



COMMITMENTS TO THE *EVERY WOMAN EVERY CHILD* GLOBAL STRATEGY
FOR WOMEN'S CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030):

COMMITMENTS IN SUPPORT OF ADOLESCENT AND YOUNG ADULT HEALTH AND WELL-BEING, 2015-2017

The *Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 (EWEC Global Strategy)* prioritizes the health and well-being of adolescents and young adults and calls for accelerated action to more effectively meet their health needs. Adolescent health is central to the *EWEC Global Strategy* and to achieving

the Sustainable Development Goals (SDGs).

This deep dive compliments the 2018 report by the Partnership for Maternal, Newborn & Child Health on commitments to the *EWEC Global Strategy* by analyzing commitments made in support of adolescents and young adults aged 10–24 years.

Adolescents and young adults have critical health needs that have important implications for their future health and well-being, and that of their communities.

- One-sixth of the world population is adolescents aged 10–19 years.²
- Over 3,000 adolescents die every day from largely preventable causes.³
- The leading causes of death among adolescent males aged 10–19 are road injury, interpersonal violence, drowning, self-harm, and HIV/AIDS.⁴
- The leading causes of death among adolescent females aged 10–19 are road injury, self-harm, maternal conditions, diarrheal diseases, and HIV/AIDS.⁵ The leading cause of death for older adolescent girls aged 15–19 is complications from pregnancy and childbirth.⁶
- HIV remains among the top ten leading causes of death among adolescents. In sub-Saharan Africa, adolescent girls and young women (aged 15–24 years) account for one in four HIV infections in 2017 despite being just 10% of the population.⁷

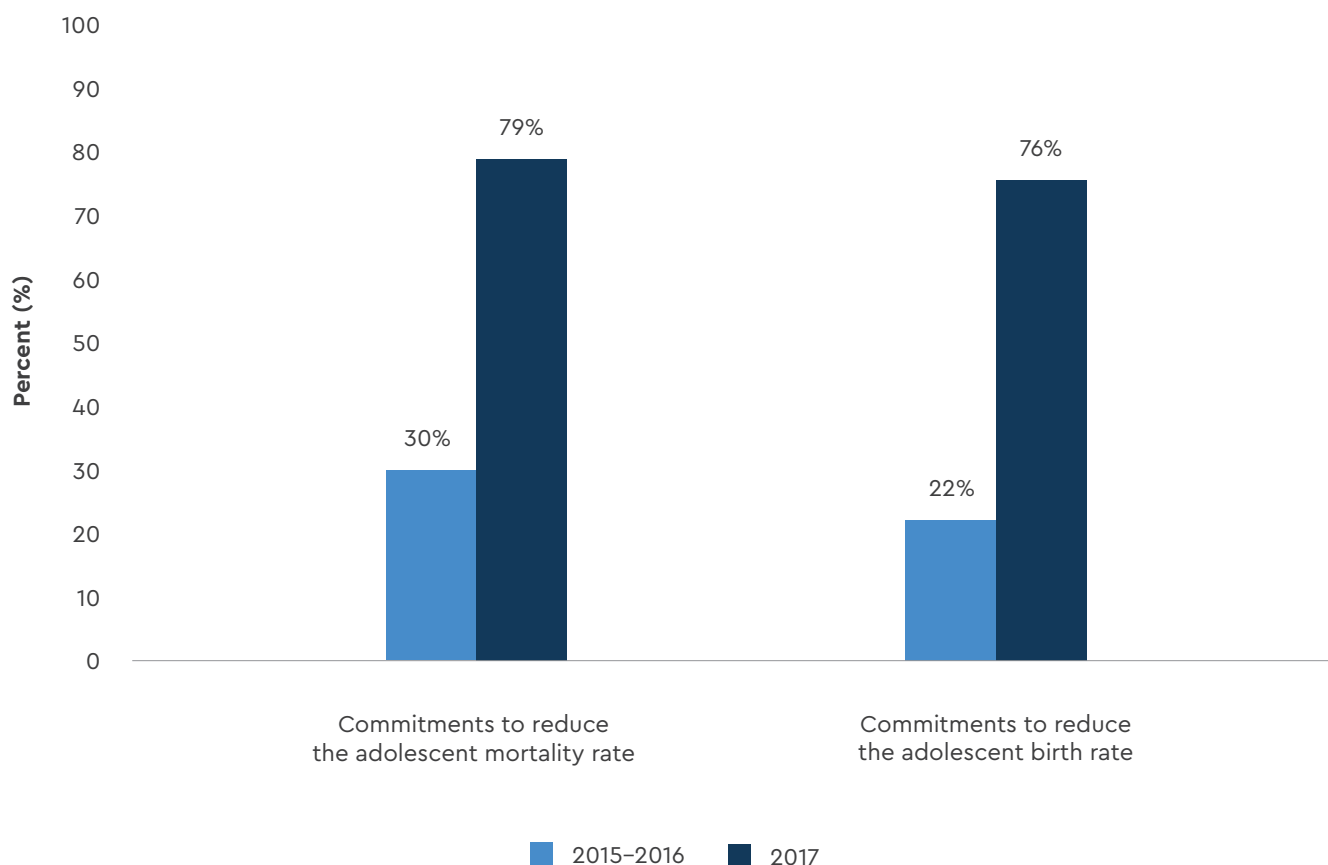
Commitment-makers' attention towards adolescent health significantly increased in 2017 compared to 2015–2016.

Seventy-nine percent of *EWEC Global Strategy* commitments made in 2017 supported reducing adolescent mortality and 76% supported reducing the adolescent birth rate; a sharp increase compared to 30% and 22% respectively of commitments made from 2015–2016. (See Figure 1) The 2017 Family Planning Summit helped generate this attention with

many commitments focusing on the family planning and reproductive health needs of adolescents and youth. The Summit also resulted in a new partnership to strengthen country capacity to create and implement evidence-based plans and programs for adolescent sexual and reproductive health (SRH) and family planning.⁸ Also in 2017, the High-Level Steering Group for *EWEC* endorsed the 2020 Partners Framework, which includes adolescent health and well-being as a focus area for global advocacy and attention.

Figure 1.

A new focus on adolescent health in 2017 from EWEC *Global Strategy* commitment-makers



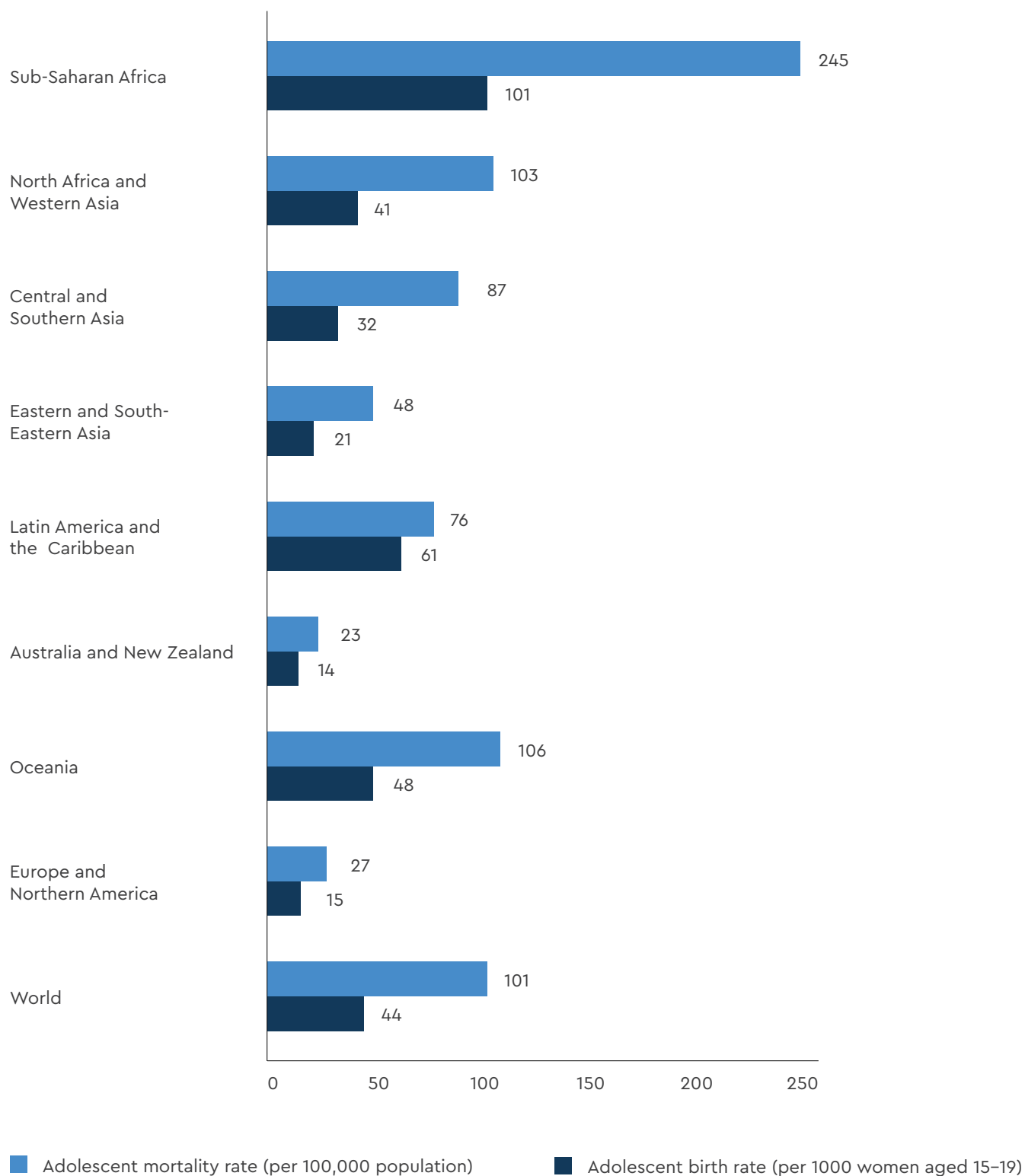
This increased attention to reducing the adolescent mortality and birth rate is essential to achieving the EWEC *Global Strategy*'s "survive" and "thrive" objectives.

Global adolescent mortality rates fell by approximately 17% from 2000–2015, but rates remain high, particularly in sub-Saharan Africa, Northern Africa and Western Asia, and Oceania.⁹ (See Figure 2) Adolescent pregnancy is a major contributor to maternal and child mortality. An estimated 21 million adolescent girls become pregnant each year

in developing regions; about half of these pregnancies are unintended and more than half of these end in abortion, often under unsafe conditions.¹⁰ Progress has been uneven across regions in part due to the challenge of serving the growing population of young people. For instance, in Eastern and Southern Africa, two-thirds of new HIV infections are among young women aged 15–24.¹¹ Donors and country governments have increased their focus on prevention and treatment programs for adolescent girls and young women in this region.¹²

Figure 2.

Adolescent mortality rate and adolescent birth rate by region ¹³



The EWEC *Global Strategy* "transform" objective aims to expand the enabling environments that shape health and well-being, including the laws, policies, and social norms around adolescent health.



Only 15% of EWEC *Global Strategy* commitments aimed to improve laws and regulations to guarantee women aged 15–49 access to sexual and reproductive health care, information, and education. Thirty-two commitments pledged to create, implement, or support adolescent specific SRH policies. This is important because a restrictive legal and policy environment can prevent adolescents from accessing life-saving prevention, care, and treatment.



Only 12% of EWEC *Global Strategy* commitments focused on addressing violence against women, children, and adolescents. An estimated 28% of adolescent girls and 29% of young adult women have experienced physical or sexual intimate partner violence in their lifetime.¹⁴ Adolescent boys in conflict settings and unaccompanied boys are also particularly vulnerable to sexual abuse.¹⁵

Ending child marriage was a priority among several EWEC *Global Strategy* commitment-makers, aligning with SDGs' call to end child, early, and forced marriage (SDG 5.3). Each year, 12 million girls are married before the age of 18.¹⁶ Several governments pledged to create or enforce laws combatting early and child marriage, and non-governmental organizations aimed to advance programming to address the social norms contributing to child marriage. For example, Girls Not Brides: The Global Partnership to End Child Marriage engaged national governments and civil society organizations around the world through advocacy strategies, raising awareness and political priority to end child marriage.

56% of EWEC *Global Strategy* commitments described interventions to promote individual potential. Investing in the individual potential of adolescents is important to ensuring national programs and policies are effective and relevant for youth, to developing adolescents' skills and capacity, and to achieving equity.¹⁷ A recent study suggests that relatively modest investments in the physical, mental, and sexual health of adolescents (e.g. US\$ 4.6 per capita) could bring a 10-fold economic benefit by averting up to 12 million adolescent deaths each year and preventing more than 30 million unintended teenage pregnancies.¹⁸



Several commitment-makers focused on the individual development of adolescents. This included life skills training for pregnant and postpartum adolescent girls that challenged stigma against adolescent pregnancy and promoted self-esteem, healthy pregnancy, and newborn care.

13

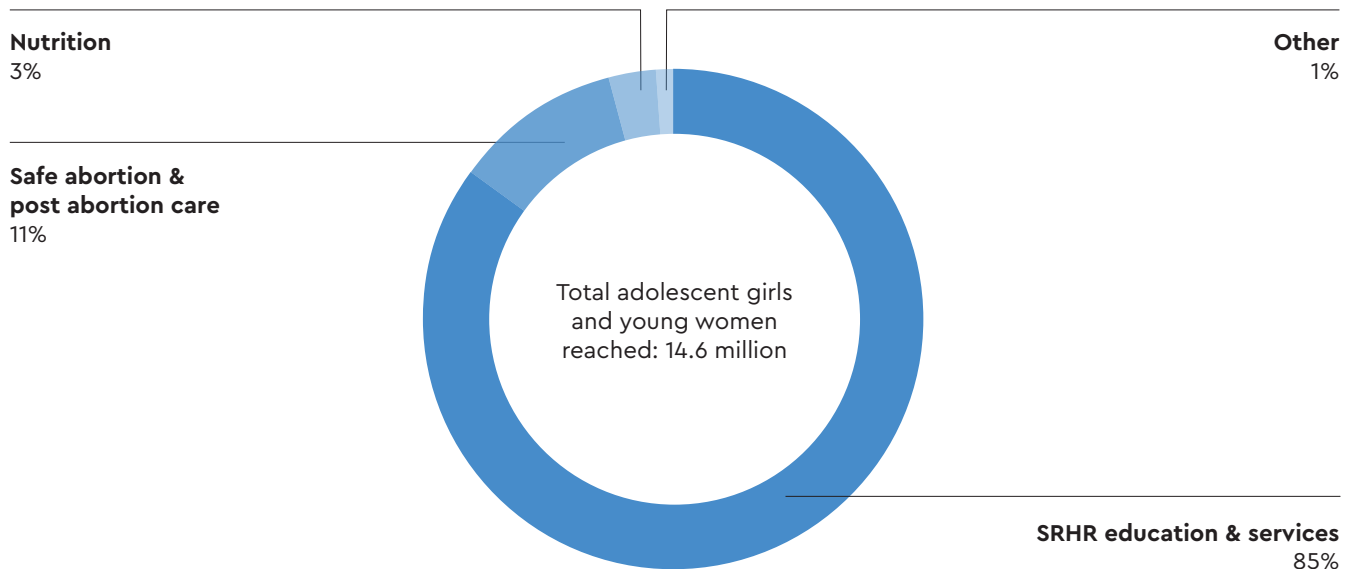
Several commitment-makers, including 13 youth-led organizations, focused on supporting adolescents as agents of change. Youth-led and youth-focused commitment-makers described building leadership skills of young people, supporting peer-to-peer outreach and education, and mobilizing youth as advocates in their communities.

Commitment-makers that completed the 2018 progress survey reported that they reached 15 million adolescents and young adults with service delivery activities. This is 10% of the 146 million total people reportedly reached. Interventions reaching this demographic focused almost exclusively on adolescent girls and young women. Only 0.4% of people reached were adolescent boys and young men.

The EWEC *Global Strategy* commitment-makers that reported reaching adolescent girls and young women primarily focused on advancing sexual and reproductive health. (See Figure 3) This included interventions providing adolescent girls and young women with education on SRH, contraceptives, HIV counseling, and safe abortion/post abortion care services where legal. Few commitment-makers described supporting other critical areas of adolescent health.

Figure 3.

Services reaching adolescent girls and young women, reported by EWEC *Global Strategy* commitment-makers



Several commitment-makers reported important achievements in advancing sexual and reproductive health for adolescent girls and young women. For example:

- Advance Family Planning built political will to expand funding and services for contraceptives and supported young people in national and sub-national advocacy for SRH and family planning in Burkina Faso, Colombia, Indonesia, Kenya, Mexico, Tanzania, Uganda, and Zambia.
- DKT International conducted social marketing and led youth-oriented programming to increase the accessibility and availability of contraceptives in a number of countries, including Benin, Bolivia, Côte d'Ivoire, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, and Uganda.
- PSI led the Adolescents 360 program to increase the demand for and uptake of voluntary, modern contraceptives among adolescent girls in Ethiopia, Nigeria, and Tanzania.
- Marie Stopes International increased the number of clients aged 15–19 that it serves

with contraception and safe abortion/post-abortion care services from 6.3% from 2012–2016 to 11.8% by the end of 2017.

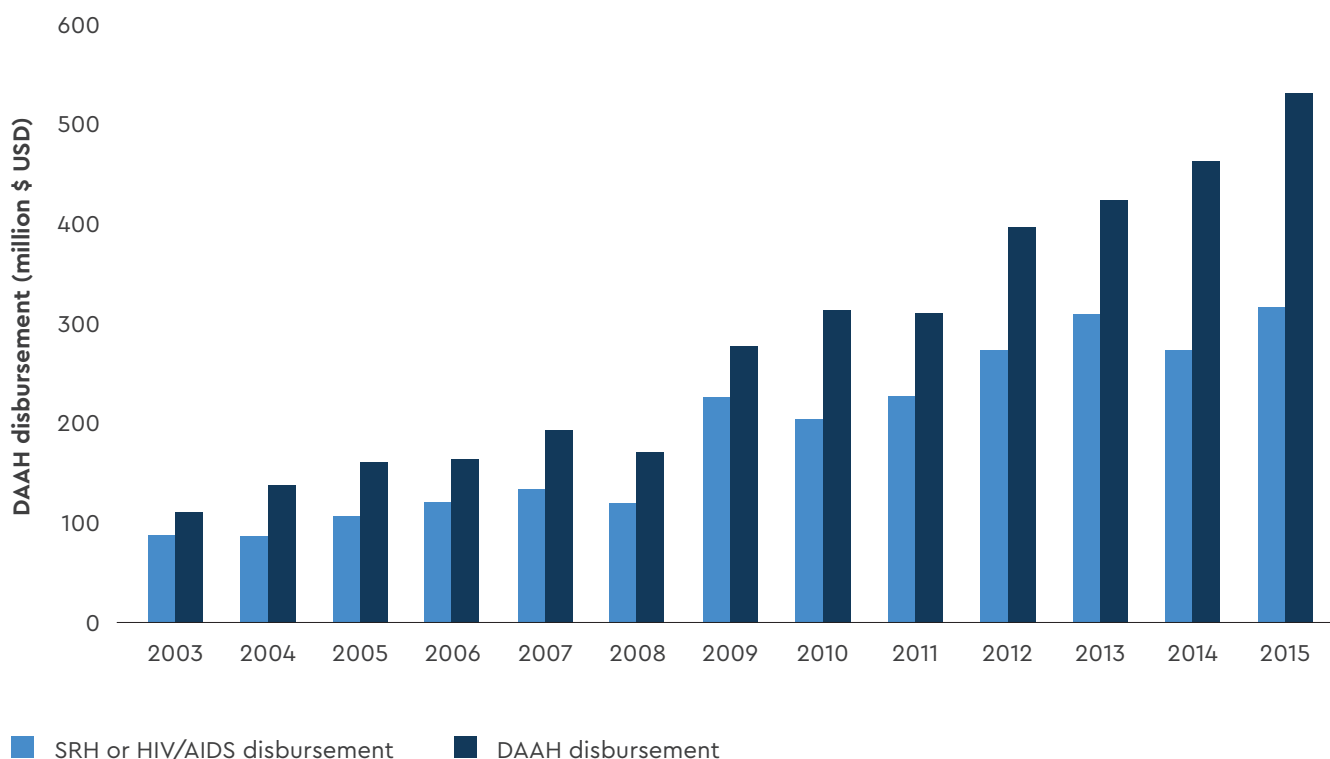
Trends in development assistance for adolescent health

A recent study by Zhihui Li and colleagues finds that development assistance for adolescent health (DAAH) increased approximately 5-fold, from \$109.7 million in 2003 to \$528.5 million in 2015. However, DAAH remains only a small portion of total development assistance for health (2.2% in 2015).¹⁹ Although adolescents have been prioritized in the EWEC *Global Strategy* and make up an increasing share of the global population, these findings suggest more work is needed to prioritize adolescents on donor agendas.

Further, DAAH does not match the burden of disease among adolescents. SRH and HIV/AIDS investments accounted for 68% of total DAAH disbursed between 2003 and 2015. (See Figure 4) However, other leading causes of adolescent mortality and morbidity, such as road traffic injuries, depressive disorder, and iron deficiency anemia, received little to no DAAH.

Figure 4.

Trends in adolescent-targeted development assistance for adolescent health (DAAH) and annual sexual and reproductive health (SRH) and HIV and AIDS disbursement (million, in 2015 USD), 2003–2015 ²⁰



Note: All disbursement data were converted to constant 2015 US\$

EWEC *Global Strategy* commitment-makers can strengthen support for adolescent and young adult health and well-being:

- Increase support and action to improve adolescent and young adult health and well-being, particularly neglected areas such as injuries, suicide, violence, substance use, and unhealthy diets.
- Continue mobilizing to reduce the adolescent birth rate and address early pregnancy and childbirth.
- Advance the EWEC Advocacy Roadmap for adolescents' health and well-being, such as by strengthening cross-sectoral collaboration and increasing financing.
- Strengthen support to targets under the "Transform" objective, including implementing laws and regulations to guarantee adolescents and young adults access to health information and services as well as to ensure protection from violence.

NOTES AND REFERENCES

1. EWEC. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York: Every Woman Every Child; 2015.
2. United Nations. Department of Economic and Social Affairs. Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition. <https://esa.un.org/unpd/wpp/>
3. WHO. Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva; 2017. <http://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf;jsessionid=E66B3421F6ECD105AF81D5416F2BE9B6?sequence=1>
4. WHO. Global Health Estimates 2016.
5. WHO. Global Health Estimates 2016.
6. WHO. Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva; 2017. <http://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf;jsessionid=E66B3421F6ECD105AF81D5416F2BE9B6?sequence=1>
7. UNAIDS. Global AIDS Update 2018. Miles to go: closing gaps, breaking barriers, righting injustices. 2018. http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf
8. Family Planning Summit 2017. Global Goods: Adolescents and Youth. Family Planning 2020. <http://summit2017.familyplanning2020.org/global-goods.html>
9. WHO, UNAIDS, UNFPA, UNICEF, UN Women, The World Bank Group. Survive, Thrive, Transform. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): 2018 monitoring report: current status and strategic priorities. Geneva: World Health Organization; 2018. <http://www.everywomaneverychild.org/wp-content/uploads/2018/05/EWECGSMonitoringReport2018.pdf>
10. Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016. https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-adolescents-report.pdf
11. UNAIDS. The Youth Bulge and HIV. 2018. <http://www.unaids.org/en/resources/documents/2018/the-youth-bulge-and-hiv>
12. UNAIDS. Global AIDS Update 2018. Miles to go: closing gaps, breaking barriers, righting injustices. 2018. http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf
13. WHO, UNAIDS, UNFPA, UNICEF, UN Women, The World Bank Group. Survive, Thrive, Transform. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): 2018 monitoring report: current status and strategic priorities. Geneva: World Health Organization; 2018. <http://www.everywomaneverychild.org/wp-content/uploads/2018/05/EWECGSMonitoringReport2018.pdf>
14. Decker MR, Latimore AD, Yasutake S, Haviland M, Ahmed S, Blum RW, Sonenstein F, and Astone NM. Gender-Based Violence Against Adolescent and Young Adult Women in Low- and Middle-Income Countries. Journal of Adolescent Health. 2015; 56:188–196. <http://dx.doi.org/10.1016/j.jadohealth.2014.09.003>
15. Chynoweth SK, Freccero J, Touquet H. Sexual violence against men and boys in conflict and forced displacement: implications for the health sector. Reproductive Health Matters. 2017;25(51):90–94. <https://doi.org/10.1080/09688080.2017.1401895>
16. Girls Not Brides. About Child Marriage. <https://www.girlsnotbrides.org/about-child-marriage/>

17. WHO. Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva; 2017. <http://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf;jsessionid=E66B3421F6ECD105AF81D5416F2BE9B6?sequence=1>
18. Sheehan P, Sweeny K, Rasmussen B, Wils A, Friedman H, Mahon J, Patton GC....Laski L. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *Lancet* 2017;390:1792–806. [https://doi.org/10.1016/S0140-6736\(17\)30872-3](https://doi.org/10.1016/S0140-6736(17)30872-3)
19. Z Li, M Li, GC Patton, C Lu. Global Development Assistance for Adolescent Health from 2003 to 2015. *Jama Network Open*. 2018;1(4);e181072. doi:10.1001/jamanetworkopen.2018.1072
20. Z Li, M Li, GC Patton, C Lu. Global Development Assistance for Adolescent Health from 2003 to 2015. *Jama Network Open*. 2018;1(4);e181072. doi:10.1001/jamanetworkopen.2018.1072

