

Due in large part to the tremendous progress in child survival efforts under the MDGs, today's number of adolescents have risen to unprecedented levels, representing new and unique challenges in a shifting health landscape. Today's 1.2 billion adolescents globally¹ are critical agents of change needed to deliver on the ambition of the SDGs; they are today's solution and tomorrow's leaders. Ensuring their health and well-being is critical to the achievement of a sustainable future for all and will require cross-sectoral approaches that respond to the multi-dimensional nature of their development and account for social determinants of health. This unique, transformational time in life requires nuanced, tailored and integrated efforts that provide targeted solutions and support human development so that adolescents are able to obtain their rights and achieve their full potential. As a tool to guide governments in their efforts, the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance—launched at the 2017 Global Adolescents' Health Conference in Ottawa—supports the implementation of the *EWEC Global Strategy for Women's, Children's and Adolescents' Health*. The Global Financing Facility (GFF) in support of EWEC also provides an opportunity for smart investments in adolescents' health that stand to yield benefits for generations to come. Targeted efforts for adolescents' health, particularly girls 10-14 years of age, for example, will bring a triple dividend of benefits for adolescents now, for their future adult lives, and for future generations. Increased focus must also be placed on ensuring meaningful participation of all young people—including adolescents and youth more generally—in these efforts, as powerful voices for advocacy, action, accountability and peace. Now, more than ever, we must capitalize on growing levels of civic engagement—particularly of young people—to shape the narrative, inform policy and drive action for impact, especially at country-level.

WHAT DO WE NEED FOR PROGRESS?

- Strengthened cross-sectoral collaboration (e.g., education, nutrition, WASH, gender, employment)
- Increased access to quality education and vocational training to provide economic opportunity
- Greater access to psychosocial care and services
- Prevention and treatment of non-communicable diseases (NCDs) and communicable diseases (CDs), with increased attention to adolescent-specific vulnerabilities, including: injuries, suicide, violence, substance abuse, unhealthy diets, early pregnancy and childbirth
- Better data, disaggregated by sex, age (particularly girls 10-14 years of age) and risk groups, where relevant
- Meaningful youth integration and engagement in global, national, subnational and local accountability mechanisms, so they can own their rights, raise their voices and actively participate in decision-making to inform policies and programs that impact their lives
- Access to non-discriminatory and integrated youth friendly information, resources, care and services, including Sexual and Reproductive Health and Rights (SRHR) and Comprehensive Sexuality Education (CSE)
- Increased financing for adolescents' health and well-being, including SRHR

TOP LINE MESSAGES

Today's 1.2 billion adolescents¹ represent critical agents of change required to advance the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health and achieve the full ambition envisioned across the Sustainable Development Goals. In a time of shifting demographics, this power will only be harnessed through the inclusive promotion of adolescents' health and well-being. Our investments in adolescents today will lay the ground work for a more prosperous, equitable and sustainable future for all, with the potential to yield substantial dividends. Young people can be active peace builders and healthy, well-educated young people are critical for a sustainable future.

Without access to comprehensive health services, quality education or gainful employment opportunities, free of violence or discrimination, adolescents will be unable to claim their rights, unlock their full potential and positively influence their communities. By investing in these cross-cutting areas, we secure a safer today and a healthier, more peaceful and prosperous tomorrow, where adolescents are participating fully in decision-making processes and contributing to their economies.

¹ UNICEF Demographics Data: Monitoring the Situation of Children and Women. <https://data.unicef.org/topic/adolescents/adolescent-demographics/>

TOP LINE MESSAGES (cont'd)

An investment in adolescents today is an investment in a sustainable tomorrow. Longterm investments and cross-sectoral action are crucial to ensuring the health and well-being of adolescents and fully capitalize on the demographic dividend we stand to generate in return. For example, greater investments in SRHR for an adolescent girl allows her to complete more years of schooling, delay pregnancy and, ultimately, contribute more to her household income and local economy. The window of action is small, but the opportunity is tremendous—in sub-Saharan Africa alone, the demographic dividend stands to yield an estimated \$500 billion annually for the region's economy over the next 30 years.²

KEY STATISTICS

- An estimated 1.2 million adolescents died in 2015, over 3,000 every day, mostly from preventable or treatable causes.³
- Road traffic injuries were the leading cause of death among adolescents in 2015. Other major causes of adolescent deaths include lower respiratory infections, suicide, diarrhoeal diseases and drowning.⁴
- Globally, there are 44 births per 1000 to girls aged 15 to 19 per year. In this same age group, complications from pregnancy and childbirth is the leading cause of death.⁵
- Adolescents and young people represent a growing share of people living with HIV worldwide. In 2016 alone, 610,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 260,000 were adolescents between the ages of 15-19.⁶
- Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated. Depression is the third leading cause of illness and disability among adolescents (based on DALY), and suicide is the third leading cause of death in older adolescents (15–19 years).⁴

MEASURING PROGRESS: KEY INDICATORS FROM THE EWEC GLOBAL STRATEGY

- Adolescent mortality rate (additional to SDGs)
- Adolescent birth rate (10-14, 15-19) per 1,000 women in that age group (SDG 3.7.2)
- Proportion of young people (in schools) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG 4.1.1)
- Number of countries with laws and regulations that guarantee women aged 15-49 with access to sexual and reproductive health care, information and education (SDG 5.6.2)
- Proportion of ever-partnered women and girls aged 15 and older ever subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG 5.2.1)
- Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (SDG 16.2.3)

² African Union Echo. "Harnessing the Demographic Dividend through Investments in Youth." 2017:1 <https://au.int/sites/default/files/document-s/32665-doc-au-echo-magazine-2017-23june17-1.pdf>

³ WHO. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015 Geneva; 2016. http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

⁴ WHO Fact Sheet. <http://www.who.int/mediacentre/factsheets/fs345/en/>

⁵ SDG Indicators, Global Database. <https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.2>

⁶ UNICEF. <https://data.unicef.org/topic/hiv/aids/adolescents-young-people/>

