
Adolescent health

Report by the Secretariat

1. The Executive Board at its 136th session noted an earlier version of this report,¹ with members expressing support for the proposed approach and the process for consultation on a framework for accelerated action for adolescent health. In the light of the comments and suggestions made in the Board's consideration of the matter, the report has been revised, in particular paragraph 10(iv) below. Work on the framework is being aligned with the renewal of the global strategy for women's, children's and adolescents' health.

2. Adolescents often make up more than 20% of a country's population, with low- and middle-income countries having the largest proportions of adolescents as a result of the success of child survival interventions combined with continued high fertility rates. Trajectories are set during adolescence that increase either risk factors or protective factors for health conditions such as noncommunicable diseases. Adolescents are a key asset and resource for the present, as well as for the future, and have great potential to contribute to their families, communities and countries. They are actors in social change, and not simply beneficiaries of social programmes.

3. In 2012, the leading causes of death among adolescents aged between 10 and 19 years globally, males and females combined, were road traffic injuries, HIV/AIDS, self-harm, lower respiratory infections and interpersonal violence. In contrast to reduced maternal deaths and measles mortality since 2000, estimates suggest that the number of deaths due to HIV/AIDS among adolescents is rising. This increase has occurred predominantly in the African Region, at a time when HIV-related deaths are decreasing in all other population groups. It may reflect an improvement in the response to paediatric HIV infection, with more children with HIV infection surviving into the second decade of life, or it may reflect limitations in current knowledge and estimation of survival times for children with HIV infection in adolescence. There is evidence of the poor quality of, and poor adherence to, services for adolescents, indicating the need for improved service delivery. In addition, improved data are needed on HIV mortality and survival time in the 5–14 years age group.

4. Some regional and cause-specific mortality data stand out:

- One in every three deaths among adolescent males in low- and middle-income countries in the Region of the Americas is due to interpersonal violence.
- One in every five deaths among adolescents in high-income countries is due to road traffic injuries.

¹ See document EB136/17, and the summary records of the Executive Board at its 136th session, tenth meeting, section 2, and eleventh meeting, section 1.

- One in every five deaths among adolescent males in low- and middle-income countries in the Eastern Mediterranean Region is due to war or conflicts.
- One in every six deaths among adolescent females in the South-East Asia Region is due to suicide.
- One in every six deaths among adolescents in the African Region is due to HIV/AIDS.
- A specific condition only for adolescent girls, maternal causes, constitutes the second most frequent cause of mortality in 15–19 year old females globally (after HIV/AIDS), with little change in the ranking since 2000. They are the leading cause of mortality in this age group in the Eastern Mediterranean Region and among the top four causes in the African Region, the South-East Asia Region and the Region of the Americas.

5. In 1989 the Health Assembly adopted resolution WHA42.41 on the health of youth and more than two decades later, in 2011, resolution WHA64.28 on youth and health risks. In May 2014, it noted the report on progress in implementing the latter resolution.¹ Two of the resolutions the Health Assembly also adopted at that time, resolution WHA67.8 on comprehensive and coordinated efforts for the management of autism spectrum disorders and resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children, recognized the importance of mental health and the consequences of autism spectrum disorders and violence for the health of adolescents and, inter alia, called for policies and programmes related to adolescent health that met the needs of young people and tackled these problems. Attention has also been given to adolescents in previous resolutions dealing with the population at large.²

6. Also in May 2014, the Secretariat produced a multimedia, interactive, online report entitled *Health for the World's Adolescents: a second chance in the second decade*.³ This online report provides an update on the health status of adolescents regionally and globally; synthesizes current knowledge about the determinants of adolescent health and the rationale for giving specific attention to this population group; and, for the first time, collates all WHO's recommendations and guidance relating to adolescent health from across the Organization, including on the use of alcohol and other psychoactive substances, HIV/AIDS, injuries, mental health, nutrition, sexual and reproductive health, tobacco use, and violence. The report emphasized, however, that the importance of adolescent health to public health has been neglected and that urgent action was needed. The challenge is to make much more progress in the next two decades than in the two decades since the adoption of resolution WHA42.41.

¹ See Document A67/40, Progress report F, and the summary records of the Sixty-seventh World Health Assembly, Committee A, twelfth meeting, section 9 (document WHA67/2014/REC/3, http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC3/A67_REC3-en.pdf#page=212, accessed 10 March 2015).

² The WHO Framework Convention on Tobacco Control (resolution WHA56.1); implementing the recommendations in the World report on violence and health (resolution WHA56.24); the global health sector strategy for HIV, 2011–2015 (resolution WHA56.30); reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12); the global strategy on diet, physical activity and health (resolution WHA57.17); the UNAIDS strategy in HIV for 2011–2015; the global strategy for the prevention and control of sexually transmitted infections (resolution WHA59.19); health systems: emergency-care systems (resolution WHA60.22); prevention and control of noncommunicable diseases: implementation of the global strategy (resolution WHA61.14); the global strategy to reduce the harmful use of alcohol (resolution WHA63.13); the marketing of foods and non-alcoholic beverages to children (resolution WHA63.14); and the United Nations Decade of Action for Road Safety, 2011–2020.

³ Available at <http://www.who.int/adolescent/second-decade> (accessed 15 October 2014).

7. There is, however, a growing interest in adolescent health and recognition of its importance for public health throughout the life course. The need to give adequate attention to the health and development of adolescents is being acknowledged in discussions on the post-2015 sustainable development agenda. Several major international agencies (UNESCO, World Bank, UNICEF and UNFPA) have recently published substantive reports on adolescents¹ and have given specific attention to adolescents in their operational plans. A commission on adolescent health has recently been established.² The regional committees for the Americas and for Europe have approved strategies on adolescent health,³ the South-East Asia Region has established strategic directions,⁴ and the regional offices for Africa and the Western Pacific plan to develop regional strategies on adolescent health.

8. In light of these factors and the response to WHO's recent online report, and in response to a request from a Member State, the Secretariat is exploring ways in which the Organization can provide guidance and increased support for the development and implementation of national policies and programmes that will improve and maintain the health of adolescents. A comprehensive plan on adolescent health, based on current evidence and existing global commitments and action plans, with measurable outcomes, could be a useful means of providing support to countries in implementing interventions and strategies that can improve and secure adolescents' health, taking into consideration their national contexts.

ACCELERATING ACTION FOR ADOLESCENT HEALTH

9. Although health problems and health-compromising behaviours are more likely to be given attention and attract resources, it is important to remain focused on the positive aspects of this period of human development. The Secretariat proposes to develop a framework for accelerated action for adolescent health, aligned with an updated global strategy for women's, children's and adolescents' health, which will be centred on goals on positive aspects that Member States could strive towards. The overall aim of the framework would be to provide countries with a basis for developing a coherent national plan for the health of adolescents, and to align the contribution of all relevant stakeholders for its implementation. Recent efforts to reach consensus on a limited number of indicators for adolescent health should facilitate their use in tracking progress at the global and regional levels and in guiding priorities and action in countries.

10. It is proposed that the framework include, for example, the development and implementation of policies and programmes that enable adolescents to enjoy the highest attainable standard of health and well being, maximize their potential, and that lay the foundations for a positive transition to adulthood.

¹ Young people today: time to act now. Paris: United Nations Educational, Scientific and Cultural Organization; 2013. World development report 2007: development and the next generation. Washington, DC: World Bank; 2006. The state of the world's children 2011: adolescence: an age of opportunity. New York: United Nations Children's Fund; 2011. Progress for children: a report card on adolescents, Number 10. New York: United Nations Children's Fund; 2012. Generation of change: young people and culture. New York: United Nations Population Fund; 2008. Marrying too young – end child marriage. New York: United Nations Population Fund; 2012.

² Patton GC, Ross DA, Santelli JS, Sawyer SM, Viner RM, Kleinert S. Next steps for adolescent health: a Lancet Commission. *Lancet*. 2014; 383: 385-6. doi:10.1016/S0140-6736(14)60039-8.

³ See PAHO resolution CD49.R14 on Plan of action on adolescent and youth health, and Investing in children: the European child and adolescent health strategy 2015–2020 (document EUR/RC64/12), respectively.

⁴ See Strategic directions for improving adolescent health in South-East Asia region (document SE-CAH-04). New Delhi: World Health Organization; 2011.

It would give attention, inter alia, to five important domains, referred to as “HELPS”, to guide programme actions:

- (i) **h**ealth services, both preventative and curative, that are accessible and that meet the physical and mental health needs of all adolescents, within the context of universal health coverage;
- (ii) **e**ating a nutritionally appropriate and health promoting diet, and the prevention of under-nutrition, iron-deficiency anaemia and obesity;
- (iii) **l**iving, learning and contributing in environments that are physically and emotionally safe and supportive;
- (iv) **p**romoting physical activity, and preventing use of tobacco, alcohol and other psychoactive substances;
- (v) **s**afe sexual debut, when ready and wanted.

11. The framework for accelerated action would also aim to focus on the broader context and common determinants that underlie the key health problems, positive development and health-related behaviours of adolescents. These common determinants include:

- personal characteristics, such as age, gender, knowledge and skills;
- peers;
- parents;
- providers, for example health workers, teachers and youth workers;
- protective and supportive environments, including families, schools and communities, the online environment, and social values and norms;
- political decisions and frameworks that affect legislation, policies and the allocation of resources.

12. The framework would aim to build on and reinforce existing global and regional strategies and action plans that are relevant for the health of adolescents and will align with the updated global strategy for women’s, children’s and adolescents’ health. Adolescents and youth will be centrally involved, in conjunction with adult stakeholders, in deciding priorities and actions. It aims to spur the development of tools for young people to monitor health determinants in their communities and the implementation of national action plans. It will look to take advantage of the increasing opportunities that interactive and social media provide for accessing information and engaging young people.

13. The proposed framework would be based on the evolving evidence base for interventions that are directed at the range of determinants that affect adolescents’ health and development, that can decrease health problems and health-compromising behaviours, and that contribute to positive health and development outcomes during the adolescent years. It will take into consideration the diversity of adolescents and give adequate attention to vulnerable adolescents and settings, as well as equity.

14. The framework will aim to focus in particular on the role that the health sector must play in addressing determinants of health and disease in adolescents and the crucial importance of involving other sectors. It must strengthen the crucial role of families, communities and policies in creating a supportive environment and protecting and providing for adolescents' basic health and development rights and needs. In terms of these determinants, relatively little attention has been given to scaling up effective and promising interventions (in comparison with interventions that increase adolescents' knowledge, skills and access to services). It is now time to rectify this situation.

15. The Secretariat will develop the framework in three stages. First, information to support the draft framework would be collated and a consultative text will be prepared in collaboration with countries and young people. Secondly, input for the draft framework would be sought through regional and web-based consultations with Member States and key stakeholders and partners. The consultations would include those already scheduled by regional offices, technical departments and partners over the next year, including those convened for the global strategy for women's, children's and adolescents' health. Inspired by the PACT coalition¹ and its ACT 2015 movement building initiative,² which reinforces national youth alliances seeking to secure commitments to improving sexual and reproductive health and to combating HIV/AIDS in the post-2015 sustainable development agenda and national responses, the Secretariat proposes to develop an engagement strategy with youth organizations to ensure that adolescents and young people are fully involved in shaping and implementing the framework with an allied aim of improving their capacity to advocate for development and implementation of effective policies and programmes for adolescent health in countries. Thirdly, the draft framework would be piloted and refined in collaboration with Member States, and finalized for submission to the Sixty-ninth World Health Assembly in 2016.

ACTION BY THE HEALTH ASSEMBLY

16. The Health Assembly is invited to note the report.

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¹ See The Pact, http://www.hivyoungleadersfund.org/wp-content/uploads/2013/08/PACT-4-pages_final.pdf (accessed 22 October 2014).

² http://www.unaids.org/sites/default/files/media_asset/advocacy_toolkit_en_0.pdf (accessed 4 November 2014).