



## 158th SESSION OF THE EXECUTIVE COMMITTEE

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*Provisional Agenda Item 7.13-B*

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### **B. PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH**

#### **Background**

1. This report summarizes progress in the implementation of the Regional Strategy for Improving Adolescent and Youth Health (1) and the Plan of Action on Adolescent and Youth Health (2). PAHO Member States endorsed the regional strategy during the 48th Directing Council (Resolution CD48.R5) in 2008, and the plan during the 49th Directing Council (Resolution CD49.R14) in 2009.

2. The report is based on a program implementation analysis and draws from multiple sources, including data reported to PAHO by Member States, regional stakeholder consultations, and input from adolescents and youth collected through a web-based tool.

#### **Update on Progress Achieved**

3. During 2010-2015, significant progress was made under each of the seven strategic areas of action. The annex provides a summary of progress against the midterm (2014) milestones. Beyond the resources provided by the Pan American Sanitary Bureau (PASB), PAHO mobilized close to US\$ 7 million in donor funding to support regional and country-level adolescent and youth health activities. Efforts included:

- a) PASB's support for the development of an adolescent health portal, a virtual platform that provides easy access to regional and country adolescent health data; support to 14 countries for the implementation of adolescent health surveys; technical cooperation for strengthening the collection and analysis of adolescent health data disaggregated by sex, age group, and relevant social determinants.
  - b) PASB provided technical cooperation for the review, update, and revision of legal and policy frameworks, and the development of national adolescent health strategies and plans. Currently all but five of the Region's countries are implementing adolescent health strategies and plans, even though not all programs have designated staff and budget. Training on the health of young people and their human rights was provided for national programs and to health
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- care providers and other stakeholders, including judges, legislators, and ombudsmen.
- c) PASB supported the implementation of the Integrated Model for Management of the Adolescent Needs (IMAN) and the promotion of a standards-based approach to health care services for adolescents; guidance was provided for 120 country stakeholders on the core elements of the regional Strategy for Universal Access to Health and Universal Health Coverage (3) and its implications for child and adolescent health programs and services.
  - d) More than 40 regional, subregional, and country-level capacity-building workshops were organized for adolescent health program managers, health care providers, youth, and other stakeholders, in topics related to adolescent health. From 2010 to 2015, PAHO provided 442 scholarships for health care providers from 14 countries to participate in the diploma program in comprehensive adolescent health and development offered by the Pontifical Catholic University of Chile.
  - e) PAHO continued to support the implementation of community-based models and interventions aimed at strengthening parents and families, including the “strengthening families program” currently being implemented in 13 countries.
  - f) Bilateral opportunities, joint work plans, and joint activities helped build strong partnerships with UN agencies and stakeholders, the World Bank, regional integration mechanisms, the inter-American system, and youth organizations.
  - g) PASB coordinated capacity-building activities on the use of digital media, after which several countries, including Brazil, the Dominican Republic, and Guatemala, implemented actions aimed towards incorporating digital media into adolescent health programs.

### **Action Necessary for Improving the Situation**

4. Considering that the Region has steadily advanced toward reducing adolescent fertility (4), it is recommended that Member States continue to invest in policies and programs that can accelerate this reduction, and focus on early pregnancy in girls younger than 15 years, a growing trend in the Region (5).
5. Given that adolescent and youth mortality rates have not declined, and that homicide, suicide, and traffic fatalities continue to be the leading causes of death among adolescents and youth in the Region (6), Member States are encouraged to:
  - a) accelerate the implementation of evidence-based “best buys” for road safety, such as actions for strengthening road safety management and improving legislation and enforcement (speed reduction, seat belt use, child restraints, helmets, and penalties for drunk driving); promote safer roads and the use of sustainable modes of transportation; put in place policies to protect vulnerable road users; increase

- awareness and strengthen road safety skills among road users; and invest in improving post-crash response and rehabilitation services;
- b) strengthen programs and services for the promotion of mental health and early diagnosis and treatment of mental health conditions in adolescents and youth;
  - c) mainstream the human security approach in existing health plans as a mechanism to prevent violence and injuries in accordance with global and regional mandates, and implement evidence-based interventions to empower young people, strengthen families, and prevent all forms of violence, including sexual violence.
6. Considering the regional commitment to universal access to health and universal health coverage, and the persisting barriers that adolescents and youth face in accessing health services, Member States are urged to ensure that adolescents and youth, particularly those in situations of vulnerability, have access, without any discrimination, to comprehensive, appropriate, timely, gender-responsive, and quality health services, including sexual and reproductive health services.
7. Considering that 13 of the Region's countries report levels of overweight and obesity near or exceeding 25% of adolescents aged 13-15 years, and that tobacco and alcohol use in this age group continue to be significant (7), Member States are urged to implement the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents (8), and to pursue intersectoral partnerships that include the health and education sectors, the private sector, parents, community-based organizations, and youth themselves for the implementation of comprehensive strategies to promote health and wellness, reduce risk factors, and address the social determinants influencing the health and wellness of adolescents and youth.

#### **Action by the Executive Committee**

8. The Executive Committee is requested to take note of this progress report and to formulate the recommendations it deems relevant.

Annex

#### **References**

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Impact Targets	2014 Milestones	2014 Status
By 2018, 75% of the countries will reduce the trends in mortality rates due to suicides (10-24).	8%	<p>The regional age adjusted mortality rate due to suicides in the age group 10-24 years increased from 5.5 to 5.8 per 100,000 from 2008 to 2012,<sup>c</sup> reflecting a 5.6% increase.</p> <p>9 countries (17.6%) reduced the mortality rate due to suicide in the age group by percentages ranging from 0.7% to 38.5%. Among these, 8 decreased the rate by &gt; 8%.</p>

Plan of Action Objectives	2014 Targets	2014 Status
Provide technical cooperation to Member States to develop and strengthen their health systems' delivery of timely and effective health promotion, disease prevention, and care for adolescents and youth, using a life-cycle approach and addressing equity gaps.	70% of countries have established national adolescent and youth health objectives that integrate interventions of the main health issues affecting them using promotion and prevention strategies.	<p>72% (37 out of 51)</p> <p>(Sources: country responses to mid-term evaluation survey and country reports to PAHO through the Strategic Plan Monitoring System)</p>
<b>Objective 2.1:</b> Promote and secure the existence of environments that enable adolescent and youth health and development through the implementation of effective, comprehensive, sustainable, and evidence-informed policies (including legal frameworks and regulations).	Priority and high-impact countries <sup>d</sup> will have evidence-based policies that integrate the main health issues and determinants affecting adolescents and youth as a way to increase this group's access to health care.	<p>Argentina, Bolivia, Guyana, Honduras, Nicaragua, Brazil, Colombia, Mexico, and Peru reported having policies aimed at increasing access of adolescents and youth to health care. All nine countries have included sexual and reproductive health (SRH), HIV, mental health in these policies, eight have nutrition, physical activity, substance use, violence, seven have tobacco, alcohol, and six have injury prevention included in these policies.</p> <p>(Source: WHO MNCAH Policy Surveys, 2012 &amp; 2014)</p>
<b>Objective 3.1:</b> Improve comprehensive and integrated quality health systems and services to respond to adolescent and youth needs with emphasis on primary health care.	Priority and high-impact countries will have 50% of health centers at the district level applying an integrated package of effective interventions for adolescents and youth (IMAN: Integrated Management of Adolescent Needs).	<p>No data available on the percentage of health centers at district level applying an integrated package of services.</p> <p>PAHO developed and widely disseminated the IMAN manual, and conducted numerous regional and country-level training workshops on IMAN. Currently the majority of the countries have adopted the IMAN manual or incorporated the contents in national clinical guidelines and protocols.</p>

<sup>c</sup> Mortality analysis was conducted for 2012 due to incomplete 2013 and 2014 mortality reporting.

<sup>d</sup> The Plan of Action on Adolescent and Youth Health identified Argentina, Brazil, Colombia, Mexico, Peru, and Venezuela as high-impact countries for adolescent and youth health interventions.

Plan of Action Objectives	2014 Targets	2014 Status
<p><b>Objective 5.1:</b> In alignment with PAHO’s Family and Community Health Concept Paper, develop and support adolescent and youth health promotion and prevention programs, with community-based interventions that strengthen families, include schools, and encourage participation and ownership of interventions.</p>	<p>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.</p>	<p>Brazil, Bolivia, Honduras, Nicaragua, Colombia, Peru, and Mexico initiated or expanded the implementation of the Strong Families program (<i>Familias Fuertes</i>), a model program working with parents and adolescents to improve intra-familial communication, improve caring relationships as protective factors, and reduce risk behaviors among adolescents. The program is currently only available in Spanish.</p>

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