfinder International proved vital throughout the process.

Recognizing the limits of her personal and institutional influence, the first lady attempted

to broaden support for

her initiative by

creating a high-level

commission to guide

the development of a

national youth policy.

She also chose a lead

government agency to

serve as the initiative's

The Best-Laid Plans

The day on which the first lady invited all the key ministers to attend the launch of the commission, the legislature called an urgent meeting of several ministers. Only the technical staff of the ministries attended and activities were immediately initiated, so the commission was never formalized. The same things we wanted done ended up getting done, but never quite with the formal process necessary to give it a little more clout. Norine Jewell, Policy Advisor, The Futures Group International

bureaucratic “home.” As originally envisioned, the commission would be composed of cabinet members who would provide overall guidance and political backing yet delegate the actual work to their technical staff. Although the commission was never quite formalized in this way, it still produced high-quality work.

The Office of Generational Affairs of the Ministry of Planning (which later became the Office of Family and Generational Affairs in the renamed Ministry of Sustainable Development and Planning)—the bureau formally charged with addressing youth

issues—took on leadership of the first lady’s initiative and oversaw the work of the commission, which became known as the National Technical Committee on Adolescents and Youth. The technical committee drew on expertise from the government and from private youth-serving organizations, and it carried out a comprehensive national youth survey. Young people participated in the analysis of the survey and in the discussion of its implications for policy. By the time the first lady publicly unveiled her youth initiative at the annual first ladies meeting in December 1996, the technical committee was in full swing.

As the president’s term of office came to a close in August 1997, the initiative could tally some major achievements. For the first time, all of the key government and private groups had sat down at the same table to think collectively about youth policy. The initiative had generated influential surveys and studies, including a comprehensive inventory of youth-serving organizations and projects. As a further benefit, the initiative helped solidify the loose coalition of youth advocates working in nongovernmental organizations. On the policy and legal fronts, the technical committee produced recommendations for changes to the constitution; proposed an institutional framework to develop youth policies in each sector; and contributed to drafting a presidential decree on youth.

In the end, however, the first lady’s initiative fell short of producing a definitive national consensus on youth policy. The influence of the outgoing administration waned as elections neared, and the decree was never issued. Moreover, partisan politics made it

even more difficult to reach a national consensus and derailed plans to submit a legislative package to the Congress.

The New Government Takes Over

The incomplete youth initiative, so closely associated with the former first lady, was in a precarious position at the start of the new administration, headed by President Hugo

<p>Table 1: Institutional Members of the National Technical Committee on Adolescents and Youth (October 1998)</p> <p>Government Offices Ministry of Sustainable Development and Planning Ministry of Health Ministry of Justice Ministry of Culture and Sports Ministry of Housing Ministry of Labor Ministry of Defense First Lady's Office</p> <p>International Agencies Focus/Pathfinder Pan American Health Organization German Foreign Assistance Agency (GTZ) United Nations Population Fund (UNFPA)</p> <p>Selected Private Organizations <u>Education</u> St. Ignacio High School Montessori High School <u>Youth Groups</u> KUWAJA Youth Group Organization of Youth Groups Pastoral Juvenile Vocacional – Church-sponsored youth group <u>Health</u> Center for Information, Education, and Services (CIES)</p> <p>Source: Ministerio de Desarrollo Sostenible y Planificación. <i>Plan Nacional Concertado de Desarrollo Sostenible de la Adolescencia y Juventud 1998–2002</i>. La Paz, October 1998.</p>

Banzer Suárez. Yet, with prodding from the coalition of youth advocates and a sympathetic ear among key officials, the Banzer Suárez government took up the process,

albeit with somewhat different mechanisms (*Helping Policies Survive a Change in Government*, in chapter 4, describes the transition in greater detail).

The new first lady steered clear of policy making, preferring the more traditional role of advocate and promoter of youth issues. The change in governments also brought in a new set of political appointees and technical experts to deal with youth issues. Although the reorganization, along with staff turnover, slowed the process begun under the previous administration, policy and programs eventually moved forward.

The National Youth Plan

With a new government committed to completing the policy process, the technical committee resumed its work, although with a fresh cast of government officials. USAID, through its support for FOCUS and Pathfinder, continued to underwrite the process. The committee worked for just over a year to finalize a national youth plan (*Plan Nacional Concertado de Desarrollo Sostenible de la Adolescencia y Juventud 1998–2002*), which the cabinet approved in October 1998.

The plan's general objective is to "create favorable conditions so that adolescents and youth can achieve an integrated and sustainable development." The document organizes the specific objectives of the plan into four dimensions: (1) political-institutional, (2) social, (3) environmental, and (4) economic. Each objective has associated actions and

detailed tasks. The plan addresses health within the social dimension, and its actions include:

- developing a national adolescent health program;
- incorporating adolescent health care into health services nationwide;
- informing and educating youth about health;
- training health workers to care for adolescents; and
- encouraging the participation of adolescents in health programs.

The plan allocates \$1.4 million for the administrative costs of carrying out the policy.

The Presidential Decree on Youth

Youth advocates had long pushed for the government to provide legal backing to any youth policy. These efforts succeeded in part when the Banzer Suárez government issued a presidential decree on youth in January 1999. Similar to the decree drafted but never issued under the previous government, youth advocates regard the 1999 decree as an important policy step. “Its main virtue is in bringing together in one place and making explicit the rights of young people, language that before was scattered throughout various government documents,” explains José María Pantoja of the Office of Family and Generational Affairs. “A second strength of the decree is that it sets up an institutional framework for implementing the policies.” The decree outlines the role of the various government agencies responsible for youth policy and program implementation, and

Table 2: Health-Related Excerpts from the Presidential Decree on Youth in Bolivia

Article 7: Youth have the right to be informed responsibly and opportunely about...comprehensive health, and sexual and reproductive health.

Article 16: Government agencies will implement specific youth policies in comprehensive health, and sexual and reproductive health.

Source: Banzer Suárez, Hugo. "Decreto Supremo sobre Juventud No. 25.290." La Paz, January 30, 1999.

authorizes the establishment of a National Youth Committee and regional and municipal youth commissions.

Although youth advocates generally applaud the decree, they have some lingering concerns.

First, the decree lacks any reference to adolescents, limiting its scope only to youth ages 19 to 26.

Second, the language on health is less comprehensive and more cautious than in the earlier draft decree.

Proponents of youth policy also worry that a presidential decree may not be enough to assure continuity in youth policy-making and programs. In Bolivia, a decree has less force than a law, and the president can revoke it at will. Although the government intends eventually to propose a law to Congress, officials feel that the time is not yet ripe. More work needs to be done to build a consensus and to get feedback from the public and, especially, from young people.

Moving from Policy to Action: Establishing a National Adolescent Health Program

The health sector in Bolivia has been at the forefront in advancing adolescent and youth policy and programs. The government's main health policy document, the Strategic Plan for Health, makes explicit the importance of addressing adolescent health needs. In May

Table 3: Objectives of the National Adolescent Health Program, Bolivia

General Objective: Improve the health of adolescents while respecting cultural, gender, and regional differences.

Specific Objectives:

- Upgrade health services so that they provide adequate and opportune care for adolescents.
- Establish networks of adolescent health service providers both within and across sectors and at the local, regional, and national levels.
- Train health workers to communicate better with adolescents and to provide health information and services specific to adolescent needs.
- Inform and educate the general public, and adolescents in particular, about adolescent health care.
- Devise strategies to involve adolescents in health activities.
- Supervise and evaluate the activities carried out under the adolescent health program.

Source: Ministerio de Salud y Previsión Social. *Programa Nacional de Atención a la Salud Integral de los (las) Adolescentes. Documento Programático MSPS-Bolivia, 1998–2002*. La Paz: Ministerio de Salud y Previsión Social, 1999.

1999, the Ministry of Health officially established a national adolescent health program, with policy backing from the strategic and national youth plans, and technical support from outside groups, including the FOCUS program. The document that sets up the program provides the health, legal, and policy rationale and guidelines for carrying out the government's adolescent health program. It also lays out the organization of the program at the central, departmental, and local levels. The inclusion of sexual and

reproductive health care within the adolescent health program is an outstanding achievement.

An important complement to the establishment of the program is the effort to develop standards and procedures for providing health care to adolescents. Few health workers openly oppose the idea of providing care to adolescents, but some worry about the reaction of parents and the community. The norms give health workers the legal backing to provide services and, in their current draft form, give adolescent clients the right to services—including family planning—without parental consent. Officials expect the ministry to finalize the norms by the end of 2000.

Implementing Youth Policy in Bolivia

The road from policy to action in Bolivia has been bumpy. Changes in leadership on youth issues, a scarcity of funds, and the difficulty of carrying out activities at the local level have hampered progress.

Sticking Together

The most important thing is to maintain the group approach, with each sector and its leaders involved. It is necessary to have a strong central coordinating entity and a plan that obligates the sectors to work together. Miriam López, Adolescent Health Program, Ministry of Health, Bolivia

The former first lady and the vice-minister overseeing youth policy in the new government were the influential champions needed to push policies through the

bureaucracy. The vice-minister, however, left her post around the time the government approved the national policy. As the country began the difficult transition from policy making to implementation, a lack of leadership slowed the government's efforts.

After enactment of the national plan on youth in October 1998, there was a lapse of almost a year in the work of the technical committee. The Office of Family and Generational Affairs struggled to define the process of implementing the national policy. During that period, the coordination that had helped create national policy was stymied. Part of the problem was that the Office of Family and Generational Affairs wanted a greater role in implementing the policy, but it lacked the resources to take on that role. A change in the office's leadership sparked a reassessment of its role and a recognition that the ministries responsible for directly providing services to youth must take the lead in implementation. In the meantime, however, many of those agencies had stopped actively participating in the discussions on youth. Despite formally reconstituting the committee in September 1999, officials have found it difficult to recapture the interest of some of the key ministries.

Reflecting the low priority the government has assigned to youth issues, the coordination effort of the Office of Family and Generational Affairs remains severely underfunded and understaffed. Only one full-time person works on youth issues. Although in theory the national youth plan provides ample funds, the government has released very little money for implementation. A major weakness of the presidential decree on youth is its lack of a

funding mechanism. The shortage of funds has also hampered the establishment of the local youth committees called for in the presidential decree.

Despite funding problems, the Office of Family and Generational Affairs is moving ahead, collaborating with other ministries to advance the development of programs based on the plan. Of all the sectors, health has advanced the most, largely because of the ongoing efforts to promote youth health and the support of international organizations like USAID, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Pan American Health Organization (PAHO). Outside of the health ministry, few of the other agencies are working to implement the plan. "The truth is that youth is a relatively new issue in Bolivia, and there hasn't been much work before on it," notes José María Pantoja. "The various sectors have never been concerned about developing youth policies or inserting youth programs in their plans."

Implementation of the national adolescent health program has faced similar funding constraints and problems of coordination and implementation at the local level. The process of decentralization of authority has created departmental development units in each sector, but they function separately with little or no communication. "We have to achieve coordination at the departmental level," says Miriam López, head of the Adolescent Health Program of the Ministry of Health. "At that level we also have to educate officials about the youth plan. There has not yet been good dissemination of the plan or the presidential decree at the local level. Except in a few places, officials are not very familiar with either document."

Despite the progress made on raising awareness of the need for information and services for adolescents, the government still places higher priority on serving women and small children. The most important facet of the health sector reform efforts—the establishment of a basic health insurance (*seguro básico*) that aims to provide poor people with access to an essential set of services—has a strong focus on mothers and young children.

Adolescents merit attention only when they enter the system as mothers or with tuberculosis or a sexually transmitted disease. “It’s a question of priorities,” says Dr. López. “Compared with other groups, adolescents are not seen as having the greatest health problems.”

The lack of resources for the adolescent health program has its leaders struggling to promote the program any way they can within existing service networks. This year, the program is working toward a model that will be similar at all sites and at the very least will include some services, information for youth and the community, and connections with other social services to address violence and legal issues. In addition to dedicated services, all of which are based in ministry hospitals or large health centers, the program is hoping to improve care for adolescents by training the multipurpose health workers who staff the hundreds of primary health care posts around the country. This integrated program is now functioning in five sites around the country, but it has not achieved a uniform approach. What little resources that are available are mainly for reproductive health programs, with money coming from the German Foreign Assistance Agency

(GTZ) and from USAID through its bilateral agreement with the Bolivian government and via Pathfinder International.

Despite the lack of resources, officials believe the existence of policy documents such as the National Youth Plan and Presidential Decree on Youth have had a positive effect on the

United We Stand
Before, each ministry fought on its own; now we are more consistent in our advocacy for youth programs.
 Miriam López, Adolescent Health Program, Ministry of Health, Bolivia

1993	Sánchez de Lozada elected president
1994	Voting age lowered from 21 to 18
1994	First lady begins analysis of teen pregnancy issues
1996	Formation of National Technical Committee on Adolescents and Youth
December 1996	First lady unveils the Youth Initiative at the Summit of the Americas held in Bolivia
1996-1997	Youth Initiative carries out information-gathering and coalition-building activities
1997	Presidential decree on youth drafted, but never issued
August 1997	Change of government, Banzer Suárez takes office as president
October 1997	National Technical Committee on Adolescents and Youth reconstituted, begins work on national policy
October 1998	Approval of a national youth plan, 1998–2002
February 1999	President issues a decree on youth
May 1999	Ministry of Health approves Adolescent Health Program, 1998–2002
September 1999	Ministries sign agreement for reconstituted National Technical Committee
1999-2000	Ministry of Health establishes youth-friendly services in five regions
2000	Expected approval of Ministry of Health norms for adolescent health care

program. Most important, they have spurred coordination and dialogue among the ministries. They are also useful as a tool to advocate for greater program funding, not

only from the government but also from international agencies, which—because of the existence of a formal government policy on youth—are less cautious about helping the government on youth issues and more supportive of an intersectoral approach.

3. Case Study: The Dominican Republic

Summary: *The Dominican Republic formally approved a national youth policy in January 1998 and enacted a youth law in August 2000. The government is pilot-testing an intensive implementation strategy in three regions with encouraging yet varying results to date. With a new*

Statistical Snapshot The Dominican Republic

Population	8.4 million
Population ages 10–24	30%
GNP per person	\$1,770
Human Development Index rank	88
Average births per woman	3.1
Infant death rate	47 per 1,000
Teen pregnancy rate	112 per 1,000
Girls' secondary school enrollment	47%
Women using contraception	64%
Teens using contraception	36%
HIV/AIDS adult prevalence	2.8%
Median age at first marriage (female)	19.3 years
Median age at first intercourse (female)	18.7 years

president, Hipólito Mejía, taking office in August 2000, proponents are taking steps to ensure that the policy process continues to move forward under a new government. The elements that were crucial to the success of youth policy efforts in the Dominican Republic include a broad-based and consultative process that drew on the experience of nongovernmental organizations, strong leadership from the National Youth Office, and steady technical and financial support from international partners.

First Steps

Despite an early start, it was many years before efforts to develop a national youth policy in the Dominican Republic bore fruit. The 1985 United Nations declaration of the International Year of Youth was a catalyst for the government to create a National Youth Office (*Dirección General de Promoción de la Juventud*, or DGPJ) that same year.

Although envisioned as the focal point of government efforts to develop a national youth policy, the office had little practical influence for the next decade.

Despite the lack of a comprehensive national policy, the number of groups working with young people increased steadily throughout the 1980s and early 1990s. Many nongovernmental organizations were already working in the broad area of youth development. The few that focused on reproductive health—for example, the International Planned Parenthood Federation affiliate PROFAMILIA, and groups such as Asociación Dominicana de Planificación Familiar (ADOPLAFAM) and Instituto Dominicano de Desarrollo Integral (IDDI)—began providing contraceptive services and information to adolescents and started HIV/AIDS prevention programs. The first national youth survey, Enjoven, was conducted in 1992, and the government created a special adolescent health program within the Ministry of Health in 1993.

Formation of the National Intersectoral Committee on Youth

Much of the early work occurred in an isolated, uncoordinated fashion. Youth advocates saw the absence of an overarching national youth policy as a serious obstacle to efforts to raise awareness of youth needs and to generate the political will required to pump more resources into youth programs. Nongovernmental organizations in particular kept up the pressure to develop a nationwide, coordinated approach to addressing youth concerns.

This process got a jump start in 1995 with the establishment of an intersectoral youth committee (*Comité Intersectorial en pro de una Política Integral de Adolescencia y Juventud*). This national coordinating body would prove critical to the entire policy development and implementation process. An outcome of a seminar on adolescent and youth policy sponsored by the Ministry of Health and the Pan American Health Organization (PAHO) in late 1994, the intersectoral committee met under the auspices of the National Youth Office and received financial and technical support from PAHO. The committee's initial membership included some 17 government and private organizations that, with the leadership of the health sector, laid down broad guidelines for the policy development process. A key early activity, carried out by the Ministry of Health, was the analysis of existing adolescent health policies. PAHO supported these and many other early activities, and it remains among the most committed of the international partners supporting the process.

Toward a National Youth Policy

Partisan politics surrounding the 1996 presidential elections delayed progress toward developing a national policy. However, the elections and change of government in August of 1996 brought in a new, younger generation of leaders and a renewed interest in addressing youth issues. The process of developing a youth policy begun under the previous government and spearheaded by the health ministry gained momentum. Meanwhile, the new government under President Leonel Fernández Reyna initiated a countrywide debate on youth concerns as part of a larger “national dialogue” on social

priorities. Information from the 1996 Demographic and Health Survey showing an alarming increase in teen pregnancy rates, together with new studies indicating rising levels of HIV infection, heightened the sense of urgency for action on youth issues.

One of the first acts of the new authorities was to organize a national youth forum where young people could meet with newly installed government officials, discuss their problems, and debate how to resolve them. The young people in attendance

Back to the Drawing Board

The first national youth forum was an unforgettable experience. As those of us working in the social sectors so often do, we planned the event as if we already knew the outcomes, and had already written up a list of dozens of programs that would result. This time, however, the young people in attendance turned the tables on us. They laid out a list of concerns completely different from those that we thought were important. We threw out all the plans that had been drawn up in the first months of the new government and started from scratch. Juan José Gúzman, National Youth Office, Dominican Republic

demanded that the government set a clear agenda for youth and allow young people to participate as partners in policy development. The forum set in motion the broad-based, inclusive process that led to the drafting and approval of a national youth policy.

A reenergized intersectoral committee, with backing from PAHO and UNFPA, drafted the

Giving Youth a Voice

The emphasis on youth participation in policy development allowed the discussions to move beyond the purely technical. They became a forum where youth could discuss their needs. That's far different from the way policies are usually defined—by technicians in a technical way without the participation of the principal beneficiaries of the policies. Maritza Romero, Pan American Health Organization

national policy, an arduous but ultimately fruitful task. Inclusiveness was the principal reason for success. During the yearlong effort, the committee consulted over a thousand people representing some 250 organizations. Young people themselves were key actors in the development of the policy.

Table 5: Institutional Members of the National Intersectoral Committee on Youth (January 1998)

Government Offices

Ministry of Health
Ministry of Education and Culture
Ministry of Sports, Physical Education, and Recreation
Ministry of Labor
National Planning Office
National Statistics Office
National Drug Council
Attorney General's Office
National Youth Office
National Office on Women's Affairs
Dominican Social Security Institute
National Institute for Technical and Professional Training
Commission to Follow up on World Summits
National Police
National Council on Population and the Family
National Drug Control Office
Presidential Commission on Culture
Dominican Olympic Committee

Selected Private Organizations

Health

PROFAMILIA—Affiliate of the International Planned Parenthood Federation
Instituto APEC—Sexuality education
AIDS Prevention Network

Education

University of Santo Domingo
Technological Institute of Santo Domingo

Environment

Center for Ecology Education

Business

Junior Chamber of Commerce

General Youth Development

Boy Scouts
Pastoral Juvenil—Youth group sponsored by the Catholic Church
Foundation for Rural Youth Development

Source: Dirección General de Promoción de la Juventud. *Política Nacional de Adolescencia y Juventud, 1998–2003*. Santo Domingo: DGPJ, January 1998.

In January 1998, the government approved the National Adolescent and Youth Policy, 1998–2003 (*Política Nacional de Adolescencia y Juventud, 1998–2003*). Even its most

Table 6: Health-Related Guidelines and Objectives from the National Adolescent and Youth Policy of the Dominican Republic

General Guidelines for Health Policy:

- To create and promote a public agenda for the integrated development of adolescents and youth.
- To encourage the participation of adolescents and youth in decision making and in the implementation of health programs.
- To establish nationwide, quality comprehensive health services that promote the development of adolescents and youth.
- To establish information, education, training, and communications programs for comprehensive adolescent and youth health.
- The public sector through the Ministry of Health is responsible for setting the norms, developing the strategies, and carrying out the actions required to implement these policies at the national level.

Specific Objectives of Health Policy:

- To establish adolescent health units in 90 percent of provincial hospitals, subcenters, and public health centers by mid-1999.
- To reduce maternal deaths among adolescent girls and young women by 59 percent.
- By the year 2000, to increase access to reproductive and sexual health care for adolescents and youth by 90 percent.
- To include specific clauses related to adolescent and youth health within the existing general law on health.
- To involve adolescents and youth in all health initiatives at the national and local levels and within the special adolescent health units.
- To cover 100 percent of the target population for information, education, and communication activities related to adolescent and youth health.
- In all communities served by the adolescent health units, to initiate programs that encourage healthy lifestyles for adolescents and youth.

Source: Dirección General de Promoción de la Juventud. *Política Nacional de Adolescencia y Juventud, 1998-2003*. Santo Domingo: DGPI, January 1998.

enthusiastic proponents agree that the policy is ambitious in some aspects and vague in others. As a guiding framework, it is, nevertheless, a valuable tool. The national policy is important, not because it is all-inclusive, “but because it represents a consensus and a starting point for work,” says Juan José Gúzman of the National Youth Office.

The main text of the policy is divided into three sections. The first describes the social, economic, and health status of young people in the Dominican Republic. The second section outlines policies in seven priority areas (health, culture, education, training, community participation, legislation, and sports and recreation), sets quantifiable goals, and lists related activities for achieving each goal. The third major section outlines general strategies for carrying out the policy, with an emphasis on a decentralized approach, involving youth at all stages and collaboration across sectors.

From Policy to Law

Shortly after the publication of the national youth policy, youth advocates set their sights on the passage of a national youth law as a necessary and complementary follow-up to the policy document. The intersectoral committee took the lead in drafting a law, again using the participatory and consensual approach that worked in developing the national policy. The committee formally submitted the law to the Congress in October 1999. Congress passed a somewhat modified version in August 2000.

From a practical standpoint, the key features of the law are the institutional framework it creates and its language on funding. The law establishes a new cabinet-level youth ministry replacing the National Youth Office and gives the new ministry broad responsibility for setting youth policy. The law assigns 1 percent of the national budget to the new ministry. Its provisions for municipal youth departments establish an official local “address” for dealing with youth issues—critical as the central government continues to transfer political power gradually to local officials. It also sets up a Youth Initiative Fund that gives youth and local committees the means to implement projects. Of symbolic and equal importance is the law’s recognition of youth as a national resource and positive force. This recognition is in striking contrast to existing laws that portray young people as potential troublemakers who must be controlled or punished.

From National Youth Office to Ministry

Although the transformation of the National Youth Office into a Ministry of Youth may bring some additional bureaucratic hurdles, advocates agree that it will raise the profile of youth issues. The responsibilities of the new ministry are to define national-level youth policies; mesh the actions of other government agencies addressing youth issues; and coordinate youth activities at the provincial and local level.

Not all who are sympathetic to youth initiatives are convinced that passage of a law will advance the youth agenda. Paul Schenkel of USAID points out that a lot of work went into getting an HIV/AIDS law passed five years ago, but the government has done little to implement it. On the other hand, he notes that the recent creation of a women’s

ministry does appear to have been successful in raising awareness of and bringing more resources to women's issues.

The May 2000 presidential elections improved the climate for passage of the law. For the first time, all major presidential candidates had a youth agenda. Many used the mass media to court the huge youth vote (18- to 35-year-olds represent 60 percent of the electorate), not only for the presidential elections, but also with an eye toward the congressional and municipal elections two years off. Proponents also credit a national media campaign, "*Sí, Soy Importante*" (Yes, I Am Important), with assisting in the passage of the law. The objective of the campaign, funded by USAID through the Population Communication Services program, was to increase awareness among business and political leaders of the importance of creating opportunities for youth and for including youth in all aspects of program design and implementation.

Establishing a National Adolescent Health Program

In a process that predates and yet parallels the development of the National Adolescent and Youth Policy, government health authorities began efforts to address adolescent health needs in the early 1990s. Historically, the government geared services to mothers and young children, and largely ignored the needs of adolescents. PAHO and the Kellogg Foundation worked with government officials to develop an adolescent health program, which the Ministry of Health established in 1993. Subsequent efforts have focused on training administrative and clinical staff, building support for the program

within the ministry, and establishing ties to other government departments and to the private sector. Through its support for specialized postgraduate programs, the ministry has also played a key role in establishing a nationwide cadre of health professionals trained in adolescent health. Meanwhile, as a symbol of the increased importance attached to adolescent health, in 1997 the Ministry of Health changed the name of the Department of Maternal-Child Health to the Department of Maternal-Child and

A Different Way of Doing Business

To do the work we wanted to do meant bringing together health, education, sports, etc. It meant working on policy and legislation. For the Ministry of Health—used to working pretty much in isolation from other sectors—this was a very different way of doing business. Indiana Barinas, Adolescent Health Program, Ministry of Health

Adolescent Health.

The ministry's adolescent health program was a key participant in the early efforts at establishing the intersectoral committee on youth. This participation sprung from the ministry's strong belief that

tackling youth health problems could not be done in isolation, but rather required a multisectoral approach, as well as actions to change the overall legal and regulatory climate.

The development of national service delivery guidelines (*Normas Técnicas-Administrativas del Programa Nacional de Atención Integral a la Salud de los y las Adolescentes*) has been an important step in elevating the adolescent health program. The guidelines, published in 1999, lay out the program's objectives and its legal and health framework. They detail the roles of the central and provincial staff, the tasks of the

different health workers, the organization of services, and the referral systems. Like the youth policy development process, development of the guidelines was a collaborative effort among many groups—national and international, public and private. PAHO, again, was the principal international sponsor.

Implementing Policy in the Dominican Republic

Approval of a national youth policy, passage of a youth law, and establishment of a public sector adolescent health program are landmark policy achievements of which youth advocates in the Dominican Republic are understandably proud. Yet, local proponents recognize the challenge of putting policies into practice.

Proponents believe success will ultimately hinge on the degree to which *local* officials and youth-serving organizations—as well as young people themselves—“own” the policy and its implementation. Accordingly, much of the effort so far has focused on the local level. The National Youth Office began with a broad strategy of working with the nation’s municipalities to set up local intersectoral committees based on the national model. The office also helped local officials to establish youth departments and organize youth and youth-serving organizations into umbrella youth councils to speak to local officials with a single voice.

Staff of the National Youth Office soon found that progress at the local level was coming neither fast nor easy. As in many other countries where the state is transferring power

from central to regional and local officials, efforts to implement youth policies in the Dominican Republic face a number of challenges at the local level. “The broader process of decentralization of state authority has created a whole new set of ‘political spaces’ in which economic and social policy must be coordinated,” notes Remedios Ruiz of the Dominican consulting firm ALEPH. Youth programs by nature require constant collaboration. Yet, most local officials lack experience in such coordination. Institutions either are brand new or do not exist. With a tight budget, the National Youth Office could not mount a major nationwide effort.

A Gradual Approach to Implementation

Recognizing these obstacles, the National Youth Office shifted its focus to testing a model for implementation in only three municipalities.

Drawing on the strategic planning expertise of the local firm ALEPH, the office began this effort in March 1999 with funding from the FOCUS program.

Table 7: Excerpts from the Annual Workplan of the Local Youth Committee of La Romana, the Dominican Republic

Health Activities for the Year 2000

- Develop a mass media campaign to promote comprehensive services for adolescents and youth.
- Promote health services within the “friends of youth” network.
- Give 12 talks to youth on sexual and reproductive health.
- Meet twice with legislators from the province to encourage them to address adolescent health issues in national legislation.

Source: “Plan de Acción del Primer Año, Enero–Diciembre 2000, del Plan Estratégico para Operacionalizar la Política Nacional de Adolescencia y Juventud en La Romana, 2000–2003.” November 1999.

The phased approach called first for the formation of a local intersectoral committee, then working with each local committee to develop a three-year strategic plan and a first-year workplan. Rather than moving forward in discrete steps, however, the two activities proceeded simultaneously. The work planning process fed into the establishment and maturation of the local committees, and vice versa. An important input to the planning process was a “situation analysis,” an information-gathering exercise that assembles information on key actors and issues in priority areas identified by the national policy and incorporates relevant information from surveys and other studies.

The results in the year since the pilot began are encouraging. Each local committee completed strategic planning and workplan development by January of 2000, focusing on three of the seven priority areas of the national policy. As at the national level, the involvement of nongovernmental organizations has been key to the successful functioning of the local committees.

Each workplan outlines detailed activity timelines and budgets for the first six months of the year. However, the degree to which each local committee has achieved a level of independence from the central level—a vital objective for those managing the process—has varied markedly. The process has been least successful within the largest, most complex of the municipalities. There, many more people are involved in the decision-making and consensus-building process, thus requiring more time and resources than other regions.

Officials of the National Youth Office have learned that the local committees require more nurturing

and support from the central level than originally imagined.

Officials have learned to bolster

Local Coordination Blues

One of main challenges in the beginning was simply getting people to talk to each other. After an initial workshop where we passed out everyone's name and telephone number, our assumption was that participants would contact each other spontaneously. In practice, we would return for a follow-up workshop and find that the communication had been very limited. Remedios Ruiz, ALEPH, Dominican Republic

follow-up and supervision of local processes. Furthermore, although officials on the national intersectoral committee made commitments to the implementation process, they have not always followed through in terms of providing local field offices with sufficient resources to meet these commitments.

One success of the local committees has been in their ability to engage young people. The National Youth Office set quotas for youth participation and carefully monitors the level of participation to ensure compliance. The local representative of the National Youth Office uses both formal and informal channels to announce meetings and to draw youth from diverse associations, clubs, schools, and other nongovernmental organizations. Roughly a quarter of the participants in the meetings are young people. Teens as young as 13 routinely attend the meetings. Still, it is a struggle to encourage participation among local officials, youth, and the organizations that serve youth. With no tangible economic benefit to the participants, “most are motivated by the chance to try to make a difference in the lives of young people,” according to Remedios Ruiz.

An important aspect of the work of the local intersectoral committee is to manage the small amount of funds that are independent of the resources of individual organizations on the committee. Officials feel that seed money for these activities is important to maintain the cohesiveness of the local groups and to sustain their participation until more funding becomes available.

Securing additional funding remains a problem. The National Youth Office worked with donors such as the German aid agency GTZ to put money into its proposed Youth Incentive Fund. It worked with the government to match whatever external funds the office raised. The National Youth Office also received funds from the Portuguese government for outreach programs in 30 municipalities around the country.

Meanwhile, the policy process has helped strengthen the Ministry of Health's adolescent program. The ministry gave official recognition to the program just three years ago—a step that had important symbolic and legal ramifications. “The adolescent health program has a budget—inadequate, but something it lacked before,” according to Indiana Barinas, head of the program. The ministry also recently began for the first time to collect information on the number and type of services it provides to adolescents, a small but important step that adolescent program officials had been advocating for years.

The activities of the adolescent health unit have expanded accordingly. The unit has trained some 5,000 youth peer educators on health and other topics chosen by local youth

groups. The program has established 40 clinics for adolescents, staffed by teams of between four and six professionals including doctors, nurses, psychologists, health educators, and social workers. In some areas of the country the program has coordinators within the municipal or provincial health offices. The ministry also has trained a number of health personnel working in school-based clinics who are not officially part of the adolescent program.

Table 8: Milestones in the Policy Process in the Dominican Republic

1985	Creation of the National Youth Office (DGPJ)
1993	National Youth Survey, Enjoven 92, published
1993	Creation of Adolescent Health Program
1995	Establishment of national intersectoral committee on youth
August 1996	New government under President Fernández Reyna takes power
1996	First National Youth Forum
1997	Development of National Youth Policy under leadership of DGPJ and the Intersectoral Committee
January 1998	Publication of National Youth Policy, 1998-2003
February 1998	Publication of the adolescent health program guidelines
November 1998	Work begins on drafting youth law
March 1999	Initiation of pilot implementation strategy in three municipalities
October 1999	Presentation of youth law to Congress
October 1999	Finalization of 2000-2003 strategic plans in three pilot areas
January 2000	Finalization of year 2000 workplans for three pilot areas
April 2000	Kickoff of youth advocacy campaign
May 2000	Presidential elections
August 2000	Youth law enacted; creation of National Youth Ministry
August 2000	Mejía, new president, takes office

4. Challenges for Policy Making and Implementation

As the case studies illustrate, policy makers and program managers in Bolivia and the Dominican Republic have faced an array of challenges in their efforts to improve information and services for youth. This section highlights three challenges that have been among the most difficult. The first—keeping policy and program momentum going from one government to the next—is a problem all countries face. The second is the difficult yet seemingly indispensable task of bridging sectors to broaden and strengthen policy-making and program implementation. The third involves guiding newly minted policy from its initial implementation stages to a national scale.

Helping Policies Survive a Change in Government

August 1997. A new, more socially conservative government takes power in Bolivia.

Out with the Old, In with the New

I remember some months before the elections saying to our counterparts in the First Lady's office, 'In our country nothing gets carried over from one administration to the next; the new administration comes in with their new ideas and initiatives.'

They laughed and said, yes, well that could happen here. Norine Jewell, Policy Advisor, The Futures Group International

The unfinished effort to develop a youth policy has been closely linked to the wife of the outgoing president.

Why didn't the new government allow the initiative to die, as so often happens following a change in power?

The answer lies partly in the mechanisms established by the

previous administration, partly in the personalities of new key officials, and partly in changing political realities. Before the president's term ended, proponents of a youth policy had taken a number of steps to ensure that the new administration might continue the initiative. First, they depoliticized the process by distancing the first lady's office from the day-to-day management of the initiative, placing the responsibility within the bureaucracy of the Ministry of Planning. They drew instead on the technical expertise of the civil servants—those most likely to keep their jobs after a change in government.

Proponents also laboriously built a coalition of influential youth-serving groups from outside the government and elevated the role of young people. When the power shifted, those groups had a solid stake in the policy's moving forward.

Furthermore, advocates found an ally in the new vice-minister overseeing youth issues. Soon after the transfer of power, she was approached by members of the youth coalition, who found her knowledgeable and concerned. Most important, she recognized the value of the work begun under the previous administration. She accepted the offer of the local FOCUS representative to fund two temporary staff members to visit various ministries and brief new political appointees and technical staff about the goals of the youth policy initiative and progress to date. Four months later, with the educational and consensus-building phase completed, the vice-minister embraced the youth policy process as her own. She sold the idea to her boss and the other cabinet ministers, and she became the initiative's champion and key sponsor within the new administration.

Despite a more conservative orientation and a strong desire to distance themselves from the policies of the previous government, the new officials recognized political advantages in moving the process forward. Partly because of the efforts of the previous administration, and partly because of the weight of the youth vote, all parties had become more attuned to the concerns of young people.

Having already enacted major policy initiatives, proponents of youth issues in the Dominican Republic are confident about the prospects for youth programs under President Hipólito Mejía, who entered office in August 2000. Nevertheless, advocates are employing a multifaceted, multilevel strategy to assure a smooth transition and continued momentum.

The successful passage of the National Youth Law was the focus of efforts to give life to the policy under the new president. Even though the process to develop a national youth

Young People as Advocates

We are at a critical political stage right now, and it is the perfect time to empower the local youth committees and young people to do advocacy. The idea is for them to use the strategic plan and action plan to “sell” the program to local officials and to encourage the political parties to put it on their platforms at the municipal level. Remedios Ruiz, ALEPH, Dominican Republic

policy was broad-based and not overly political, advocates felt that without legal backing the process lacked an institutional home and was vulnerable to shifts in political power.

In addition to pursuing a

legislative strategy, advocates are doing as much as possible to document the policy-making and implementation experience to date and to ensure a more focused national intersectoral committee for the incoming government. In April 2000, proponents launched an unprecedented advocacy campaign to promote passage of the youth law and to build long-term support for youth issues. Young people visited their legislators, sent a barrage of e-mail and letters to local and national government officials, and organized rallies and other events.

Cross-Sectoral Policy Making and Coordination

The policy-making process in Bolivia has required a heavy dose of collaboration among various sectors. The effectiveness of the National Technical Committee on Adolescents and Youth has suffered from disruptive changes in leadership. There have been three national committees: the first, organized by the first lady's office in 1996; a second, organized by the new government, met from October 1997 through early 1999; the third, more formal in character, organized in September 1999 under terms laid out in the presidential decree of February 1999.

Now that the Office of Family and Generational Affairs has reconstituted the committee and is formalizing its operations, there is a sense that the process is back on track. A first step has been an interministerial agreement that formalizes the participation of the relevant vice-minister and technical representatives of each sector. The committee meets at least once a month, more frequently if the need arises. Very much a government-run

committee, it has relegated the nongovernmental groups and international organizations to the background. One of its primary roles will be to channel funds to youth programs.

In the Dominican Republic, most observers agree that the intersectoral committee was key to the successful development of the policy. Many who work with adolescents believe that such activities, to be effective, must be intersectoral.

The flip side of good coordination is that it is extremely time-consuming. Many within

Against the Current

There were international agencies that withheld their support during the entire process because they thought we were wasting time. We had to swim a lot against the current. When the committee finalized the national policy in early 1998, attitudes changed. After we presented the results of our work shortly thereafter, the local representative of one international agency told us that in that moment he finally understood the importance of the process. Juan José Gúzman, National Youth Office, Dominican Republic

the government and international organizations criticized the slow pace of the work of the intersectoral committee in drafting the national policy. As Juan José Gúzman of the National

Youth Office notes, “All throughout 1997, as we went through the arduous process of drafting the policy, we got a lot of pressure from all sides. Various government officials as well as officials in the international community thought we were wasting precious time and should be taking concrete action. But we said no, that to take concrete action we needed a clear, shared agenda.”

One of the main challenges facing the national intersectoral committee has been the need to continually redefine its role. The structure and functions of the committee were initially geared toward developing policy. The committee functioned best when setting its sights on clear goals, such as drafting a national policy or youth law. When policy making gave way to implementation, an adequate structure was not in place, and the committee drifted.

In response, officials of the National Youth Office have gradually readjusted the composition of the committee and the authority of its members. “In the beginning, we needed a large technical capacity with ample political support,” says Juan José Gúzman. “Now that we are into the implementation phase, the committee requires a strong political presence, with adequate technical support.” The office is working with those in charge of the institutions on the committee to empower their representatives to make decisions, particularly with respect to assigning resources to specific activities. With the constant turnover in political appointees, it has also been important to keep technical staff—whose jobs tend to be more secure—permanently on the committee.

Scaling Up of Initial Implementation Efforts

As noted in the case study, implementation of policy in Bolivia is still in its infancy. Officials are struggling to get initial efforts moving, overcome severe funding constraints, and face the challenge of working at local levels. The decentralization of state authority has had a profound impact on collaboration among sectors. Except in a few parts of the

country, local officials are not aware of either the national plan or the presidential decree on youth. Officials recognize they need to educate local officials and the general public, but little money is available to publicize or disseminate the policy. Moreover, the president has yet to give full powers to the local intersectoral committees as specified under the presidential decree. Although officials are eager to give young people a place at the policy-making table, they are having difficulty finding organizations that represent the broad range of youth perspectives.

As the Dominican Republic begins to absorb the lessons learned from its three pilot areas, a key element is strengthening the strategic and operational planning capabilities of government officials. In January of 2000, ALEPH trained local- and central-level staff of the National Youth Office. With support from ALEPH, the National Youth Office also developed a manual that helps staff develop and implement youth policy at the local level, on the basis of the experiences of the three pilot areas. Training in the use of the manual is planned for officials of the new government. The National Youth Office also helped establish and strengthen the local intersectoral committees—whose functioning depends on municipal authorities who do not face elections until 2002.

In addition to strengthening the central unit of the National Youth Office, ALEPH will sponsor workshops focusing on advocacy skills, leadership, management, and resource generation. FOCUS is funding implementation of activity plans of local intersectoral committees and documentation of those efforts.

5. Conclusion

In spite of many challenges, both countries successfully enacted comprehensive youth policies. That two countries with very different social conditions and at different stages of program maturity should take similar paths to developing a national youth policy is noteworthy. Health concerns drove policy making in both countries and, not surprisingly, health has led the other sectors in implementation efforts.

In both countries, strong national leadership was key to moving the policy process forward. Influential individuals—the former first lady and then a vice-minister in the new government—championed youth policy in Bolivia. In the Dominican Republic, the continuity of leadership and institutional strength of the National Youth Office, which was backed by the president, were critical.

Although both governments made extraordinary efforts to be inclusive, the process for policy making was more broad based and consultative in the Dominican Republic than in Bolivia. By involving young people in policy deliberations, proponents in both nations reinforced the validity of the process and gained valuable allies and advocates.

Those involved in the process acknowledge the importance of outside help—both technical and financial—in developing policies and carrying them out. The Pan American Health Organization and USAID stand out as key external partners. PAHO took a lead role in the Dominican Republic, and USAID and its FOCUS program were

prominent in Bolivia. These efforts drew heavily on the expertise of local organizations and individuals.

As they move from policy making to implementation of programs, national-level commissions—vital at the policy-making stage—have grappled with redefining their role and maintaining their relevancy. In both countries, adequate funding for implementation has been a problem. The severity of funding constraints is greater in Bolivia. Putting the mechanisms in place for local-level implementation has proved both time-consuming and expensive.

Other countries looking at the experience of Bolivia and the Dominican Republic, and considering replicating these efforts, should prepare for a long, difficult struggle. As Juan José Gúzman of the National Youth Office in the Dominican Republic notes, “It is perhaps easier to talk about the hundred things that did not work rather than the three things that were key to the success of the process.” Still, Gúzman and fellow youth advocates in the Dominican Republic and Bolivia overcame the many obstacles and achieved major progress. Though far from assured, and in constant need of tending, this progress stands out as an encouragement to those advocating for youth issues around the globe.

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Key Informants

In Bolivia:

Miriam López, Adolescent Health Program, Ministry of Health

Gladys Pozo, Pathfinder International

José María Pantoja, Dirección General de Asuntos Generacionales y de Familia

Marlena Rollano, Intraid, Tarija

In the Dominican Republic:

Juan José Gúzman, DGPI

Remedios Ruiz, ALEPH

Paul Schenkel, USAID

Maritza Romero, PAHO

Indiana Barinas, Adolescent Health Program, Ministry of Health

Elsewhere:

Charlotte Colvin, FOCUS on Young Adults

Norine Jewell, The Futures Group International

Anameli Monroy, Former Director, FOCUS on Young Adults

Nancy Murray, FOCUS on Young Adults

Lindsay Stewart, FOCUS on Young Adults