**ADOLESCENT HEALTH**

A focus on the adolescent phase of the life course is crucial for building a solid foundation for the SDGs. Today’s adolescents will be 2030 policy and decision-makers. Adolescents are exposed to a range of risks and suffer from a variety of illnesses, the most significant being unipolar depressive disorder, road injury, iron deficiency anaemia, HIV/AIDS and self-harm. While mortality rates are low compared to other age groups, most causes of death among adolescents are preventable. Importantly, many health behaviours that are adopted during adolescence can have lasting impacts on health through the life course.

**TRENDS**

Adolescent mortality rates declined between 2000 and 2012, with the number of global deaths falling from 1.5 million to 1.3 million. The adolescent birth rate (births to those age 15–19) declined by about 30% between 1990–1995 and 2010–2015 (Figure 4.24). The declines were greatest in lower-middle-income countries (44%).

In 2014 over 1.6 million adolescents in the African Region were living with HIV/AIDS, which has become a leading cause of death among adolescents globally.

**POSITIVE DEVELOPMENTS**

**Increased policy focus in countries:** Among the national health policy documents from 189 countries retrieved in 2013 from the WHO Country Planning Cycle Database, 84% of the policies included some attention to adolescents.

Global advocacy: The new UN Every Woman Every Child Global Strategy 2015–2020 includes adolescent health and, in 2012, the UN Secretary-General called for the development of a UN system-wide Action Plan on Youth (Youth-SWAP) to enhance the coherence and synergy of UN system-wide activities in key areas related to youth development, including health.

**Improved coverage of interventions:** Across countries with available data, there has been a steady increase in young women’s use of modern contraceptive methods over the past two decades. In eastern and southern Africa, where the HIV burden is high, the percentage of girls and boys who was sexually active before age 15 declined, and rates of condom use among girls increased from 22% to 33%.

Benefits from childhood interventions: The increase in the immunization coverage with measles vaccine in childhood translated into health gains for adolescents, which reiterates the importance of the life course approach to policies and interventions.

**Education:** Rates of enrolment in secondary school have increased globally since 1990. For example, in 2000, the out-of-school population of children of lower secondary school age was 97 million, compared to 63 million by 2012, despite an absolute increase in the population in this age range.

**CHALLENGES**

**Spurring action in countries:** Major causes of deaths and ill-health in adolescents, such as mental health, substance use and nutrition-related disorders, do not get sufficient attention in national health policies. Among the national health policy documents from 109 countries, only approximately one third address tobacco and alcohol use among adolescents, and only one quarter address mental health.

Reducing road traffic injuries: The leading cause of death among adolescents is road traffic injuries (Figure 4.25), which will become an even greater problem as rates of vehicle ownership increase in the future, particularly in developing countries.

Treating mental illness: Suicide is estimated to be the number one cause of death among women age 15–19, and depression is the leading cause of illness and disability in adolescence. In any given year, 10–20% of adolescents will experience a mental health problem, most commonly depression or anxiety.

Improving nutrition and physical activity: Many boys and girls in developing countries enter adolescence undernourished. The number of adolescents who are overweight or obese is increasing in both low- and high-income countries. Available survey data indicate that fewer than one in every four adolescents meets the recommended guidelines for physical activity. Anaemia resulting from a lack of iron affects girls and boys, and is the third cause of years lost to death and disability.

Ensuring sexual and reproductive health services and rights: There are considerable barriers to access to health services due to mandatory third party authorization, and barriers to implementation of comprehensive sexuality education. Early marriage of an estimated 39,000 adolescent girls every day often deprives them of their education, health and long-term prospects. An estimated 33 million women age 15–24 have an unmet need for family planning in 61 countries. Globally, some 30% of girls age 15–19 who are cohabitating have experienced violence by a partner. Although the overall number of HIV-related deaths is down 30% since the peak eight years ago, estimates suggest that adolescents are the only population group in which HIV deaths are rising.

Controlling adolescent male mortality: In the Region of the Americas, the adolescent mortality rate for males has been stagnant since 1990–1995 to 2000–2005, but increased to 2005–2010. The number of male deaths in the United States increased from 100 to 120 per 100,000 population between 1990–1995 and 2010–2015.

**STRATEGIC PRIORITIES**

The 2030 SDG declaration mentions adolescents or youth in several instances as a vulnerable population. The targets include a few specific targets for youth, mostly on employment, but several targets that, if met, will substantially improve adolescent health. In addition to disease-specific interventions, such as increasing access to male circumcision and HPV vaccination, structural, environmental and social changes are required. These include infrastructure changes to improve road safety, greater alcohol and tobacco taxation, and increased access to education. In addition, actions to create adolescent-responsive health systems are necessary, such as facilitation of the adoption of health-promoting and protecting policies that prevent exposure to harms and enable adolescents to adopt healthy lifestyles and strengthening of the capacity of primary and referral-level facilities to deliver adolescent-responsive services.