1.3 Adolescents' health and well-being

Until recently, adolescent health was a neglected topic. However, that changed with the recognition, in the EWEC *Global Strategy* and elsewhere, that adolescents occupy a pivotal position in global public health and could play a transformative role within the 2030 Agenda for Sustainable Development. By investing in their health and well-being, countries can achieve a "triple dividend" – immediate benefits for adolescents now, and future benefits in their adult lives and for the next generation.[68] The benefit–cost ratio of selected investments in adolescent health has been estimated to be 10-fold in terms of health, social and economic benefits.[69]

STATUS UPDATE

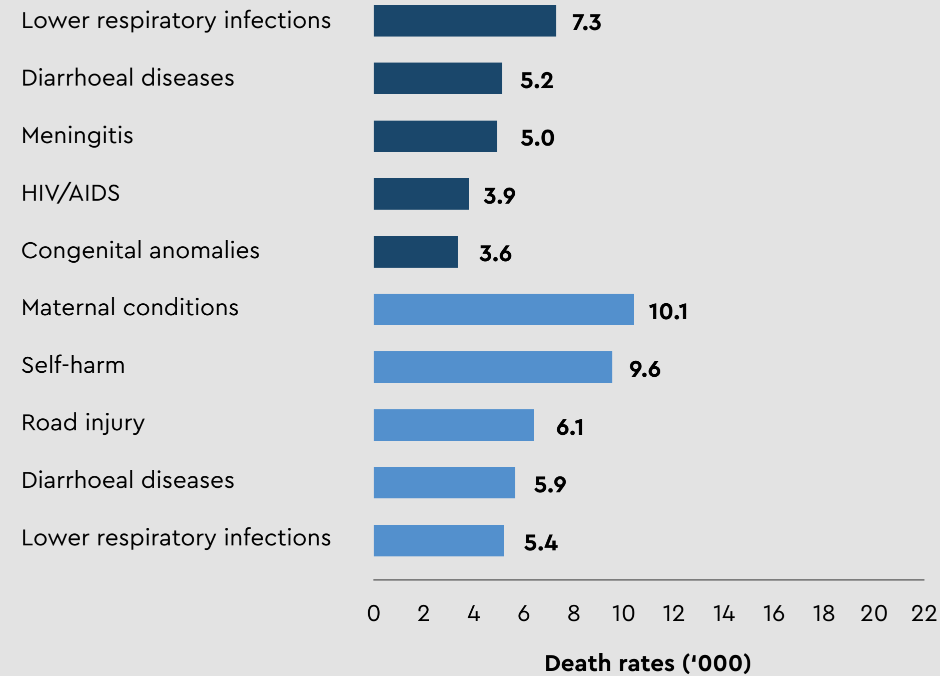
Survive

Although global adolescent death rates are estimated to have fallen by approximately 17% since 2000, 1.2 million adolescents died in 2015, largely from preventable causes (Figure 9).[70] Deaths remain highest in African low- and middle-income countries (LMICs) at 243 per 100 000, followed by Eastern Mediterranean LMICs at 115 per 100 000. The lowest rates are in Western Pacific LMICs (40 per 100 000) and high-income countries (24 per 100 000).[71] The transition from childhood to adulthood is also a dangerous time for adolescents living with HIV: treatment adherence is low and treatment failure is high.[72]

The earlier lack of focus on this age group has resulted in less rapid progress here than in areas such as maternal and child health. In addition, there are large gaps in adolescent health data, and few points of comparison across time. However, there has been intense focus in

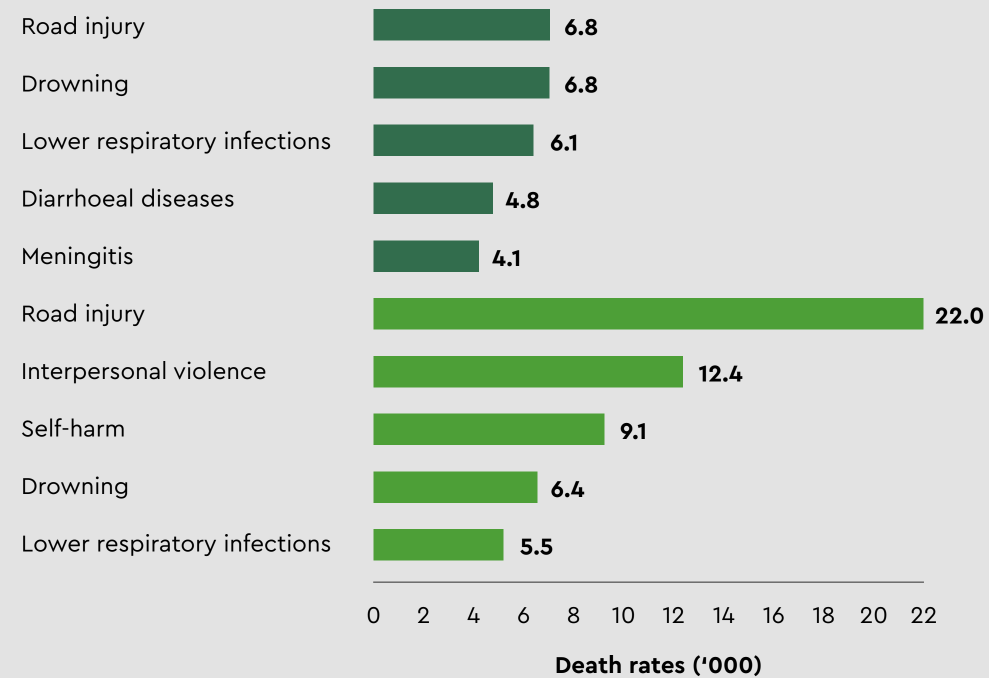
Figure 9. Main causes of deaths: younger and older adolescents, and males and females

FEMALES



AGE
- 10–14 years
- 15–19 years

MALES



AGE
- 10–14 years
- 15–19 years

Source: Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: WHO; 2016.
Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva: WHO; 2017.

recent years, with the launch of the EWEC *Global Strategy*, the Lancet Commission on adolescent health and well-being,[73] and a special focus on and requests for related technical support from countries at the World Health Assembly.[74] This has resulted in rapid accumulation of knowledge about the diverse causes of adolescent mortality and morbidity, and support for country investment and implementation. This knowledge, summarized in the 2017 report *Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation*,[75] will inform countries' targeting of multisectoral interventions for adolescents of all ages, using gender-, equity- and rights-based approaches to ensure no one is left behind.

Thrive

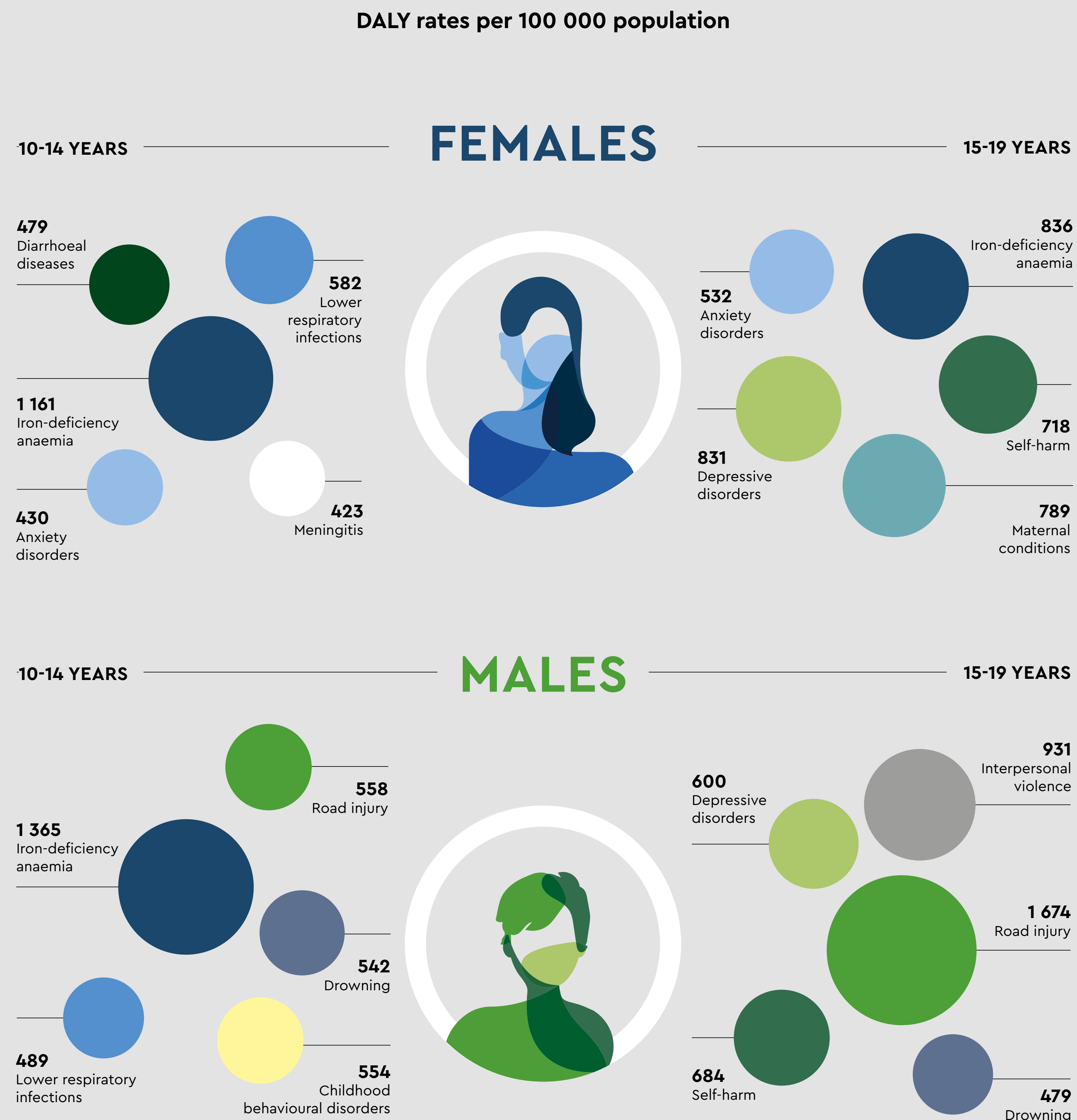
Adolescence should be a time of rapid physical, mental and social development. Any health-related factors that restrict this growth also inhibit young people's ability to thrive and achieve their full potential.

Adolescents' ability to thrive is influenced by a wide range of largely preventable diseases and injuries, which vary according to age and sex (Figure 10).

For example, self-harm is slightly more common among females, while road traffic injuries are much more common among males. Lower respiratory infections are more common among younger adolescents, while interpersonal violence and self-harm are more common among older adolescents.[76] This shows the need for disaggregated data and diverse multisectoral interventions to improve adolescents' health and well-being.

Changing lifestyles mean that an increasing number of adolescents are vulnerable to the health risks associated with poor diet, tobacco, alcohol and substance abuse, malnutrition including anaemia and obesity, and noncommunicable diseases such as diabetes and cancer. In turn, these risks are associated with preventable mortality from noncommunicable diseases in adulthood.[77]

Figure 10. Adolescent disability-adjusted life years (DALYs) lost by age and sex, 2015



Source: Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: WHO; 2016.

Mental health issues, ranging from childhood behavioural disorders to anxiety, depression and self-harm (including suicide), are among the top five causes of adolescent disability-adjusted life years (DALYs) lost. Over 75% of mental illnesses originate before age 24.[78]

Intimate partner violence often starts early in the lives of women, with 30% of adolescent girls (aged 15–19) having experienced physical and/or sexual violence by an intimate partner.[79] In the WHO South-East Asia Region the estimate is 43% of adolescent girls; in the WHO African Region it is 40%.[80]

Progress is being made in preventing adolescent pregancies and child marriage, but there still are gaps in their access to sexual and reproductive health services and rights. Partly as a result of this, about 19% of young women in developing countries become pregnant before age 18. Girls under age 15 account for 2 million of the 7.3 million births to adolescent girls under age 18 every year in developing countries.[81] And maternal mortality is the leading cause of death for older adolescent girls, with self-harm being the second (Figure 9).[82]

Although declining globally, marriage in childhood (before age 18) is still linked with poor health outcomes for women and girls. Between the early 1980s and 2014, the proportion of young women married in childhood declined from one in three to one in four. In the same period, the proportion of young women married before age 15 declined from 12% to 8%.[83]

OVER

75%

OF MENTAL ILLNESSES
ORIGINATE BEFORE AGE 24

3 Transform

Legal frameworks and cultural and social norms may hinder some countries' efforts to transform the health prospects of their adolescent populations. For example, some adolescents, such as young women who have experienced violence or have been refused health care, are denied access to justice due to their legal status as minors, which impairs their right to health. Among others, disabled adolescents and adolescents from marginalized groups face particular challenges in this regard.

Traditions of child marriage remain strong in some settings, while some countries have a legal age of marriage that is lower than the legal age at which contraception and family planning services can be provided. Female genital mutilation is also still condoned in some settings. In these and similar cases, gender inequality, harmful gender norms and stereotypes and unequal power relations may create barriers to health that seriously undermine efforts to empower women and girls.

Strong and consistent national political leadership – not only in the ministry of health but across all of government – is needed to ensure that adolescent health priorities are promoted nationally, in legislation, planning, investment in services and through public awareness initiatives.[84]

STRATEGIC PRIORITIES[85]

Adopt an intersectoral approach to adolescent health

Coordinated intersectoral action should include, but not be limited to: education, social protection, roads and transport, telecommunications, housing and urban planning, energy, water and sanitation, environment and the criminal justice system.

Conduct national adolescent health situation assessments

Undertake a systematic national review of the health status and well-being of adolescents and a landscape analysis of what is being done, and reassess adolescent health priorities at least every five years to ensure they remain relevant to adolescent needs.

Prioritize adolescent health in national planning

Develop or update inclusive, multisectoral, rights-based national plans and programmes for adolescents.

Listen to adolescents' voices

Ensure that adolescents' expectations and perspectives are properly addressed in national programming processes.

Promote adolescents' agency and empowerment

Take action to ensure adolescents have the skills and knowledge to exercise their rights to make informed choices about their mental and physical health and well-being.

Improve monitoring and data analysis

Disaggregate health data to identify the health needs and intervention priorities for different groups of adolescents.