



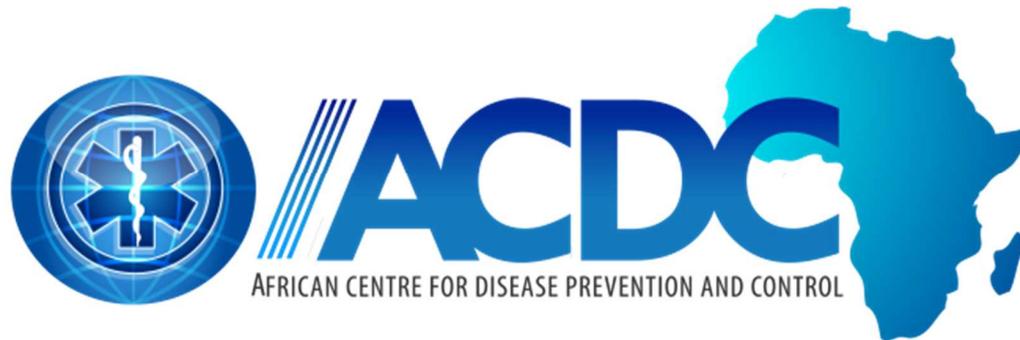
AFRICA HEALTH
ORGANISATION

2030

**AHO PLAN OF
ACTION FOR
IMPROVING
ADOLESCENT &
YOUTH HEALTH
IN AFRICA**



Partners



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Preface

The Strategy seeks to improve the health of the largest cohort of young people in the history of Africa—representing 34.5% of the total population—and to respond to the changing context: demographic transition, globalization, environmental changes, and new communication technologies. In the next decade, Member States will be challenged to promote and protect the health and development of young people in order to ensure that they build social capital and have healthy populations in their most economically productive years and in older ages. This challenge cannot be addressed by the health sector alone; the integration and coordination of actions of all stakeholders is no longer a choice, in order to minimize the duplication of efforts and maximize the impact of investments made.

This document proposes a 10-year strategy to engage and respond to the needs of young people aged 10 to 24 of both sexes living in Africa. It aims to do so by developing and strengthening the health sector's integrated response, with particular attention to the most vulnerable adolescents and youth and to the prevailing disparities in the health status, both among and within the countries of Africa.

Many countries in Africa are currently experiencing a demographic “window of opportunity” in which there is a larger proportion of working-age persons relative to the dependent population. The investment in health and education for young people and the alignment of economic policies enable productivity and economic growth. Even in countries where this window has closed, the promotion of health and development of young people is essential to help increase their potential to support the growing dependent population. Furthermore, investment in young people's health is essential to protect investments made in childhood (e.g. significant investments in vaccines and food programs) and secures the health of the future adult population. Most habits detrimental to health are acquired during adolescence and youth and manifest themselves as health problems in adulthood (e.g. lung cancer caused by the consumption of tobacco), adding an avoidable financial burden to the health systems



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Introduction

1. This document proposes a 10-year strategy to engage and respond to the needs of young people aged 10 to 24 of both sexes living in Africa. It aims to do so by developing and strengthening the health sector's integrated response, with particular attention to the most vulnerable adolescents and youth¹ and to the prevailing disparities in the health status, both among and within the countries of Africa.
2. The Strategy seeks to improve the health of the largest cohort of young people² in the history of Africa—representing 34.5% of the total population—and to respond to the changing context: demographic transition, globalization, environmental changes, and new communication technologies. In the next decade, Member States will be challenged to promote and protect the health and development of young people in order to ensure that they build social capital and have healthy populations in their most economically productive years and in older ages. This challenge cannot be addressed by the health sector alone; the integration and coordination of actions of all stakeholders is no longer a choice, in order to minimize the duplication of efforts and maximize the impact of investments made.
3. This Strategy is grounded in the preamble of the World Health Organization's Constitution, which states, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."³ Furthermore, it is consistent with global documents, such as the International Conference on Population and Development (ICPD), the United Nations General Assembly Special Session (UNGASS), the Millennium Development Goals (MDG), and the following UN/Inter-African human rights conventions, declarations and recommendations

UN instruments for the Protection of Human Rights

- Convention on the Rights of the Child;
- Universal Declaration of Human Rights;
- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social, and Cultural Rights;
- Convention on the Elimination of All Forms of Discrimination against Women

4. The development of this Strategy is the product of a participatory process that involved international experts, strategic partners, and national stakeholders, including young people, and AHO country focal points.

Background

5. The commitment of Africa Health Organization (AHO) Secretariat to improve the health and well-being of young people is long standing. Previous mandates on the topic of adolescent and youth health include: the World Health Assembly resolution on the *Strategy for Child and Adolescent Health and Development* (WHA56.21, 2003), which urges Member States to strengthen and expand efforts to increase the coverage of health services and to promote access to a full range of health promotion and prevention interventions; the WHA resolution *Global Strategy on Reproductive Health* (WHA57.12, 2004),¹⁵ which calls for Member States to reach international goals in reproductive health with particular attention to inequities related to gender and poverty and the risks to which adolescents are exposed; and in which Member States formally recognized the differentiated needs of the youth population and approved a framework

and action plan. The AHO Strategic Plan 2020- 2030 and the Health Agenda of Africa reaffirm the importance of addressing the particular needs of adolescents and youth.

6. An external evaluation of the implementation of the 2020-2030 plan of action conducted in 2017, revealed that 22 of 54 responding Member States have established national adolescent health programs, but only 17 of 54 countries had a program with effective functioning. Thirty-one per cent of the surveyed countries rated their program as adequate, 41% as partially adequate, and 18% as inadequate. While this represents clear progress, the response of health systems and services to the needs of young people is often weak and still faces budgetary constraints.

Analysis

7. Many countries in Africa are currently experiencing a demographic “window of opportunity” in which there is a larger proportion of working-age persons relative to the dependent population. The investment in health and education for young people and the alignment of economic policies enable productivity and economic growth. Even in countries where this window has closed, the promotion of health and development of young people is essential to help increase their potential to support the growing dependent population. Furthermore, investment in young people’s health is essential to protect investments made in childhood (e.g. significant investments in vaccines and food programs) and secures the health of the future adult population. Most habits detrimental to health are acquired during adolescence and youth and manifest themselves as health problems in adulthood (e.g. lung cancer caused by the consumption of tobacco), adding an avoidable financial burden to the health systems.

8. In Africa, in 2015, the mortality rate for 15 to 24 year olds was approximately 130 per 100,000.²² The main causes of mortality for this age group are external causes, including accidents, homicides, suicides, among others, followed by communicable diseases, including HIV/AIDS, noncommunicable diseases, and complications of pregnancy, childbirth, and the puerperium (see Annex A). Other fundamental health topics that affect young people requiring immediate action are: sexually transmitted infections (STIs), obesity, mental health, tobacco consumption, and substance abuse. The disproportionate impact of these issues on low income, poorly educated, indigenous, migrant, and ethnic minority young people need special consideration.

(a) *Violence* - In 2000 in Africa, the homicide rate among 15 to 29 year-old men and women was 68.6 and 6.4 per 100,000, respectively (compared to high income countries in Europe where the homicide rate only reached 1.7 and .7 per 100,000 men and women, respectively). For every youth homicide, there are anywhere from 20 to 40 victims of non-lethal violence in this same age group requiring hospital care. Additionally, adolescent and young women are four times more likely to be victims of a sexual assault than older women.

(b) *HIV/AIDS/STIs* - In Africa, AIDS is already among the five leading causes of death for young people. Sexually transmitted infections affect one in 20 adolescents a year and the most common infections are chlamydia, gonorrhea, syphilis, and trichomoniasis. In pregnant adolescent girls,

sexually transmitted infections increase the risk of delivering premature and low-birth weight infants.

Moreover, if left untreated, over the long term, these infections may heighten the risk of cancer and HIV, and may be responsible for half of infertility cases.

(c) *Sexual and Reproductive Health*: Significant advances in gender equity are required to improve young people's sexual and reproductive health. HIV and STIs devastate the population of adolescent girl. Often cultural and social gender norms restrict their access to basic information, prescribe an unequal and more passive role in sexual decision-making, undermine their autonomy, and exposes many of them to sexual coercion. Likewise, traditional expectations related to masculinity are often associated with behaviours that increase the risk of HIV infection among men and adolescent boys. Such behaviours include a high number of sexual partners, use of drugs or alcohol, and refusal to seek medical care for sexually transmitted infections.²⁸ Thus, the lives and health of adolescent girls can only be improved in parallel with the sensitization of men and adolescent boys. Understanding factors associated with young people's sexual attraction and sexual orientation is key to improve their sexual and reproductive health. In many countries of Africa, young people are becoming sexually active at an increasingly young age, with most initiating sexual activity in adolescence. Approximately 50% of 15 to 24 year-old females in some African countries had engaged in sexual intercourse by the age of 15; the percentage is even higher in rural areas and among young people with lower levels of education. Nearly 90% of youth reported familiarity with at least one method of contraception, but between 48% and 53% of sexually active youth never used contraception. Among those who had used a contraceptive method, approximately 40% did not use contraception regularly. For 2006, the unmet need for contraception among young women was 48% although the figure varies from country to country.

(d) *Pregnancy*: Obstetric conditions were the most common cause of hospitalization for young women 46% in Africa. Adolescents run a higher risk of adverse pregnancy outcomes and, in comparison with older women, have lower probabilities of completing schooling, risk working in informal jobs, poverty, and their children suffer higher health risks. Half the countries in Africa have adolescent fertility rates among 15 to 19 year olds higher than 72 per 1,000 women (see Annex B). Twenty percent of the births in Africa were from women younger than 20 years of age, with an estimated 40% of pregnancies being unplanned. In LAC, women below the age of 24 account for 45% (405) of the estimated number of deaths (900) due to unsafe abortions for 2003.

(e) *Malnutrition* - Adolescent obesity in Africa varies between 8% and 22%. The rates of both overweight and obesity are higher in boys than in girls. In total, approximately 26% of boys and 17% of girls are either overweight or obese.

(f) *Mental health*: The previously described mortality and morbidity among young people is related to the lack of attention to mental health. In 2004 in some countries, suicide was the third leading cause of death among adolescents 13-19 years of age. In addition, many adolescents seriously consider suicide without attempting, or they attempt and do not complete suicide.

(g) *Consumption of Alcohol, Drugs, and Tobacco*: In 2005, 40% of adolescent girls and 50% of adolescent boys 12-18 years old had consumed alcohol and 1 in 10 youth 16-18 years old had

consumed four or more alcoholic beverages at once. Approximately 1 in 10 adolescents 13-17 years old had used illegal drugs sometime in their lives. In some countries, 1 in 5 students from ninth to twelfth grade reported having used marijuana at least once in the past month. The consumption of tobacco in the past month among adolescents 13-17 years old ranged between 2.2% and 38.7%.

9. By living in the continent with the largest social inequalities, young people are subject to prevailing socioeconomic, territorial, ethnic, and gender inequalities that mold their health and social opportunities. The majority of the primary causes of morbidity and mortality in the Region are associated with the social determinants of health, namely:

education, income and social class, employment, migration, family, social networks, the environment, among others. In all countries in the Region, the poorest and most excluded are often young people that belong to indigenous, ethnic, and racial minorities, and those that live in female-headed households, and/or in rural communities. Thirty nine per cent of youth live in poverty in Africa. Adolescents who live in a household with one parent only are substantially more likely to have a family income near or below the poverty line than are adolescents living in a household with two parents. The fertility rate of adolescents living in poverty is three times higher than that of adolescents not living in poverty, they use fewer contraceptive methods, and are more likely to give birth before the age of 20. Education also affects health outcomes and risk behaviours (e.g. pregnancy, STI/HIV/AIDS, the harmful consumption of alcohol and other substances, and the risks of violence). Overall only 38% of 18 year-olds are attending school,⁵¹ however great disparities based on socioeconomic levels, ethnicity, and geographic area exist. For every additional year of schooling fertility rates in adolescents decreases by 5%-10%.⁵² Moreover, inequalities in opportunities for education and employment with decent wages are driving high degrees of migration, both in and between countries. This translates in the disintegration of families and communities; unsafe, illegal, and informal employment; trafficking; and in numerous health risks (STI/HIV/AIDS, pregnancy, and violence).

10. Strategic information is critical for informed decision-making. Despite increasingly sophisticated information technology, social and health data on young people is still difficult to obtain, often incomplete, inaccurate or inconsistent in many countries.⁵³ In the external evaluation of the action plan 2020-2030 of the application of resolution, out of 26 countries that responded, 30% have a national surveillance system that includes the issue of adolescent and youth health, and only 27% monitor and perform an evaluation of their programs.⁵⁴ Moreover, stigma remains a barrier causing underreporting of some health issues (e.g. suicide, mental illness, sexual orientation, and sexual abuse). Paucity of data often impedes the identification of groups at particular risk within and among countries or the risk and protective factors for health behaviours and outcomes. Deficient monitoring and evaluation has resulted in the continued implementation of ineffective interventions.

11. In general, policies, programs and services approach adolescent and youth health and development from a vertical and problem-oriented perspective, for example addressing HIV, pregnancy, alcohol consumption, family, and violence as distinct issues. Sources of financing often reinforce this approach, resulting in expensive duplication of efforts and limited impact. Evidence suggests that programs should address interrelated

health outcomes, associated behaviours and their common origins to improve impact and reduce expensive duplication of efforts. Contributing to ineffective interventions is the poor use of available scientific evidence and the lack of adolescent and youth participation in the development and implementation processes.

12. Due to lack of adolescent and youth participation, consideration of the specific needs of the target population as determined by age, stage of development, culture, and gender is inadequate. In addition, programs have not capitalized on the pivotal role played by supportive families, schools and communities as protective factors for health and education, as well as their potential to facilitate access to health services and be critical settings for health promotion. It is necessary to identify community and neighbourhood strengths and weaknesses through participatory evaluations, to design innovative, comprehensive, and effective youth development programs and health services.

13. Adolescent and youth access to health services also continues to be inadequate in most countries. Many young people encounter legal and financial barriers and unfriendly environments when they use health services, including breaches in confidentiality, judgmental and disapproving attitudes relating to sexual activity and substance use, and discrimination. Additionally, access to health services (including biomedical, mental health, and others) is affected by the financial policies of the health system, geographical barriers, and availability of health personnel. Under the poverty line had no health insurance.⁵⁶ Health services should be organized to respond to health needs and wants of young people and their individual and collective expectations. The gap between the supply of health services and the demands of adolescents and youth needs to be closed.⁵⁷ Quality health services provide an important opportunity for promotional and preventive health messages along with screening, diagnosis, treatment and care for a range of health issues.

14. The primary health care model demands health care providers to be adequately prepared to respond to the needs of individuals throughout the life cycle.⁵⁸ Therefore, they are required to have knowledge of the specific needs of young people and the barriers they face. However, the Region lacks a critical mass of health care providers trained to respond to the needs of young people. Innovative strategies to reach young people and train health providers can help keep abreast of demands for health promotion and prevention services and programs. The increased demands require providers to be knowledgeable about new research and emerging technologies in adolescent and youth health, both in communication (e.g. text messaging, virtual networks) and in health issues (e.g. new findings on brain development, new vaccines—Human Papillomavirus vaccine—and testing and screening methods).

15. Information and communication technology has given many young people increased exposure to mass media, cell phones and the Internet, allowing them to connect with global cultures and revolutionizing social interactions. Those who have access to media are exposed to an array of messages and images, often about unhealthy behaviours, such as the use of tobacco in television programs.⁵⁹ However, those same communication technologies can be used as a strategy to improve the health of young

people by positively influencing health values, attitudes and beliefs. Another important strategy is targeting pre- or early-adolescence to influence behaviours before they become health-compromising habits.

Proposal

16. The purpose of this Regional Strategy is to contribute to the improvement of the health of young people through the development and strengthening of the integrated health sector response and the implementation of adolescent and youth health promotion, prevention, and care programs.

17. The Strategy is assembled with information, evidence and knowledge, and rests on four pillars: primary health care, health promotion, social protection, and the social determinants of health. The Strategy calls for an integration of approaches, programs, and services to tackle health issues of concern and ensure better outcomes. Gender, culture, and youth participation are crosscutting perspectives.

18. Building on the WHO definition of health⁶⁰, this Strategy defines a healthy adolescent or youth as someone who fulfils the biological, psychological and social tasks of development with a sense of identity, self-worth and belonging, sees a positive path for the future, is tolerant of change and diversity, and has the competencies to engage as an active member of civil society and the labour force. This manifests in young people as healthy eating habits, engaging in physical activity, mental health and wellness, and a responsible and positive approach to sexuality.

19. This Strategy proposes seven lines of action and promotes their systematic and simultaneous integration to address the primary causes of mortality and morbidity and fundamental adolescent and youth health issues identified in the analysis section: (1) strategic information and innovation; (2) enabling environments and evidence-based policies; (3) integrated and comprehensive health systems and services; (4) human resource capacity building; (5) family, community, and school-based interventions; (6) strategic alliances and collaboration with other sectors; and (7) social communication and media involvement.

20. To support the implementation of these lines of action AHO, in partnership with the United Nations and other organizations, will use an inter-programmatic approach, work with special emphasis on priority and high impact countries,⁶¹ build networks, and mobilize resources. Specifically, AHO will provide technical cooperation for the implementation, monitoring, and evaluation of the lines of action, promote advocacy, support the systematization of best practices, create a platform to share lessons learned throughout the continent and encourage country-to-country cooperation.

Strategic Lines of Action

21. The strategic lines of action have a duration of 10 years 2008 -2018. Below, the lines of action are described, including concrete objectives, and proposals for action based on evidence and best practices recognized by PAHO. Annex C includes the indicators to monitor and evaluate the achievement of these objectives by strategic line of action and makes note of corresponding strategic objectives and regional expected results from the PAHO Strategic Plan.

Strategic Information and Innovation

22. *Objective.* To strengthen the capacity of the countries to generate quality health information on adolescent and youth health and their social determinants, disaggregating information by age, sex, ethnicity and socioeconomic level.

23. The collection, analysis, and dissemination of appropriate information will provide essential tools to establish priorities and guide the regional action plan and national programs, including the development of policies, planning, and evaluation of programs.

24. This strategic line of action proposes action to:

(a) Reach consensus on a list of basic indicators that allow for the identification of gaps and inequities in adolescent and youth health. These indicators will be used for the development of a virtual platform with regional data, disaggregated by age, sex, ethnicity and income. The platform could form a regional observatory on adolescent and youth health.

(b) Support the countries to build capacity to: strengthen their national health information systems, develop an Adolescent Health Information System (AIS), and to monitor and evaluate the quality, coverage, and cost of national adolescent and youth health programs, health services, and other interventions, and to align efforts with PAHO and other global work in progress in the topic.

(c) Promote the analysis, synthesis, and dissemination of integrated information from different sources on the state of adolescent and youth health and social determinants at the national and regional levels.

(d) Support regional and national research on the impact of new and innovative methods to improve the health and development of young people and to disseminate effective interventions and best practices.

Enabling Environments and Evidence-based Policies

25. *Objective.* To promote and secure the development of enabling environments and the implementation of effective, comprehensive, sustainable and evidence-based policies on adolescent and youth health.

26. This strategic line of action proposes action to:

- (a) Establish public policies that support a better state of health for young people, emphasizing action among the most vulnerable youth and based on WHO and AHO resolutions and their recommendations.⁶³ These policies should guarantee specific budget allocation for adolescent and youth health and allow for the follow-up of commitments and ensure accountability.
- (b) Develop, implement, and comply with evidence-based policies and programs in a manner consistent with the UN Convention on the Rights of the Child and the previously mentioned UN/OAS human rights instruments.
- (c) Advocate for environments that promote health and development among young people, considering social determinants of health and the promotion of health and secure communities, including the health-promoting schools initiative.
- (d) Support the development and revision of current policies and legislation in priority health topics for young people, especially in those that have impact on health service access.

Integrated and Comprehensive Health Systems and Services

27. *Objective.* To facilitate and support strengthening the capacity of the health system to respond to adolescent and youth needs.

28. The effective extension of social protection will be supported. Adolescent and youth health promotion, prevention, and care require primary-level health care services based on quality standards and best practices.⁶⁵

29. This strategic line of action proposes action to:

- (a) Implement interventions through the effective Integrated Management of Adolescent Needs (IMAN) model.⁶⁶
- (b) Integrate services with referral and counter-referrals between the primary, secondary, and tertiary levels.
- (c) Increase access to quality health services with the development of quality standards of care and ensure availability of critical public health supplies.
- (d) Develop models of care, including alternative and innovative service provision that can increase access, such as mobile clinics, health services linked to schools, and pharmacies, among others.
- (e) Conduct studies on the availability, utilization, and cost of services.

Human Resource Capacity Building

30. *Objective* Support the development and strengthening of human resource training programs in comprehensive adolescent and youth health, especially those in health

sciences and related fields, in order to develop policies and programs for adolescent and youth health promotion, prevention, and care.

31. Health and service providers (for example school and university teachers, community health *promoters*, among others) are instrumental to improving the health of adolescents and youth, and therefore multidisciplinary teams are required.

32. This strategic line of action proposes action to:

(a) Develop and implement training programs in the health and development of adolescents and youth at the undergraduate and graduate levels and in-service, with the use of new technologies such as e-learning platforms, and including key topics such as the dissemination and clarification of the UN Convention on the Rights of the Child⁶⁷ and the previously mentioned UN/OAS human rights instruments with regard to issues such as confidentiality, privacy, informed consent, equal protection of the law and non-discrimination in the context of cultural diversity.⁶⁸

(b) Include the topic of adolescent and youth health in curricula for health and education professionals.

(c) Advocate for the capacity building of primary health care providers using evaluated courses in comprehensive adolescent health supported by AHO and currently available on diverse e-learning platforms.

(d) Incorporate in available e-learning courses and others current scientific evidence on young people and the topic of monitoring and evaluation of programs.

Family, Community, and School-based Interventions

33. *Objective.* To develop and support adolescent and youth health promotion and prevention programs, with community-based interventions that strengthen families, include schools and encourage participation.

34. Behaviour change in adolescents and youth is influenced by the environment in which they live, study, and work. A favourable family environment is essential to achieve positive health and education results.

35. This strategic line of action proposes action to:

(a) Develop and disseminate evidence-based tools that help strategic actors in interventions that strengthen the family, for example the evaluated PAHO program “Strengthening families with adolescent children with love and limits”.

(b) Support community mobilization to change institutional policies and to create communities that are favorable to youth development and health.

(c) Develop tools to promote the meaningful participation and empowerment of adolescents and youth and their communities, starting with the identification of their strengths and weaknesses to effectively contribute to the decision-making process and to the design, and implementation of programs that affect them.

(d) Improve the relationship between the health and education sectors to develop comprehensive programs for adolescents and youth, and to monitor and evaluate their impact.

Strategic Alliances and Collaboration with Other Sectors

36. *Objective* To facilitate dialogue and alliance building between strategic partners, in order to advance the adolescent and youth health agenda and to make sure that strategic partners participate in the establishment of policies and programs for this age group.

37. The implementation of adolescent and youth health programs requires concerted action on the part of multiple partners and strategic actors from different sectors. Furthermore, it requires action at various levels of government, from nongovernmental organizations, multilateral organizations, and the local level, among others.

38. This strategic line of action proposes action to:

(a) Develop integrated and coordinated actions between the health sector and with strategic partners at the regional, national, and local levels, for example: government entities (education, judicial system, labour, public security, housing services, environment, among others), private organizations, universities, media, civil society, youth organizations, faith-based organizations, and communities (including teachers, parents, and young people).

(b) Increase and strengthen adolescent and youth interagency programs between and among UN agencies and organs and agencies of the OAS.

(c) Establish mechanisms for south-to-south cooperation and to share best practices and lessons learned in the region.

Social Communication and Media Involvement

39. *Objective.* Support the inclusion of social communication interventions and innovative technologies in National Adolescent and Youth Health Programs.

40. The mass media and new technologies have a significant impact on the health of adolescents and youth. It is essential to work with mass media to promote a positive image of adolescents and youth and to incorporate new technologies in health promotion.

41. This strategic line of action proposes action to:

(a) Promote positive images, values, and behaviours regarding adolescents and youth

health.

(b) Strengthen countries to use social communication techniques and new technologies to increase access to health interventions and services.

(c) Support the generation of evidence in this topic, especially in the use of new technologies and their impact on health.

Strategic Lines of Actions, Objectives and Indicators

<i>PURPOSE</i>	<i>INDICATORS</i>
To contribute to the improvement of the health of young people through the development and strengthening of the integrated health sector response and the implementation of adolescent and youth health promotion, prevention, and care programs.	By 2030, priority and high impact countries will have a functional national adolescent and youth health program (defined as one that is at least 2 years old, has a person in charge of the program, has a plan of action that has been implemented in the last year, and has a budget assigned). 100% of the countries by 2030

<i>STRATEGIC LINE OF ACTION</i>	<i>OBJECTIVES</i>	<i>INDICATORS</i>
Strategic line of Action 1: Strategic information and innovation	To strengthen the capacity of the countries to generate quality health information on adolescent and youth health and their social determinants, disaggregating information by age, sex, ethnicity and socioeconomic level. (Strategic objective 3, 4 y 7. Regional expected result 3.3, 4.2, 7.3, 9.3)	By 2022, 75% of the countries will have incorporated agreed upon health indicators on adolescents and youth health, associated risk factors and public health interventions; 95% for the year 2030
		Measurement Number of countries with national information systems that delivers annual information on adolescents and youth data by age. (<i>Indicator of the strategic objective 1 included in the global monitoring system – GMS</i>)
		Number of countries with a national information system that delivers annual information on adolescent and youth health, disaggregated by sex
		Number of countries with information systems that deliver annual information on adolescent and youth health by socio-economic status and ethnicity.
		Number of countries that analyse data and complete an annual report on the epidemiology, health behaviour

		and interventions for adolescents and youth
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STRATEGIC LINE OF ACTION	OBJECTIVES	INDICATORS
Strategic line of Action 2: Enabling environments and evidence-based policies	To promote and secure the development of enabling environments and the implementation of effective, comprehensive, sustainable and evidence-based policies on adolescent and youth health. (Strategic objective 2,3,4, 6 y 7, Regional expected result: 2.2, 3.2, 4.6, 6.4, 6.5, 6.6, 7.4, 7.5, 7.6)	By 2025, priority and high impact countries will have comprehensive policies on young people and their health in effect: 95% of countries in 2030.
		Measurement Number of countries with comprehensive adolescence and youth policies with an assigned budget and in effect through an annual plan of action.
		Number of countries who have revised their health policies and legislation as well as the ones related to accessing health services in the past three years
		Number of countries who incorporate adolescents and youth to the social protection systems
Strategic line of action 3: Integrated and comprehensive health systems and services	To facilitate and support strengthening the capacity of the health system to respond to adolescent and youth needs. (Strategic objective 4 and 10, Regional expected result 4.1, 4.6, 10.1, 10.4)	By 2022, priority countries will have developed a national adolescent and youth health program and by 2025 these programs will be implemented.
		By 2025, priority and high impact countries will have 50% of health centers at the district level applying an integrated package of interventions for adolescents and youth (IMAN: Integrated Management of Adolescent Needs). 75% of all countries by 2030
		Measurement Number of districts that deliver the integrated package of health services for adolescents and youth, IMAN, with defined standards
		Number of adolescents and youth using the district's sentinel health centers

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STRATEGIC LINE OF ACTION	OBJECTIVES	INDICATORS
Strategic line of action 4: Human resource capacity building	Support the development and strengthening of human resource training programs in comprehensive adolescent and youth health, especially those in health sciences and related fields, in order to develop policies and programs for adolescent and youth health promotion, prevention, and care. (Strategic objective 4, 7 and 13, Regional expected result 7.4.1, 13.1 and 13.4)	By 2025, all the countries of Africa will have incorporated adolescent health in the curricula of training programs for health and other related professionals.
		By 2055, 50% of the districts' clinics have at least one provider skilled in adolescent and youth health care and in the applicable international/regional human rights instruments and standards (40-hour course).
		Measurement Number of universities that include the subject of adolescent and youth health in the curricula of health science majors
		Number of clinics with a provider trained in IMAN (40-hour course).
Strategic line of action 5: Family, community and school-based interventions	To develop and support adolescent and youth health promotion and prevention programs, with community-based interventions that strengthen families, include schools, and encourage participation. (Strategic objective 4 and 6, and Regional expected result, 4.6 and 6.1)	By 2022, the priority and high impact countries will have incorporated in their adolescent and youth health promotion and prevention programs, interventions to strengthen families and programs coordinated with schools and communities. 100% of the countries by 2030
		Measurement Number of countries implementing the program "Strengthening Families" or the equivalent.
		Number of national adolescent and youth health programs that include schools and communities in their program

STRATEGIC LINE OF ACTION	OBJECTIVES	INDICATORS
Strategic line of action 6: Strategic alliances and collaboration with other sectors	To facilitate dialogue and alliance building between strategic partners, in order to advance the adolescent and youth health agenda and to make sure that strategic partners participate in the establishment of policies and programs for this age group. (Strategic objective 4, 7 and 15, and Regional expected result 4.6, 7.2 and 15.3)	By 2030, all countries will have an adolescent and youth intersectorial strategic plan with a focus on determinants and equity.
		Measurement Number of countries that have an intersectorial strategic plan (defined as a plan which integrates at least 3 key sectors in adolescent health and development)
Strategic line of action 7: Social communication and media involvement	Support the inclusion of social communication interventions and innovative technologies in National Adolescent and Youth Health Programs. (Strategic objective 4 and 15, Regional expected result 4.6 and 15.4)	By 2025, all countries will have incorporated into their national adolescent and youth health programs, social communications interventions and innovative technologies.
		Measurement Number of countries with a national adolescent and youth program that include a social communications plan of action

Indicators of impact aligned with the AHO Strategic Plan 2020-2030 to consent with the countries:

Compiled data must be disaggregated by groups of age, sex, socioeconomic levels, race and ethnicity.

1. Annual incident of registered cases of HIV in the adolescent and youth population
2. Mortality rate by HIV in adolescents and youth
3. Prevalence of HIV in pregnant women population from ages 15-24
4. Mortality rate by traffic accidents, homicide and suicide
5. Rate of a specific fertility in adolescents of ages 15-19 and youth of ages 20-24
6. Percentages of birth in adolescent and youth women
7. Reason of maternal mortality by age groups; 10-14, 15-19, and 20-24 years old
8. Percentage of women, adolescent and youth, with an unsatisfied demand of contraceptives
9. Percentage of women, adolescent and youth, that had a unplanned pregnancy
10. Access to contraceptive methods by age groups
11. Average age of the first sexual relationship
12. Percentage of the adolescent population that had sexual relationships in the last 12 months
13. Percentage of young people that used a condom in their first sexual relationship

14. Percentage of young people that had more than one sexual partner in the last 12 months

15. Factors of risk of chronic disease (use of tobacco, physical activity, overweight/obesity)

16. Percentage of adolescents that:

- Smoke cigarettes, one or more in the last 30 days
- Have taken drugs one or more times in their lives
- Have consumed at least one or more alcoholic beverages during the last 30 days

(Use of alcohol and drugs in adolescents of age 13-15 (GHS) or other to agree)

17. Prevalence of anemia in adolescent and young women

RESOLUTION

STRATEGY FOR IMPROVING ADOLESCENT AND YOUTH HEALTH

Having seen the Director's report, *Strategy for Improving Adolescent and Youth Health*, based on the AHO Strategic Plan 2020-2030,

RESOLVES:

To recommend that the Council adopt a resolution along the following lines:

Having seen the Director's report *Strategy for Improving Adolescent and Youth Health*, based on the AHO Strategic Plan 2020-2030;

Noting the World Health Assembly resolution on the Strategy for Child and Adolescent Health and Development (WHA56.21, 2003), calling on governments to strengthen and expand efforts to strive for full coverage of services, and to promote access to a full range of health information for adolescents; and Resolution on adolescent health, in which governments formally recognized the differentiated needs of the youth population and approved a framework and action plan;

Recalling the right of adolescents and youth to the enjoyment to the highest attainable standard of health, as set forth in the Constitution of the World Health Organization; the UN Convention on the Rights of the Child and other international and regional human rights instruments;

Understanding that successful passage through adolescence and youth is essential for healthy, engaged and economically well-developed societies;

Recognizing that adolescent and youth health is a key aspect of economic and social development in the Americas; that their behaviours and health problems are an important part of the overall disease burden; that the cost associated with the treatment of chronic diseases is high; and that effective prevention and early intervention measures are available;

Considering that the outcomes for adolescent and youth health will be more effective if health promotion, primary health care, social protection, and social determinants are taken into consideration when addressing priority health topics for these populations;

Recognizing that AHO has cooperated with the countries of Africa in establishing conceptual and technical bases and infrastructure for the development of national adolescent and youth health programs and policies; and

Concerned that the specific needs of adolescents and youth have not been adequately addressed and that the achievement of international goals will require additional efforts in adolescent and youth health,

RESOLVES:

1. To endorse the Strategy for Improving Adolescent and Youth Health to effectively and efficiently respond to current and emerging needs in adolescent and youth health with specific consideration of prevailing inequalities in health status, and to strengthen the health system response to develop and implement policies, plans, programs, laws and services for adolescents and young people.

2. To urge Member States to:

(a) promote the collection and use of data on adolescent and youth health disaggregated by age, sex and ethnicity and the use of a gender-based analysis, new technologies (e.g. geographical information systems) and projection models to strengthen the planning, delivery, and monitoring of national plans, policies, programs, laws and interventions related to adolescent and youth health;

(b) strengthen and expand efforts to meet international commitments for adolescent and youth health;

(c) promote and establish enabling environments that foster adolescent and youth health and development;

(d) scale up the coverage of and access to quality health services—including promotion, prevention, effective treatment, and ongoing care—to increase their demand and utilization by adolescents and youth;

(e) support capacity building for policymakers, program managers, and health care providers to develop policies and programs that aim to promote community development and provide effective quality health services addressing the health needs of adolescents and youth and their related determinants of health;

(f) engage adolescents and youth, their families, communities, schools, and other appropriate institutions and organizations in the provision of culturally sensitive and age-appropriate promotion and prevention programs as part of the comprehensive approach to improving the health and well-being of adolescents and youth;

(g) improve coordination within the health sector and with partners in other sectors to ensure that actions and initiatives in adolescent and youth health and development are implemented, minimizing duplication of efforts and maximizing impact of limited resources;

(h) establish partnerships with the media to promote positive images of adolescents

and youth which promote appropriate behaviours, social norms and commitment to health issues.

3. To request the Director to:

(a) maintain the Organization's commitment to and support for achieving and sustaining high levels of coverage of evidence-based interventions through the integration of actions by AHO programmatic areas;

(b) support the establishment and coordination of strategic alliances to improve the health and development of adolescents and youth;

(c) encourage technical cooperation among countries, subregions, international organizations, government entities, private organizations, universities, media, civil society, youth organizations, faith-based organizations, and communities, in activities that promote adolescent and youth health;

(d) establish a time limited technical advisory group for guidance on topics pertinent to adolescent and youth health and development.

(e) develop a plan of action (2020-2030) based on the Strategy for Improving Adolescent and Youth Health.

(f) encourage the development of collaborative research initiatives that can provide the evidence base needed to establish and deliver effective and developmentally and age appropriate programs and interventions for adolescents and youth.

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Council

1. Resolution: Integrated Strategy for Improving Adolescent and Youth Health	
2. Linkage to program budget	
Area of work	Expected result
SO2 To combat HIV/AIDS, tuberculosis and malaria	RER 2.1 Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations.
	RER 2.2 Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care.
SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	RER 3.1 Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic noncommunicable conditions, mental and behavioural disorders, violence, road safety, and disabilities.
	RER 3.2 Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic noncommunicable conditions, mental and behavioural disorders, violence, road safety, disabilities, and oral diseases.
	RER 3.3 Member States supported through technical cooperation to improve capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioural disorders, violence, road traffic injuries and disabilities.
SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	RER 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).

	<p>RER 4.2 Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.</p>
	<p>RER 4.6 Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.</p>
<p>SO6 To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions</p>	<p>RER 6.1 Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.</p>
	<p>RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.</p>
	<p>RER 6.6 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex</p>
<p>SO7 To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches</p>	<p>RER 7.1 Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.</p>
	<p>RER 7.4 Ethics- and human rights-based approaches to health promoted within AHO/WHO and at national, regional and global levels.</p>
	<p>RER 7.5 Gender and ethnicity analysis and responsive actions incorporated into AHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender and ethnic-sensitive policies and programs.</p>
<p>SO10 To improve the organization, management and delivery of health services</p>	<p>RER 10.1 Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups</p>
<p>3. Financial implications</p> <p>a) Total estimated cost for implementation over the lifecycle of the resolution</p>	

(estimated to the nearest US\$ 10,000; including staff and activities):

This Strategy cannot be addressed by AHO alone in terms of proposed interventions and budgetary implications; therefore, collaboration with UN agencies and other key stakeholders is essential. Considering that this is a Strategy and that the Plan of Action will be developed in 2019, the estimation of cost for the life cycle of the resolution has been developed based on AHO's biennial 2020-2021 expenditure. The estimated cost for implementation of the resolution is US\$ 94,000,000 per biennium. This includes maintaining current staff, hiring additional staff, and implementing activities at the Regional and national levels.

b) Estimated cost for the biennium 2020-2021 (estimated to the nearest US\$ 10,000; including staff and activities):

US\$ 94,000,000

c) Of the estimated cost noted in (b) what can be subsumed under existing programmed activities?

US\$ 10,000,000 can be subsumed under existing proposed activities (2020).

4. Administrative implications

a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):

The work will be undertaken at the country level, focusing on priority and impact countries. The South, East and Central African sub-regions will be prioritized specifically according to the following topics and in accordance with the epidemiological profiles: sexual and reproductive health, violence prevention, NCD prevention, and substance abuse.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

Current staff:

c) Timeframes (indicate broad time frames for the implementation and evaluation):

2020: Approval of Integrated Strategy for Adolescent and Youth Health

2021: Approval of the Plan of Action for the implementation of the Strategy

2020–2030: Implementation of the Strategy in phases

Phase 1 (2020-2022): 5 countries implement, monitor and evaluate the Strategy to generate lessons learned

Phase 2 (2023-2025): 15 additional countries go to scale with the Strategy

Phase 3 (2026-2027): 15 additional countries go to scale with the Strategy

Phase 4 (2028-2029): 4 additional countries go to scale, emphasis placed on evaluation of implementation in all countries

2030 Final Evaluation of the Strategy