

Health for the World's Adolescents

A second chance in the second decade



www.who.int/adolescent/second-decade



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Summary





Health for the world's adolescents

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What must we do to improve and maintain the health of the world's one billion adolescents? *Health for the world's adolescents* is a World Health Organization (WHO) report fully addressing that question across the broad range of health needs of people ages 10–19 years. It was presented to Member States at the 2014 World Health Assembly in follow-up to its 2011 Resolution 64.28, *Youth and health risks*.

Health for the world's adolescents is a dynamic, multimedia, online report (who.int/adolescent/second-decade). It describes why adolescents need specific attention, distinct from children and adults. It presents a global overview of adolescents' health and health-related behaviours, including the latest data and trends, and discusses the determinants that influence their health and behaviours. It features adolescents' own perspectives on their health needs.

The report brings together all WHO guidance concerning adolescents across the full spectrum of health issues. It offers a state-of-the-art overview of four core areas for health sector action:

- providing health services
- collecting and using the data needed to advocate, plan and monitor health sector interventions
- developing and implementing health-promoting and health-protecting policies and
- mobilizing and supporting other sectors.

The report concludes with key actions for strengthening national health sector responses to adolescent health.

The website will be the springboard for consultation with a wide range of stakeholders leading to a concerted action plan for adolescents.

The report seeks to focus high-level attention on health in the crucial adolescent years and to provide the evidence for action across the range of adolescent health issues. Thus, it addresses primarily senior and mid-level staff of ministries of health and health sector partners, such as nongovernmental organizations, United Nations organizations and funders. It will likely interest many others, too – for example, advocates, service providers, educators and young people themselves.

The report has benefited from the contribution and inputs of WHO experts at country, regional and global levels and across health issues including use of alcohol and other psychoactive substances, HIV, injuries, mental health, nutrition, sexual and reproductive health, tobacco use and violence.

This document highlights key aspects of the report *Health for the world's adolescents*.



Deaths among adolescents due to complications of pregnancy and childbirth have declined significantly.

Extending the improvements in maternal and child health to adolescents

Overall, there were an estimated 1.3 million adolescent deaths in 2012, most of them from causes that could have been prevented or treated. Mortality is higher in boys than in girls and in older adolescents (15–19 years) than in the younger group (10–14 years). While there are many causes of mortality common to boys and girls, violence is a particular problem in boys and maternal causes in girls.

Maternal mortality ratios drop. In recent years ministries of health have intensified efforts to reduce the unacceptable toll of deaths among children and women by applying well-known, well-proven interventions.

Efforts towards achieving Millennium Development Goals (MDG) 5 (reduce the maternal mortality ratio by three-quarters) have had a positive impact in adolescents' health. This report highlights a new analysis of the main causes of death, illness and disability among adolescents showing that deaths due to complications of pregnancy and childbirth among adolescents have declined significantly since 2000. This decline is particularly noticeable in the regions where maternal mortality rates are highest. The South-East Asia, Eastern Mediterranean and African Regions have seen declines of 57%, 50% and 37%, respectively. Despite these improvements, maternal mortality ranks second among causes of death of 15–19-year-old girls globally, exceeded only by suicide.

Some infectious diseases still major causes of death. Similarly for MDG4 (reduce the under-5 mortality rate by two-thirds), thanks to childhood vaccination, adolescent deaths and disability from measles have fallen markedly – by 90% in the African Region between 2000 and 2012, for example. However, as the new analysis also highlights, substantial numbers of adolescents still die from diseases that have been addressed successfully in efforts to decrease infant and child mortality. For example, diarrhoeal diseases and lower respiratory

tract infections rank second and fourth among causes of death among 10–14-year-olds. Combined with meningitis, these conditions account for 18% of all deaths in this age group, little changed from 19% in 2000.

Rising rate of deaths due to HIV. In contrast to reductions in maternal deaths and measles mortality, estimates suggest that numbers of HIV deaths are rising in the adolescent age group. This increase occurred predominantly in the African Region, at a time when HIV-related deaths were decreasing in all other population groups. It may reflect improvements in the response to paediatric HIV, with infected children surviving into the second decade of life, or it may reflect limitations in current knowledge of and estimation of survival times for HIV-positive children in adolescence. There is good evidence on the poor quality of, and retention in, services for adolescents indicating the need for improved service delivery. In addition, improved data are needed on HIV mortality and survival times in the age groups 5–14 years.

HIV is now the number 2 cause of death among adolescents.

While much remains to be done in pursuit of the unfinished agendas of MDGs 4, 5 and 6 (combat HIV/AIDS, malaria and other diseases), many countries have made significant progress. Precisely because of the remarkable achievements in decreasing deaths during the first decade of life in many high- and middle-income countries, mortality in the second decade is now greater than mortality in the first decade (with the exception of the first year of life). Countries need to sustain these achievements in child health by investing in the health of adolescents.

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Health during adolescence has an impact across the life-course

The life-course provides an important perspective for public health action. Events in one phase of life both affect and are affected by events in other phases of life. Thus, what happens during the early years of life affects adolescents' health and development, and health and development during adolescence in turn affect health during the adult years and, ultimately, the health and development of the next generation.

Effective interventions during adolescence protect public health investments in child survival and early child development. At the same time, adolescence offers an opportunity to rectify problems that have arisen during the first decade. For example, interventions during adolescence may decrease the adverse long-term impacts of violence and abuse in childhood or of under-nutrition and prevent them from undermining future health.

Achieving MDGs 4, 5 and 6 requires greater focus on the adolescent phase of the life-course. Further lowering rates of adolescent pregnancy will be central to reducing maternal mortality *and* to improving child survival, since the younger the mother, the higher the mortality rate among newborns. This has been one of the important achievements in adolescent health of the past two decades – significant reductions in adolescent pregnancy rates in a number of countries, for example, Canada, England and the United States of America. HIV prevention and decreasing HIV-related deaths also depend on reaching adolescents.



Adolescents feature in new health agendas. Focus on the adolescent phase of the life-course is crucial not only for the unfinished MDG agenda, but also for new public health agendas. The health-related behaviours and conditions that underlie the major noncommunicable diseases usually start or are reinforced during the second decade: tobacco and alcohol use, diet and exercise patterns, overweight and obesity. These behaviours and conditions have a serious impact on the health and development of adolescents today but devastating effects on their health as adults tomorrow.

New data presented in *Health for the world's adolescents* show, for example, in countries with survey data that fewer than one in every four adolescents meets recommended guidelines for physical activity; as many as one in every three is obese in some countries; and, in a majority of countries in every region, at least half of younger adolescent boys report serious injuries in the preceding year.

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