



## Review article

## Health for the World's Adolescents: A Second Chance in the Second Decade

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 A B S T R A C T

The World Health Organization has produced a multimedia, interactive online report entitled *Health for the World's Adolescents: A Second Chance in the Second Decade*. The report provides an overview of global and regional estimates of adolescent mortality and disability-adjusted life years, disaggregated by age, sex, and cause, and country-level data on health-related behaviors and conditions among adolescents. It outlines the reasons why adolescence is a unique period in the life course requiring special attention and synthesizes current thinking about the determinants that underlie the differences in health status between adolescents. For the first time, this new report pulls together recommendations and guidance from across the World Health Organization relating to interventions directed to a range of priority health problems, including use of alcohol and other psychoactive substances, AIDS, injuries, mental health, nutrition, sexual and reproductive health, tobacco use, and violence, focusing on four core functions of the health sector: supportive policies, service provision, strategic information, and working with other sectors. The report concludes with 10 key actions that would strengthen national responses to adolescent health, and outlines the approaches that are needed to overcome the obstacles to accelerating evidence-informed actions to improve the health of adolescents worldwide—with all the benefits that this will have for public health in the present and across the life course, for this generation and the next.

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Much has been written over the past 25 years about the need to direct more attention and resources to the health and development of adolescents. During this time, we have seen progress on many fronts: a better understanding of the health status of adolescents; growing clarity about the determinants underlying death, disease, and health-related behaviors during adolescence; a stronger evidence base for interventions; and increased commitment and action from national governments and nongovernmental organizations. This journal exemplifies the growing body of research focusing on adolescent health, although evidence from the low- and middle-income countries where the vast most of the world's adolescents live is still relatively limited.

A number of recent publications have advocated on behalf of adolescents from a range of perspectives, including public health, human rights, and socioeconomic development [1–10]. However, although highlighting the progress that has been made, these reports also stress that much more needs to be done if we are to take advantage of this period of the life course to improve the present and the future for individuals, families, communities, and countries.

The World Health Organization's *Health for the World's Adolescents: a second chance in the second decade* (H4WA) will both contribute to the groundswell of attention being directed toward adolescents and support accelerated action, including follow-up to the 2011 World Health Assembly Resolution on *Youth and Health Risks*.

H4WA is a multimedia, interactive online, fully referenced report that can be found at <http://www.who.int/adolescent/second-decade>. Readers can download and print a summary

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that is available in all official UN languages, but the report itself is only Web based, which allows the inclusion of videos, interactive graphics, and direct links to documents that are mentioned in the report.

H4WA focuses primarily on the health of adolescents (10–19 years) and the role of the health sector in improving and maintaining adolescent health. It is directed at senior-level and mid-level staff in ministries of health, and partners in the health sector who are providing technical, financial, and implementation support for interventions that contribute to adolescent health and development. However, it should also appeal to many other audiences: advocates, service providers, educators, and even young people themselves.

H4WA has received input from across the World Health Organization (WHO) and from experts in the field of adolescent health. In addition, WHO organized two online consultations, one with primary care providers and the other with adolescents.

The consultation with primary care providers covered a range of issues relating to the provision of health services to adolescents. It was conducted via an open-access online survey in English, and 735 primary care providers from 81 countries participated, most from high- and middle-income countries.

The adolescent consultation was open to all adolescents aged between 12 and 19 years and was conducted via an open-access online survey that was available in Arabic, Chinese, English, French, Russian, and Spanish. A total of 1,143 adolescents from 104 countries participated in the consultation, most from low- and middle-income countries.

WHO additionally organized a global photo competition for adolescents aged 14–19 years. All the photos included in H4WA were taken by the 10 winners of the competition.

## A Picture of Adolescent Health

H4WA provides new estimates of mortality and disability-adjusted life years (DALYs) lost during adolescence, based on the 2012 WHO global health estimates. Data from the 2000 estimates are provided for comparison. The estimates are available by cause, sex, age (10–14, 15–19, and 10–19 years), and WHO regions. There are also country-level data on health-related behaviors—including trends—from the health behavior in school-age children surveys and the global school-based student health surveys.

The leading causes of death among adolescents globally in 2012 were road injury, AIDS, suicide, lower respiratory infections, and interpersonal violence. The most important difference from the 2000 mortality data is that human immunodeficiency virus (HIV) is now estimated to be the number 2 cause of mortality among adolescents; in 2000, HIV was not among the top 10 causes of death.

The increase in adolescent HIV mortality is likely the result of more children living to adolescence through improved pediatric HIV treatment and care. It may also reflect the limitations in our current knowledge and estimation of survival times for HIV-positive children. At the same time, there is good evidence on the poor quality of, and retention in, services for adolescents living with HIV, indicating the need for improved service delivery for this group.

Between 2000 and 2012, there were significant declines in mortality among adolescents because of maternal causes and measles, which demonstrates what is possible with concerted efforts.

Regional mortality highlights include

- (1) One of every three deaths among adolescent males in the low- and middle-income countries in the Americas Region is due to interpersonal violence.
- (2) One of every five deaths among adolescents in high-income countries is due to road traffic injuries.
- (3) One of every five deaths among adolescent males in the low- and middle-income countries of the Eastern Mediterranean region is due to war and conflict.
- (4) One of every six deaths among adolescent females in the south-east Asia region is due to suicide.
- (5) One of every six deaths among adolescents in the African region is due to HIV.

DALYs declined between 2000 and 2012 for all adolescents except 15- to 19-year-old males in the Eastern Mediterranean region and the Americas Region. DALYs for all adolescents declined most in the south-east Asia region (21%) and the Western Pacific and European regions (16% and 17%, respectively). The smallest declines took place in the Eastern Mediterranean region (4%).

The major causes of DALYs changed little between 2000 and 2012. In 2012, depression, road injuries, iron-deficiency anemia, HIV, and intentional self-harm were the top five global causes of DALYs for adolescents. The one notable change from 2000 was the high ranking of HIV.

The DALYs highlight not only the epidemiologic transition that takes place during adolescence but also a number of gender differences (e.g., more interpersonal violence and war-related deaths among male adolescents and maternal problems affecting females).

In terms of health-related behaviors, the report shows that fewer than one in four adolescents meets recommended guidelines for physical activity; in some countries, as many as one in every three is obese. And in most countries in every region, at least half of younger adolescent boys report serious injuries in the preceding year.

Fortunately, there is also some positive news concerning adolescent behavior. In most countries, half or more of 15-year-olds who are sexually active report using condoms the last time that they had sex, and cigarette smoking is decreasing among younger adolescents in many high-income countries.

In addition to these data, the report has a section outlining the availability and important gaps in strategic information, particularly program input and output data. A clear message from the report is that the data available to inform policy-making and program design and monitoring are far less adequate than the data that are available for other age groups. This requires urgent attention.

## Support for Action in Countries

For the first time, H4WA collates all WHO recommendations and guidance from across the organization relating to adolescent health, including use of alcohol and other psychoactive substances, HIV, injuries, mental health, nutrition, sexual and reproductive health, tobacco use, and violence.

### Health services

A number of specific analyses were carried out for H4WA to place the provision of health services for adolescents within the context of universal health coverage. In terms of *needed health*

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