



OPS/FCH/HL/10.14.I



Adolescent and Youth

REGIONAL STRATEGY AND PLAN OF ACTION
2010–2018



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



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“The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

–World Health Organization’s Constitution

Preface

The United Nations General Assembly has proclaimed the year from August 2010 to August 2011 as the International Year of Youth: Dialogue and Mutual Understanding with the slogan “Our Year: Our Voice.” Within this context, the Pan American Health Organization, Regional Office for the Americas of the World Health Organization, in collaboration with our partners, is pleased to present the Regional Strategy for Improving Adolescent and Youth Health and a Plan of Action on Adolescent and Youth Health. These were approved by the Organization’s Member States at the 48th and 49th meetings of the Directing Council in 2008 and 2009, respectively.



The adolescent and youth population is the largest cohort in the history of the Region, representing 24.5% of the total population (232 million). These young people face myriad obstacles excluding them from health that are closely linked with poverty, marginalization, and discrimination. The disproportionate impact of these issues on low-income, poorly educated, indigenous, migrant, cross-border, and ethnic minority adolescents and youth is of special concern and requires a targeted response.

Given this situation, meeting the needs of this population segment will be a daunting challenge and require the cooperation and commitment of all partners to overcome. This document lays out the framework for the steps along the way. They are structured within a life course, gender, and human rights framework that focuses on vulnerable and at-risk populations and are based on the Health Agenda for the Americas 2008–2017, as well as the Strategic Plan 2008–2012 for the Pan American Sanitary Bureau.

The Regional Strategy and Plan of Action are also geared toward the achievement of the Millennium

Development Goals (MDGs). They encompass MDG 3—the promotion of gender equality and empowerment of women—which will focus on working to prevent gender-based violence against adolescent girls and strengthening their education so they can make decisions that will benefit their health, as well as promote sexual and reproductive health. MDG 4—the reduction of child mortality—will be forwarded by addressing the prevention of adolescent pregnancy and promoting neonatal health through a comprehensive approach to the health of adolescent girls, mothers, newborns, and children. MDG 5—to improve maternal health and ensure universal access to reproductive health—will be achieved by ensuring that adolescents have access to family planning methods and reproductive health care as well as the provision of specialized care for adolescent mothers during pregnancy, childbirth, and the postnatal period, and MDG 6—to combat HIV/AIDS and other diseases—by insuring access to HIV prevention among youth and most-at-risk populations.

The Plan of Action embraces seven strategic areas for joint collaboration, each with specific objectives,

actions, and indicators: strategic information and innovation; enabling environments for health and development using evidence-based policies; integrated and comprehensive health systems and services; human resources capacity-building; family, community, and school-based interventions; strategic alliances and collaboration with other sectors; and social communication and media involvement.

It is our hope that, by implementing this Plan, the countries of Latin America and the Caribbean will make significant advances in securing the health and well-being of their young people.

Mirta Roses Periago
Director
Pan American Health Organization



■ Introduction

The commitment of the Pan American Health Organization (PAHO) to improve the health and well-being of young people¹ is long standing.

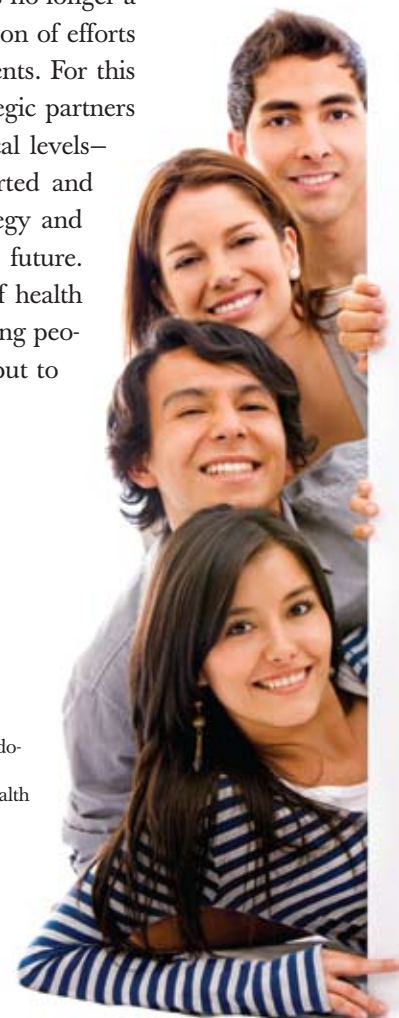
Within this context, PAHO is pleased to present in this document a Regional Strategy for Improving Adolescent and Youth Health and a Plan of Action on Adolescent and Youth Health. These were approved by the Organization's Member States at the 48th and 49th meetings of the Directing Council in 2008 and 2009, respectively. The Strategy and Plan are designed to respond to the needs and improve the health of the largest and most diverse cohort of adolescents and youth in the history of the Region of the Americas.

Young people now represent 24.5% of the Region's total population (232 million). They are living in a world undergoing demographic transition, globalization, environmental changes, and a growing reliance on new communication technologies. The Strategy, and the Plan of Action, as the Strategy's operational expression, have been developed to help Member States overcome challenges in this changing global and regional context and to guide their efforts to promote and protect the health and development of young people. This, in turn, strengthens national capacity to build social capital and secure healthy populations during their most economically productive years and later on in life.

At the core of PAHO's Regional Strategy and Plan of Action will be the development and strengthening of the national health sector's integrated response, with particular attention to the most vulnerable adolescents and youth² and to the prevailing disparities in health status, both within and among the countries of the Region. The challenges faced, however, cannot be addressed by the health sector alone: the effective integration and coordination of actions by all stakeholders is no longer a choice, in order to avoid the duplication of efforts and maximize the impact of investments. For this reason, the participation of key strategic partners at the international, national, and local levels—many of whom have already supported and guided the development of the Strategy and Plan of Action—will be critical in the future. This includes PAHO and ministry of health focal points, as well as numerous young people who have provided invaluable input to the process.

¹ The World Health Organization (WHO) defines young people as individuals between the ages of 10 and 24 years old. Adolescents comprise the 10–19-year-old age group and youth the 15–24-year-old age group.

² These include young people who are disenfranchised, of low socioeconomic status, of low literacy, and/or have special health needs, including severe mental illnesses and disabilities.





■ BACKGROUND

The Strategy's principles are grounded in the preamble of the World Health Organization's Constitution, which states that "the enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (1). The principles are also consistent with global agreements taken at the International Conference on Population and Development (Cairo, 1994) and the United Nations General Assembly Special Sessions on HIV/AIDS (New York, 2001) and Children (New York, 2002), as well as the Millennium Development Goals (MDGs) and a number of United Nations and inter-American human rights conventions, declarations, and recommendations. The U.N. instruments include the Convention on the Rights of the Child; Universal Declaration of Human Rights; International Covenant on Civil and Political Rights; International Covenant on Economic, Social, and Cultural Rights; and the Convention on the Elimination of All Forms of Violence against Women, while those of the inter-American system include the American Declaration of the Rights and Duties of Man (Pact of San José, Costa Rica); American Convention on Human Rights; Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (Protocol of San Salvador); and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará).

In the same manner, the Plan of Action is in alignment with the goals of the U.N. Millennium Declaration³ and incorporates and complements the

World Health Organization's Strategy for Child and Adolescent Health and Development,⁴ a global reproductive health strategy to accelerate progress toward the attainment of international development goals and targets,⁵ the Health Agenda of the Americas 2008–2017,⁶ and PAHO's Family and Community Health Concept Paper.⁷ Furthermore, the conceptual and operational frameworks of the Plan are aligned with PAHO's Strategic Plan 2008–2012⁸ and have been discussed and consolidated with other PAHO technical areas, as well as with other international organizations and strategic partners. The Plan of Action is intended to guide the preparation of current and future national adolescent and youth health plans, as appropriate, and to provide entry points for institutions and entities of all types who are interested in developing cooperation activities directed toward the Region's 10–24-year-old population segment.

The Plan will prioritize investment in protective factors at the individual, family, and community levels to promote and protect good health in this age group and prevent risk factors. The protective and risk factors are common to many health issues affecting young people, even though they affect males and females differently (particularly during adolescence), and they require a comprehensive and integrated plan of action to effectively address them. The Plan is supported by evidence suggesting that during adolescence and youth, health-promoting or health-compromising behaviors are learned by and reinforced among boys and girls. These behaviors not only affect their current health, but also impinge on their health situation and their access, opportunities, and contributions to health throughout their lives (3).

³ Adopted at the 55th Session of the U.N. General Assembly via Resolution A/RES/55/2 in 2000.

⁴ Adopted at WHO's Fifty-sixth World Health Assembly via Resolution WHA56.21 in 2003.

⁵ Adopted at WHO's Fifty-seventh World Health Assembly via Resolution WHA57.12 in 2004.

⁶ Launched by the ministers of health of the Americas in Panama in 2007. Available at: http://www.paho.org/Spanish/DD/PIN/Agenda_de_Salud.pdf. Accessed on 20 May 2010.

⁷ Presented at PAHO's 49th Directing Council in 2009 (2).

⁸ Available at: http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf. Accessed on 20 May 2010.



PAHO has played a central role in improving adolescent and youth health in the Americas by supporting national ministries of health, other key ministries, and nongovernmental organizations (NGOs). The support provided to priority and high-impact countries⁹ has been central to promote healthy eating, exercise, and positive peer group activities and norms, and to integrate health and education through health-promoting schools and promoting healthy families as a protective factor for adolescents. To advance the MDGs, PAHO has supported countries in their efforts to improve adolescent, youth, and maternal health care; respond to the HIV epidemic; and reduce gender inequities. Adolescent and youth health, including sexual and reproductive health, now ranks high among international development priorities that range from the need to create innovative, yet effective policies at the regional level to the stimulation of greater awareness and more active participation among adolescents and youth, their families, and communities at the local level. These achievements must be protected and best practices must be promoted and scaled up.

⁹ PAHO has identified Bolivia, Guyana, Haiti, Honduras, and Nicaragua as priority countries for technical cooperation; and Argentina, Brazil, Colombia, Mexico, Peru, and Venezuela as high-impact countries for adolescent and youth interventions.

¹⁰ The following countries currently face a demographic “window of opportunity” (the year in which this opportunity will end is in parenthesis): Argentina (2035), Bolivia (2045), Brazil (2020), Chile (2015), Colombia (2020), Costa Rica (2020), Cuba (2010), Dominican Republic (2025), Ecuador (2030), El Salvador (2035), Guatemala (2050), Honduras (2040), Mexico (2020), Nicaragua (2040), Panama (2020), Paraguay (2050), Peru (2030), Uruguay (2020), and Venezuela (2025) (4).

¹¹ This 2008 publication is based on 2004 data.

■ SITUATIONAL ANALYSIS

Many countries in the Region¹⁰ are currently experiencing a demographic “window of opportunity” (5) in which there is a larger proportion of working-age persons relative to the dependent population. The investment in health and education for young people and the alignment of economic policies enable productivity and economic growth. Even in countries where this window has closed, the promotion of health and development of young people is essential to help increase their potential to support the growing dependent population. Furthermore, investment in young people’s health is essential to protect investments made in childhood (e.g., significant investments in vaccines and nutrition programs) and secures the health of the future adult population. Most habits detrimental to health are acquired during adolescence and youth and manifest themselves as health problems in adulthood (e.g., lung cancer caused by the consumption of tobacco), adding an avoidable financial burden to the health systems.

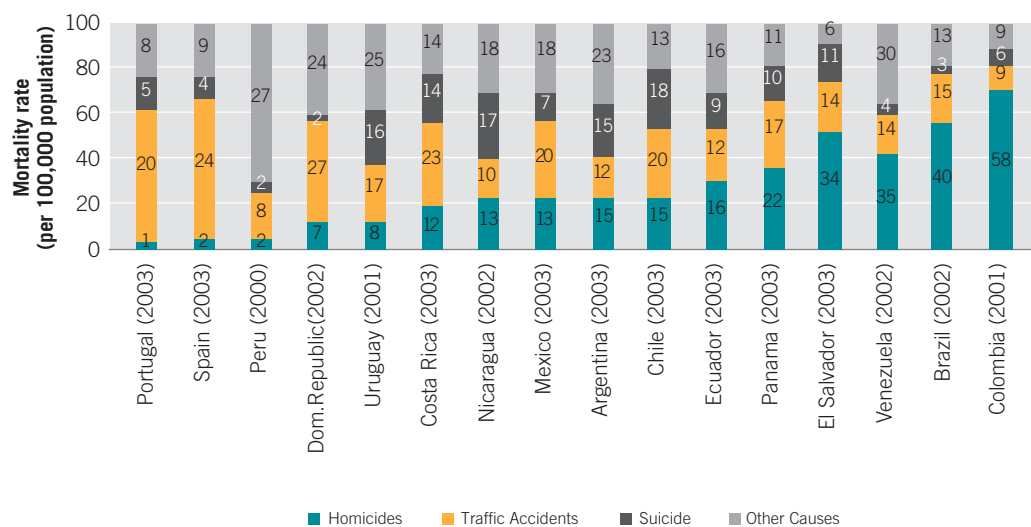
Morbidity and Mortality

While morbidity and mortality are generally low during adolescence, according to *The Global Burden of Disease: 2004 Update* (6),¹¹ total deaths in the Region of the Americas for the 15–29-year-old age group was 287,920. In 2003, the mortality rate for the 15–24-year-old age group was approximately 130 per 100,000 population (7).

The main causes of mortality for this age group are external causes, including accidents, homicides, and suicides, among others (Figure 1), followed by communicable diseases, including HIV/AIDS,

FIGURE 1.

Mortality rates by external cause for 15–24-year-old youth, selected countries, Region of the Americas, circa 2003.

**Sources:**

Pan American Health Organization. Health Statistics from the Americas, 2006 Edition. Washington, DC: PAHO; 2006.

Pan American Health Organization. Health Statistics from the Americas, 2003 Edition. Washington, DC: PAHO; 2003.

Sistema de Naciones Unidas en El Salvador. Situación y desafíos de la juventud en Iberoamérica. San Salvador: Naciones Unidas; 2008.

noncommunicable diseases, and complications of pregnancy, childbirth, and the puerperium.

These causes affect young males and females differently.

As shown in Figure 2, the distribution of deaths from injuries, including violence and homicides (43% of total deaths in the group), was 92% among males and 8% among females; deaths from road traffic accidents (26%) was 79% among males and 21% among females; deaths from suicide (11%) were 78% among males and 22% among females; and deaths from all other injuries (20%). AIDS makes up for 47% of all deaths by infectious and parasitic diseases for adolescents and youth aged 15 to 29 in the Americas, 67% for young males and 33% for young females. In 2006, 20% of di-

agnosed and reported HIV cases in the Americas corresponded to the 15–24-year-old age group.¹²

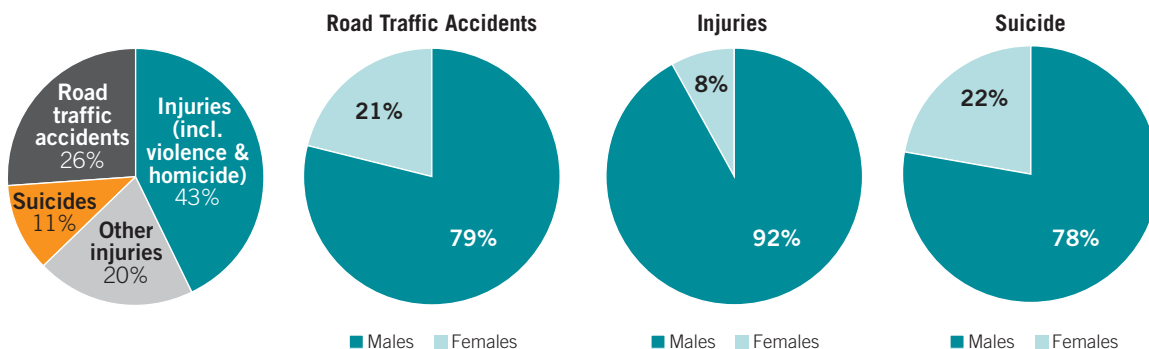
Many, if not all, of the priority health issues that most affect adolescents and youth are interrelated and therefore call for immediate and integrated action. These include unwanted pregnancies; gender-based violence; sexual exploitation; sexually transmitted infections (STIs); poor nutrition; lack of oral health services; lack of physical activity; obesity and eating disorders; mental health issues, violence and road traffic accidents; and substance abuse including alcohol, tobacco, and illicit substances.

The disproportionate impact of these issues on low-income, poorly educated, indigenous, migrant, cross-border, and ethnic minority adolescents and

¹² Pan American Health Organization, Country Reports HIV/AIDS database, FCH/AI Project.

FIGURE 2.

Principal causes of mortality, 15–29-year-old age group, combined and disaggregated by sex, Region of the Americas, 2004.



Source: World Health Organization. The global burden of disease: 2004 update. Geneva; WHO; 2008. Available at: http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html. Accessed on 24 May 2010.

youth is of special concern and requires a targeted response.

Violence

In 2000, the homicide rate among males and females aged 15–29 years was 68.6 and 6.4 per 100,000, respectively, (compared to high-income countries in Europe where the homicide rate only reached 1.7 and 0.7 per 100,000, respectively) (8). For every youth homicide, there are anywhere from 20 to 40 victims of nonlethal violence in this same age group requiring hospital care. It is estimated that the number of gang members in Central America is between 30,000 and 285,000, mostly in El Salvador, Guatemala, and Honduras (9). Additionally, adolescent and young women are four times more likely to be victims of a sexual assault than older women (8).

HIV/AIDS/STIs

In the Caribbean, AIDS is among the five leading causes of death among young people. In 2007, the estimated percentage of 15–24-year-old Caribbean youth living with HIV was 0.4% [0.1%–1.5%) for females and 0.5% (0.1%–3.2%) for males. The figures for Latin America were 0.2% (0.1%, 1.5%) for females and 0.7% (0.2%, 2.7%) for males. Sexually transmitted infections affect one in 20 adolescents

a year, and the most common infections are chlamydia, gonorrhea, syphilis, and trichomoniasis. In pregnant adolescent girls, STIs increase the risk of delivering premature and low birthweight infants. Moreover, if left untreated, over the long term, these infections may heighten the risk of cancer and HIV, and may be responsible for half of all infertility cases (10).

Sexual and Reproductive Health

Significant advances in gender equity are required to improve young people's sexual and reproductive health. HIV and STIs devastate the population of adolescent girls (11). Often cultural and social gender norms restrict their access to basic information, prescribe an unequal and more passive role in sexual decision-making, undermine their autonomy, and expose them to sexual coercion. Likewise, traditional expectations related to masculinity are often associated with behaviors that increase the risk of HIV infection among men and adolescent boys. Such behaviors include a high number of sexual partners, use of drugs or alcohol, and refusal to seek medical care for sexually transmitted infections (12). Thus, the lives and health of adolescent girls can only be improved in parallel with the sensitization of men and adolescent boys.



Understanding the factors associated with young people's sexual attraction and sexual orientation is also key to improving their sexual and reproductive health. In a health survey conducted in the Caribbean, approximately equal percentages (5.0% and 4.5%) of adolescent males and females reported a history of sexual experiences with same-sex partners, and more than 10% of adolescents reported being unsure of their sexual orientation (11.7% of females and 13.3% of males) (13).

In many countries of the Americas, young people are becoming sexually active at an increasingly young age, with most initiating sexual activity during the adolescence period. Approximately 50% of 15–24-year-old females in various Central American countries had engaged in sexual intercourse by the age of 15 (14); the percentage is even higher in rural areas and among young people with lower levels of education. Nearly 90% of Latin American and Caribbean youth reported familiarity with at least one method of contraception, but between 48% and 53% of sexually active youth had never used contraception. Among those who had used a contraceptive method, approximately 40% did not use contraception regularly (15). According to a series of reports by the Guttmacher Institute published in 2006, the unmet need for contraception among young women was 48% in Honduras (16), 38% in Guatemala (17), and 36% in Nicaragua (18).

Pregnancy

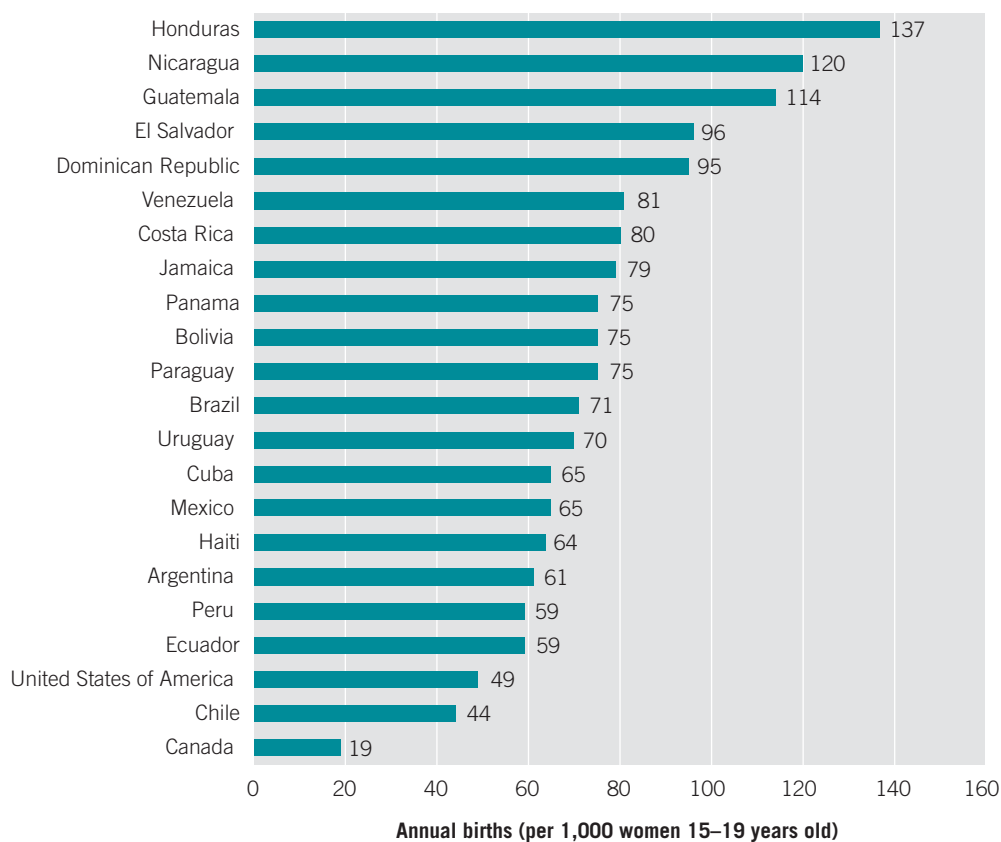
Obstetric conditions were the most common cause of hospitalization for young women (27%, 31%, and 46% in the Caribbean, Central America, and the United States, respectively) (19). Adolescents run a higher risk of adverse pregnancy outcomes, and, in comparison with older women, have lower probabilities of completing schooling, risk working in informal jobs and experiencing poverty, and their children suffer higher health risks (19). Half of the countries in the Americas have adolescent fertility rates among 15–19-year-olds higher than 72 per 1,000 women (Figure 3). Twenty percent of the births in the Region were from women younger than 20 years of age, with an estimated 40% of pregnancies being unplanned (19). In Latin America and the Caribbean, women below the age of 24 account for 45% (405) of the estimated number of deaths (900) due to unsafe abortions for 2003 (20).

Malnutrition

Adolescent obesity is an increasingly significant public health issue in the Region of the Americas. In the United States, 17% of adolescents between the ages of 12 and 19 years are overweight (21). In Canada, 12% to 20% of young people are overweight, and 3% to 10% are obese. The rates of both overweight and obesity are higher in males than in females. In total, approximately 26% of males and 17% of females are either overweight or obese (22). Anemia in adolescent females varies from 7% in El Salvador to 30% in Bolivia, and 45% in Haiti (23).

FIGURE 3.

Age-specific fertility rate for 15–19-year-old adolescents, selected countries, Region of the Americas, 2000–2005.



Source: Pan American Health Organization. Vol. I-Regional: Health in the Americas, 2007. Washington, DC: PAHO; 2007 (Scientific and Technical Publication No. 622).

Mental Health and Behavioral Disorders

As noted earlier, suicide is one of the main external causes of mortality among adolescents and youth. In 2004 in the United States, suicide was the third leading cause of death among adolescents aged 13–19. At the same time, many adolescents seriously consider suicide without attempting, or they attempt and do not complete suicide (21).

Unipolar depressive disorders are the leading cause of disability-adjusted life years (DALYs)¹³ among adolescents and youth globally. In the United States, 1 in 10 adolescents and youth suffer from mental illness severe enough to cause some level of impairment, yet fewer than one in five receive the needed treatment. The situation in other parts of the Region is likely to be even worse (24).

¹³ DALYs, as defined by WHO, refer to the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.

Eating disorders, which disproportionately affect girls and include anorexia nervosa, bulimia nervosa, and atypical eating disorders, are another area of concern. In Canada, eating disorders are now the third most common chronic illness found among adolescent girls (25). The death rate associated with anorexia nervosa alone is more than 12 times higher than the overall death rate among young Canadian women in the general population (26). Although these disorders were once thought to occur only in affluent societies, in recent years cases among all socioeconomic and ethnic groups have been documented in the Region.

Consumption of Alcohol, Drugs, and Tobacco

A study of Caribbean adolescent health conducted in 2000 found that 40% of females and 54% of males between the ages of 12 and 18 consumed alcohol. One in ten of 16–18-year-olds reported consuming four or more alcoholic beverages at once (3). In a nationwide school study carried out in seven Latin American countries, approximately 1 in 10 adolescents 13–17 years old reported having used illegal drugs at least once in their lives (27). According to a recent study conducted in the United States, one in five students in grades 9 to 12 reported having used marijuana at least once in the past month (21). The consumption of tobacco in the past month among adolescents 13–17 years old ranged between 2.2% and 38.7% in the seven-country Latin American study (27). In Canada, 5% of young people reported first trying smoking when they were aged 11 years or younger, 16% of boys and 18% of girls when they were between 12–14 years old, and 6% when they were 15 years of age or older (22).

Risk and Protective Factors

The majority of the primary causes of morbidity and mortality discussed in the previous section share



common, interrelated risk and protective factors associated with the social determinants of health. These include gender, ethnicity, education, income, social class, employment, migration, family, social networks, and the environment, among others.

Early pregnancy is a particular case in point—not only because of the health risks for both mother and child, but also due to its impact on girls' education and life prospects. For example, in one international study including seven Latin American countries,¹⁴ 19.5% of females aged 15–19 reported having been pregnant; of this group, 50% had no formal schooling, 59% resided in rural settings, 61% lived without adults in the household, and 60% live in poverty (28).

¹⁴ The analysis was based on data from Bolivia (2003), Colombia (2005), the Dominican Republic (2002), Guyana (2004), Honduras (2005), Nicaragua (2001), and Peru (2004–2005).

Clearly, by living in the Region with the largest social inequalities, young people in the Americas are subject to a host of prevailing socioeconomic, territorial, ethnic, and gender inequalities that mold their health and social opportunities.

Poverty

In all countries in the Region, the poorest and most socially excluded are often adolescents and youth, especially girls, who belong to indigenous, ethnic, and racial minorities, and those that live in female-headed households, and/or in rural communities. Inevitably, these vulnerable groups will suffer the most.

Thirty-nine per cent of youth live in poverty in Latin America and the Caribbean (4). Data from the United States in 2005 showed that almost 16% of adolescents aged 10–17 lived in households below the poverty threshold. The same study also revealed that adolescents who lived in a household with only one parent were substantially more likely to have a family income near or below the poverty line than were adolescents living in a household with two parents (21).

The fertility rate of adolescents living in poverty is three times higher than that of adolescents not living in poverty, they use fewer contraceptive methods, and are more likely to give birth before the age of 20.

Education

Education also affects health outcomes and risk behaviors (e.g., pregnancy, STI/HIV/AIDS, the harmful consumption of alcohol and other substances, and the risks of violence). Overall, only 38% of 18-year-olds in Latin America are attending school (4), even though great disparities based on socioeconomic levels, ethnicity, and geographic area persist. For every additional year of schooling, fertility rates in Latin American adolescents decrease by 5%–10% (4).

Moreover, inequalities in opportunities for education and employment with decent wages are driving high degrees of migration, both in and between countries. This translates into the disintegration of families and communities; unsafe, illegal, and informal forms of employment; child trafficking; and in numerous health risks (STI/HIV/AIDS, pregnancy complications, and violence).

Additional Considerations

The current economic downturn is expected to constrain national health budgets and international development assistance now and in the years to come. The most vulnerable young people, through poverty and other forms of social exclusion, will bear the brunt of this circumstance. Thus, additional efforts will be necessary to protect achievements to date in adolescent and youth health and to strengthen the performance



“Young people in the Americas are subject to prevailing socioeconomic, territorial, ethnic, and gender inequalities that mold their health and social opportunities.”



of national and local health systems throughout the Americas.

Need for Reliable Information

Strategic information is critical for informed decision-making. Despite increasingly sophisticated information technologies, social and health data on young people are still difficult to obtain, and often incomplete, inaccurate, or inconsistent in many countries (19).

An external evaluation of the implementation of PAHO's 1998–2001 action plan for Resolution CD40.R16 (1997), conducted in 2007, nonetheless yielded important data: 22 of 26 responding Member States reported having established national adolescent health programs. On the other hand, however, only 30% have a national surveillance system that includes adolescent and youth health indicators, and only 27% monitor and perform an evaluation of their programs. Thirty-one percent of the surveyed countries rated their program as adequate, 41% as partially adequate, and 18% as inadequate. While this represents clear progress, the response of health systems and services to the needs of adolescents and youth is often still weak and faces persistent budgetary constraints.¹⁵

At the same time, stigma remains a barrier causing underreporting of some health issues (e.g., suicide, mental illness, sexual orientation, and sexual abuse). Paucity of data often impedes the identification of groups at particular risk within and among countries or the risk and protective factors for health behaviors and outcomes. Deficient monitoring and evaluation of plans and programs has resulted in the continued implementation of ineffective interventions.

Strengthening Adolescent and Youth Health Systems and Services

In general, policies, programs, and services approach adolescent and youth health and development from a vertical and problem-oriented perspective. For example, HIV, early pregnancy, alcohol and/or tobacco consumption, drug abuse, family issues, and violence are typically addressed in an isolated fashion versus through the application of a more comprehensive and integrated care model. Sources of financing often reinforce this approach, resulting in expensive duplication of efforts and limited impact. Evidence suggests that programs should address interrelated health outcomes, associated behaviors, and their common origins to improve impact and reduce expensive duplication of efforts.¹⁶ Also contributing to ineffective interventions is the poor use of available scientific evidence and the lack of adolescent and youth participation in the development and implementation processes.

Due to limited participation by the target group, consideration of the specific needs of young people as determined by age, stage of development, culture, and gender is inadequate. In addition, programs have not capitalized on the pivotal role to be played by supportive families, schools, and communities as protective factors for health and education, as well as on their potential to facilitate access to health services and be critical settings for health promotion. The identification of community and neighborhood strengths and weaknesses through participatory evaluations is key to designing innovative, comprehensive, and effective youth development programs and health services.

Adolescent and youth access to health services also continues to be inadequate in most countries. Many young people encounter legal and financial barriers and unfriendly environments when they

¹⁵ Nirenberg, O, et al. Evaluación del Plan de Acción de Salud de Adolescentes en los Países de Latinoamérica y el Caribe. Informe Final - 2007 [not yet published].

¹⁶ Nirenberg, O, et al. Evaluación del Plan de Acción de Salud de Adolescentes en los Países de Latinoamérica y el Caribe. Informe Final - 2007 [not yet published].



utilize health services, including breaches in confidentiality, judgmental and disapproving attitudes relating to sexual activity and substance use, and discrimination. Additionally, access to certain types of health services (e.g., biomedical, mental health) is affected by the financial policies of the health system, geographical barriers, and the availability of suitable health personnel. For example, in the United States, the large majority of poor and near-poor adolescents under the age of 19 are eligible for public coverage; nonetheless, in 2005, one-fifth of adolescents in families living in households below the poverty line had no health insurance (21). Health services should be organized to respond to the actual health needs and wants of young people and their individual and collective expectations. The gap between the supply of health services and the demands of adolescents and youth needs to be closed (29). Quality health services provide an important opportunity for the presentation of promotional and preventive health messages along with the necessary screening, diagnosis, treatment, and care for a range of health issues.

The primary health care model requires that health care providers be prepared to respond effectively to the needs of individuals throughout the life cycle (30). Therefore, they are required to have knowledge of the specific needs of young people and the barriers they face. However, the Region lacks

a critical mass of health care providers trained to adequately respond to the needs of young people. Innovative strategies to reach young people and for training health providers can help the health sector keep abreast of the increasing demands for health promotion and prevention services and programs. These include requiring that providers be knowledgeable about new research and emerging technologies in adolescent and youth health, both in communication (e.g., text messaging, virtual networks) and in health issues (e.g., new findings on brain development; the availability of new vaccines, such as that for human papillomavirus; and testing and screening methods).

The Brave New Millennium

Information and communication technologies has given many young people increased exposure to mass media, cell phones, and the Internet, allowing them to connect with global cultures and revolutionizing social interactions. Those who have access to media are exposed to an array of messages and images, often depicting unhealthy behaviors, such as the use of tobacco in television programs (31). However, those same communication technologies can be used as a strategy to improve the health of young people by positively influencing health values, attitudes, and beliefs. Another important strategy is targeting pre- or early adolescence to influence behaviors before they become engrained health-compromising habits.

■ PROPOSAL: PAHO REGIONAL STRATEGY FOR IMPROVING ADOLESCENT AND YOUTH HEALTH

The overriding goal of this Regional Strategy will be to contribute to the improvement of the health of young people through the development and strengthening of an integrated health sector response and the implementation of effective adolescent and youth health promotion, prevention, and care programs.

The Strategy has been assembled with information, evidence, and knowledge, and rests on four pillars: primary health care, health promotion, social protection, and the social determinants of health. It calls for an integration of approaches, programs, and services to tackle health issues of concern and ensure better outcomes, and it incorporates gender, culture, and youth participation as its crosscutting perspectives.

Building on the WHO definition of health,¹⁷ the Strategy defines a healthy adolescent or youth as someone who fulfills the biological, psychological, and social tasks of development with a sense of identity, self-worth, and belonging; sees a positive path for the future; is tolerant of change and diversity; and has acquired the needed competencies to engage as an active member in civil society and the labor force. This definition manifests itself in young people as the adoption of healthy eating habits, regular physical activity, good mental health and wellness practices, and a responsible and positive approach to sexuality.

The Strategy proposes seven strategic areas for action and promotes their systematic and simultaneous integration to address the primary causes of mortality and morbidity and fundamental adolescent and youth health issues identified in the “Situational Analysis” section of this document. These areas are: strategic information and innovation; enabling environments and evidence-based policies; integrated and comprehensive health systems and services; human resources capacity-building; family, community, and school-based interventions; strategic alliances and collaboration with other sectors; and social communication and media involvement.

To support the implementation of these strategic areas for action, PAHO, in partnership with other

United Nations agencies and international entities, will use an inter-programmatic approach, work with special emphasis on priority and high-impact countries,¹⁸ build networks, and mobilize resources. More specifically, PAHO will provide technical cooperation for the implementation, monitoring, and evaluation of the seven areas for action, promote advocacy, support the systematization of best practices, create a platform to share lessons learned throughout the Region, and encourage country-to-country cooperation.

Strategic Areas for Action

The strategic areas for action will have a duration of 9 years (2010–2018). Below is a description of each that includes concrete objectives and proposals for action based on evidence and best practices recognized by PAHO.

Strategic Information and Innovation

Objective

To strengthen the capacity of the countries to generate quality health information on adolescent and youth health and their social determinants, disaggregating information by age, sex, ethnicity, and socioeconomic level.

The collection, analysis, and dissemination of appropriate information will provide essential tools to establish priorities and guide PAHO’s Plan of Action on Adolescent and Youth Health and national programs, including the development of policies, planning, and evaluation of programs.

This strategic area proposes action to:

- (a) Reach consensus on a list of basic indicators that facilitate the identification of gaps and in-

¹⁷ In the preamble of the Constitution of the World Health Organization, health is defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (1).

¹⁸ See footnote 9.

- equities in adolescent and youth health. These indicators will be used for the development of a virtual platform with regional data, disaggregated by age, sex, ethnicity, and income. The platform could form a regional observatory on adolescent and youth health.
- (b) Support the countries to build capacity to strengthen their national health information systems; to develop an Adolescent Health Information System (AIS); to monitor and evaluate the quality, coverage, and cost of national adolescent and youth health programs, health services, and other interventions; and to align efforts with PAHO and other global work in progress in the topic.¹⁹
 - (c) Promote the analysis, synthesis, and dissemination of integrated information from different sources on the state of adolescent and youth health and social determinants at the national and regional levels.
 - (d) Support regional and national research on the impact of new and innovative methods to improve the health and development of young people and to disseminate effective interventions and best practices.

Health- and Development-enabling Environments Using Evidence-based Policies

Objective

To promote and secure the development of enabling environments and the implementation of effective, comprehensive, sustainable, and evidence-based policies on adolescent and youth health.

This strategic area proposes action to:

- (a) Establish public policies that support a better state of health for young people, based on WHO and PAHO resolutions and recommendations²⁰ and emphasizing action targeting the most vulnerable in this age group. These policies should guarantee specific budget allocations for adolescent and youth health, allow for the follow-up of commitments, and ensure accountability.
- (b) Develop, implement, and comply with evidence-based policies and programs in a manner consistent with the U.N. Convention on the Rights of the Child and other United Nations and inter-American system human rights instruments earlier mentioned in the “Background” section of this document.
- (c) Advocate for environments that promote health and development among young people, considering social determinants of health and the promotion of health and secure communities, including the health-promoting schools initiative.
- (d) Support the development and/or revision of current policies and legislation on priority health topics for young people, especially those that have impact on health services access.

Integrated and Comprehensive Health Systems and Services

Objective

To facilitate and support strengthening the capacity of the health care system to respond to adolescent and youth needs.

¹⁹ Examples include the Health Metrics Network (HMN), the PAHO-USAID collaboration for the strengthening of health information systems, and the Regional Plan of Action for Strengthening of Vital and Health Statistics.

²⁰ These include the WHO Framework Convention on Tobacco Control; Global Strategy on Diet, Physical Activity, and Health; policies to promote enabling environments (e.g., sustainable transportation); urban planning policies (e.g., rapid mass transportation systems and alternative transportation modes, road safety, protection of public spaces); and obesity prevention policies (e.g., promotion of urban agriculture, improved school feeding programs, guidelines and regulations for food marketing and advertising, physical education programs). EcoClubes (<http://www.ecoclubes.org>) are an example of a program promoting youth involvement with the environment with a resulting impact on health-promoting behaviors. Relevant PAHO background documents and/or resolutions include those on the Regional Plan of Action on Violence and Health (32); Regional Strategy for Maternal Mortality and Morbidity Reduction (33); Regional Strategic Plan for HIV/AIDS/STI, 2006–2015, of the Pan American Health Organization (34); Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006–2015 (35); and Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (36).

The effective extension of social protection will be supported. Adolescent and youth health promotion, prevention activities, and care require primary-level health care services based on quality standards and best practices.²¹

This strategic area proposes action to:

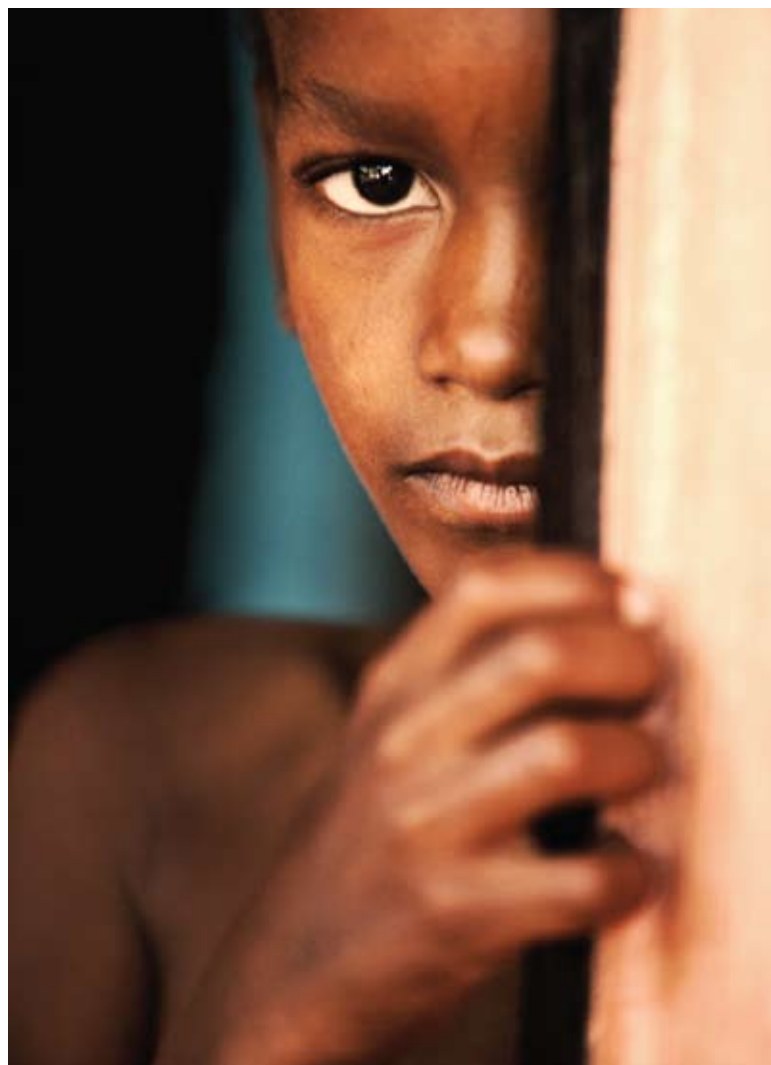
- (a) Implement effective interventions utilizing the Integrated Management of Adolescent Needs (IMAN) model.²²
- (b) Integrate services with referrals and counter-referrals between the primary, secondary, and tertiary care levels.
- (c) Increase access to quality health services through the development of minimum standards of care and by ensuring availability of critical public health supplies.
- (d) Develop models of care, including alternative and innovative services provision, that can increase access, such as mobile clinics, health services linked to schools, and pharmacies, among others.
- (e) Conduct studies on the availability, utilization, and cost of services.

Human Resources Capacity-building

Objective

Support the development and strengthening of comprehensive adolescent and youth health human resources training programs, especially those in health sciences and related fields, in order to develop effective policies and programs for adolescent and youth health promotion, prevention, and care.

Health services providers and other groups, including schoolteachers, university professors, and

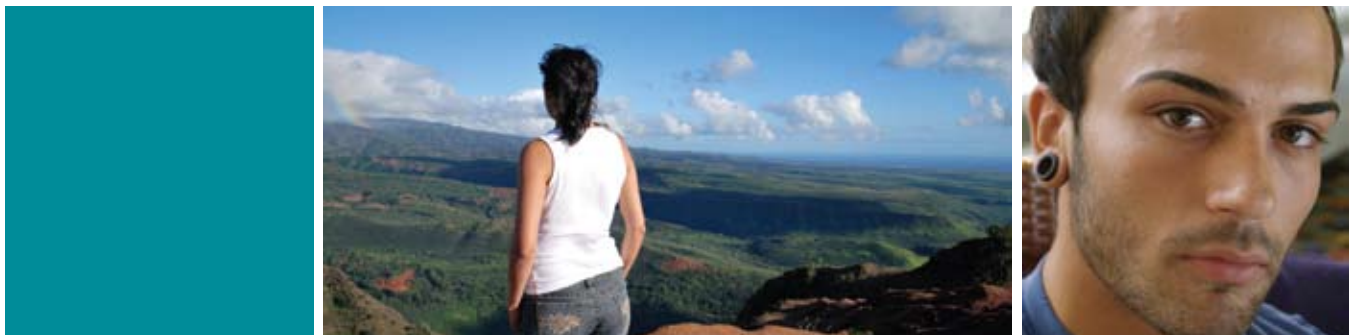


community health promoters, are instrumental to improving the health of adolescents and youth. Therefore, the creation of multidisciplinary teams is needed to ensure the most effective response to the health and development issues of young people.

This strategic area proposes action to:

²¹ Health Agenda for the Americas 2008–2017. (Document presented by ministers and secretaries of health at Agenda's launching ceremony held on 3 June 2007 in Panama City, Panama.)

²² IMAN follows the Integrated Management of Childhood Illnesses (IMCI) model and includes guidelines for the treatment of diseases in adolescents and youth, with emphasis on prevention and health promotion. IMAN seeks to improve the competencies of multidisciplinary professionals in the area of adolescent and youth health care and improve clinical and treatment practices at the family and community levels.



- (a) Develop and implement adolescent and youth health and development training programs at the undergraduate and graduate levels and for in-service professionals utilizing new technologies such as e-learning platforms. These programs should include among their key topics the dissemination and clarification of the U.N. Convention on the Rights of the Child and other United Nations and inter-American system human rights instruments (see “Background” section of this document) with regard to issues such as confidentiality, privacy, informed consent, equal protection of the law, and nondiscrimination in the context of cultural diversity.²³
- (b) Include the topic of adolescent and youth health in academic curricula for students enrolled in health and/or education programs at the graduate and postgraduate level.
- (c) Advocate for the capacity-building of primary health care providers using evaluated courses in comprehensive adolescent and youth health supported by PAHO and currently available on diverse e-learning platforms.²⁴
- (d) Incorporate current scientific evidence on young people, as well as training on program monitoring and evaluation, in available e-learning courses and other virtual platforms.

Family, Community, and School-based Interventions

Objective

To develop and support adolescent and youth health promotion and prevention programs through community-based interventions that strengthen families, include schools, and encourage broad-based participation.

²³ Since 2000, PAHO has contributed to educating and raising awareness among public health officials, health professionals, members of civil society groups and professional societies, legislative representatives, and judges of the unavoidable connection between health and human rights through technical training workshops highlighting the wide body of existing international and regional human rights instruments, recommendations, and standards and their application. The project has received support and expertise from various specialized bodies of the United Nations and Organization of American States. The workshops’ modules focus on human rights within the context of persons living with HIV/AIDS, persons with mental disorders, persons with disabilities, older persons, persons exposed to secondhand tobacco smoke, and indigenous peoples. All of these modules incorporate messages targeted to the health and human rights of adolescents and youth. To date, more than 40 workshops have been held in the following countries: Argentina, Barbados, Brazil, Canada, Costa Rica, Chile, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Kitts and Nevis, and Uruguay. Approximately 500 public health decision-makers and others from the groups mentioned above have been trained on the application of provisions related to confidentiality, privacy, informed consent, equal protection of the law, nondiscrimination, and other health-related human rights.

²⁴ PAHO currently supports distance learning courses in comprehensive adolescent and youth health provided through the following institutions: Universidad de Buenos Aires (Argentina), Universidade do Estado do Rio de Janeiro (Brazil), Pontificia Universidad Católica de Chile, and Universidad Autónoma de Nuevo León (Mexico). The courses are available in Spanish or Portuguese (Brazil) only. More information is available at www.paho.org/distancededu.



Behavior change in adolescents and youth is influenced by the environment in which they live, study, and work. A favorable family environment is essential to achieve positive health and education results (37, 38).

This strategic area proposes action to:

- (a) Develop and disseminate evidence-based tools that help strategic actors carry out interventions to strengthen the family (e.g., the PAHO *Familias Fuertes* intervention).²⁵
- (b) Encourage community mobilization efforts to modify institutional policies and stimulate the creation of environments more supportive of the health and development of young people.
- (c) Develop tools to promote the empowerment of adolescents and youth and facilitate their meaningful participation in the communities where they live. This process includes the identification of young people's strengths and weaknesses and the creation of opportunities for them to contribute to decision-making in the design and implementation of programs that affect them.
- (d) Strengthen cohesion between the health and education sectors in the development, moni-

toring, and evaluation of comprehensive programs for adolescents and youth.

Strategic Alliances and Collaboration with Other Sectors

Objective

To facilitate dialogue and alliance-building between strategic partners in order to advance the adolescent and youth health agenda and to ensure that key actors participate in the development of policies and programs for this age group.

The implementation of adolescent and youth health programs requires concerted multisectoral action by a diversity of strategic actors and partners. This includes all sectors of government, the private sector, and nongovernmental, civil society, and international organizations.

This strategic area proposes action to:

- (a) Develop integrated and coordinated actions between the health sector and with strategic partners at the regional, national, and local levels. These partners include those of government entities (education, judicial, labor, public security, housing, and the environment, among others), private institutions, the academic community, mass media, civil society, youth organizations, faith-based organizations, and communities groups (including teachers, parents, and young people themselves).
- (b) Increase and strengthen adolescent and youth interagency programs supported by U.N. and inter-American system entities.
- (c) Establish mechanisms for south-to-south cooperation and for the sharing of best practices and lessons learned throughout the Americas.

²⁵ *Familias Fuertes* is the Spanish-language PAHO adaptation of the “Strengthening Families Program: for Parents and Youth 10–14” developed by Iowa State University. The Strengthening Families Program series is a nationally and internationally recognized parenting and family strengthening program for high-risk families. For more information on the PAHO adaptation, go to http://www.paho.org/spanish/ad/fch/ca/sa-familias_fuertes.htm.



Social Communication and Media Involvement

Objective

Support the inclusion of social communication interventions and innovative technologies in national adolescent and youth health programs.

The mass media and new technologies have a significant impact on the health of adolescents and youth. It is essential to work with mass media networks to promote a positive image of adolescents and youth and to incorporate new technologies in health promotion interventions.

This strategic area proposes action to:

- (a) Promote positive images, values, and behaviors regarding adolescent and youth health.
- (b) Strengthen the capacity of Member States to use social communication techniques and new technologies effectively to increase access to health interventions and services.
- (c) Support the generation of evidence on this topic, especially in the use of new technologies and their impact on health.

■ PROPOSAL: PAHO PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH

Like the Regional Strategy for Improving Adolescent and Youth Health, the goal of the Plan of Action is to ensure that adolescents and youth receive timely and effective health promotion and care and disease prevention through integrated health systems. It highlights the need for PAHO to provide technical cooperation to Member States for developing and strengthening their health systems' responses to achieve this goal. This requires the full participation of a diversity of partners, including adolescents and youth, in inter-programmatic work conducted with a multi-sectoral approach.

The Plan of Action will support the efforts of PAHO Member States to establish national health objectives and to develop integrated promotion and prevention interventions targeting the main health issues affecting adolescents and youth, as described in the "Situational Analysis" of this document. The Plan will support the development of national adolescent and youth health program functioning at the country level. A functioning program is defined as one that has been in place for at least two years, has a medium- or long-term plan of action that has been implemented within the last year, has a person in charge, has allocated budget, and has in place clear technical guidelines for achieving the Plan's adolescent and youth health objectives. Member States shall implement the Plan according to their own respective national contexts and priorities.

The main targets to address the different health issues for adolescent girls and boys by 2018 include: (a) 75% of countries in Latin America and the Caribbean will have an adolescent fertility rate (defined as the annual number of live births per 1,000 females aged 15–19) of 75.6/1,000 or lower; (b) 100% of the countries will have an estimated percentage of adolescents and youth (15–24 years old) living with HIV of under 0.6% in the Caribbean

and of under 0.4% in Latin America; (c) 100% of the countries will reduce the current rising trend in mortality rates due to road traffic injuries; (d) priority countries will reduce the current rising trend in mortality rates due to homicides; and (e) 75% of the countries will reduce the mortality rate due to suicides among males ages 15 to 24.²⁶

The Plan accords priority attention to the most vulnerable categories of adolescents and youth (e.g., those of low income; those who are poorly educated; those who belong to indigenous, ethnic, and/or racial minority groups; those who are refugees, migrants, and/or border populations; those at highest risk for HIV/AIDS; those living with mental and/or physical disabilities) and to the prevailing disparities in the health status among and within the Region's countries. The Plan also aims to integrate relevant WHO and PAHO resolutions and their recommendations²⁷ on public policies that promote adolescent and youth health and inter-programmatic and intersectoral cooperation. This calls for PAHO's Secretariat and Country Offices to ensure that there is an ongoing coordination of activities and fluid communication across programs and with all U.N. agencies, international development partners, and NGOs working in the area of adolescent and youth health in the countries of the Americas.

To strengthen the effectiveness of the health system's response to adolescent and youth health, the Plan of Action builds on key achievements and emphasizes the scaling-up of best practices in the Region. These include:

- (a) The promotion of evidence-based policies, technical guidelines, and comprehensive adolescent and youth health and development plans in priority countries.
- (b) The pursuit of inter-programmatic and intersectoral cooperation incorporating a human rights-based, gender-based, and participatory approach at the regional, subregional, national, and local levels.
- (c) The continued implementation of the Integrated Management of Adolescent Needs (IMAN) model, which has made an important contribution to the improved quality of health services for adolescents and youth in the Americas. IMAN provides guidelines for the treatment of diseases and the promotion of health and uses an integrated package of evidence-based interventions. It has also contributed to the strengthening of competencies among multidisciplinary professionals working in the area of adolescent and youth health and to improved clinical and treatment practices at the family and community levels.
- (d) The continued application of state-of-the-art interventions for preventing violence among adolescents and youth, including those that influence the individual, the family, and the community. At the family level, these interventions improve parenting knowledge and skills and strengthen family relations (44). As part of IMAN, the evidence-based *Familias Fuertes* intervention has become a key strategy to reduce risk behaviors among adolescents, strengthen communication between them and their parents, and enhance capacity for healthy decision-making processes.
- (e) Capacity-building through distance education on adolescent and youth health has proven to be a successful strategy to secure sustainability of interventions at the national and local levels, thereby strengthening the health system. With the support of PAHO, more than 700 professionals have been trained through a cer-

²⁶ For a complete list of indicators and goals, please refer to Tables 1 and 2 in Annex A.

²⁷ These include those listed in footnote #20, as well as the following: Primary Health Care in the Americas: Lessons Learned over 25 Years and Future Challenges (39), Proposed 10-Year Regional Plan on Oral Health (40), Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity (41), Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (42), and Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (43).

tificate program involving collaboration with four universities in the Region.²⁸

The Plan of Action on Adolescent and Youth Health, like the Regional Strategy, is propelled by information, evidence, and knowledge and seeks to integrate new and existing approaches, programs, and services to provide a more coordinated response to adolescent and youth health concerns and ensure better outcomes. It incorporates the principles of primary health care, health promotion, social protection, and the social and economic determinants of health, and the crosscutting perspectives of youth participation, gender, ethnicity, and culture.

The Plan proposes interventions at the country, subregional, regional, and interagency levels,²⁹ with specific technical cooperation activities being stratified according to each country's particular adolescent and youth health problems and needs, its health system infrastructure, and capacity to provide effective responses. A main country-level component is cooperation to either develop or strengthen a national plan that integrates and addresses priority health issues. These have been identified through the broadest possible consensus among the country's principal actors from civil society and government. The subregional component includes activities shared by a group or groups of countries with common problems and potential solutions. The regional component focuses on the provision of PAHO technical cooperation through the standardization of methodologies, a coordinated interagency response to adolescent and youth health, and complementary joint activities to strengthen the health system response, taking into account each country's specific needs.

The Plan takes into account the framework of PAHO technical cooperation in order to address



the primary causes of mortality and morbidity among the Region's population segment aged 10 to 24 years of age as described in the "Situational Analysis" section of this document. It also seeks to protect achievements and progress in improving the health status of young people to date and addresses the unfinished health agenda to achieve universal health coverage and reduce health inequalities among this population group.

The Plan of Action proposes that technical cooperation activities occur within the framework of the seven strategic areas identified by the Regional Strategy, as follows:

- (a) Strengthen national capacity to generate, utilize, and share quality health information on adolescent and youth health and related social determinants, disaggregating the collected information by age, sex, ethnicity, and socioeconomic level, and ensuring the incorporation of a gender and cultural perspective.
- (b) Promote enabling environments for adolescent and youth health through effective, comprehensive, sustainable, and evidence-informed policies.
- (c) Strengthen the capacity of the health system to provide young women and men with age-appropriate services.

²⁸ See footnote #23.

²⁹ The interventions were agreed upon at an interagency consultation held in Panama City, Panama, in March 2009, between PAHO and other United Nations agencies. See Annex A and accompanying footnote #5 for more detailed information.



- (d) Develop and strengthen human resources training programs in the area of comprehensive adolescent and youth health, especially those in the health sciences and related fields, with the overall goal of improving the quality of adolescent and youth health policies, programs, and services.
- (e) Develop and support adolescent and youth health promotion and prevention programs utilizing community-based interventions that engage and encourage the participation of young women and men, their peers, families, and schools.
- (f) Facilitate dialogue and alliance-building among strategic partners to enable their effective collaboration in advancing adolescent and youth health programs and the establishment of age-appropriate health policies.
- (g) Support the inclusion of social communication interventions and innovative technologies in national adolescent and youth health programs.

By the conclusion of the development process for the Regional Plan for Improving Adolescent and Youth Health, a series of impact indicators for measuring improvements in adolescent and youth health had been identified. The process took into account the following criteria: (a) the indicators would represent critical health outcomes or contributing behaviors and (b) data were already

available, or soon would be, through national-level statistics or through global school-based student health surveys (GSHS).³⁰ These indicators are the basis for establishing the impact targets and critical health goals this Plan of Action aims to achieve (see Annex A, Table 4).

In response to the 48th Directing Council Resolution CD48.R5 approved in 2008, the Plan proposes a series of technical guidelines and activities tailored to address the different situations between and within countries. Table 3 in Annex A presents technical guidelines for adolescent and youth health programs categorized according to national health system infrastructure and capacity to respond to adolescent and youth health needs.

The Regional Plan's indicators and impact targets (Annex A) that will monitor the progress of the Plan are aligned with the objectives from PAHO's Strategic Plan 2008–2012 and the Biennial Workplans in the American Region Planning and Evaluation System (AMPES). These results-based tools are to be used by all PAHO/WHO entities at the country, subregional, and regional levels, and will facilitate tracking of the implementation of tasks and activities against established expected results and indicators.

To support implementation of activities within the stated strategic areas, PAHO, in partnership with

³⁰ For more information on the GSHS initiative, go to <http://www.who.int/chp/gshs/methodology/en/index.html>.

United Nations and other organizations, will use an inter-programmatic approach, work with emphasis on priority and high-impact countries, build networks, and mobilize resources. Specifically, PAHO will provide technical cooperation for the implementation, monitoring, and evaluation of the Regional Plan, promote advocacy, support the systematization of best practices, create a platform to share lessons learned throughout the Region, and encourage country-to-country cooperation activities.

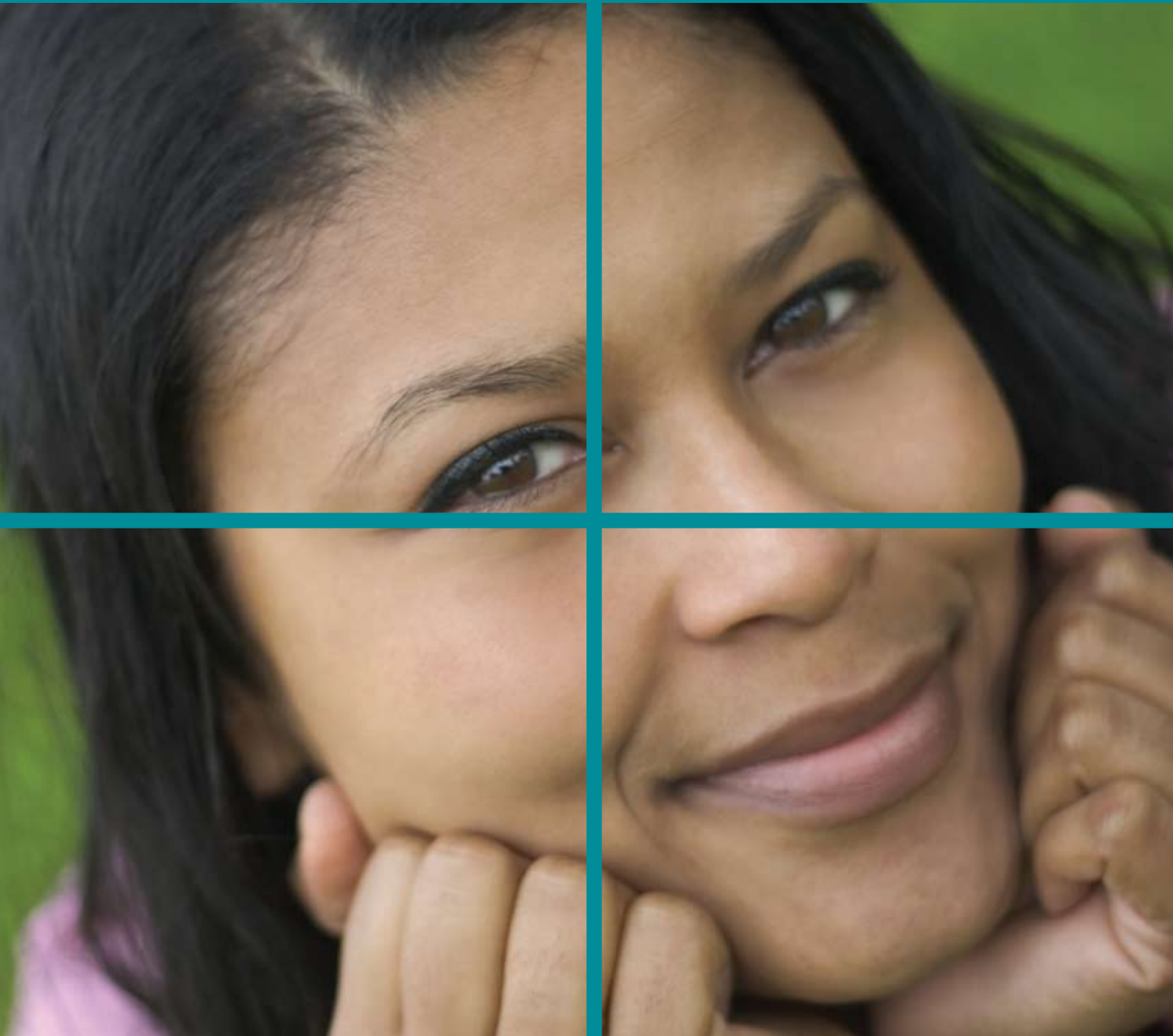
Annex A presents the finalized Plan of Action on Adolescent and Youth Health. Its accompanying Resolution approved at the 49th meeting of the Directing Council in 2009 is presented in Annex B.

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■ ■ Annexes



Annex A

PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH

1. The Plan of Action on Adolescent and Youth is the operative expression of the Regional Strategy for Improving Adolescent and Youth Health approved by PAHO's 48th Directing Council in 2008 by Resolution CD48.R5 (Annex A). The Plan of Action received the endorsement of the 49th Directing Council in 2009 via Resolution CD49.R14 (Annex C). The Plan's activities are geared to respond to the commitments undertaken based on the following considerations:

Vision

2. Adolescents and youth (10–24 years old) in the Region of the Americas lead healthy and productive lives.

Goal

3. Adolescents and youth receive timely and effective health promotion, prevention, and care services through integrated health systems and intersectoral collaboration.

Objective

4. Provide technical cooperation to Member States to develop and strengthen their health systems' delivery of timely and effective health promotion, disease prevention, and care services for adolescents and youth, using a life-cycle approach and addressing equity gaps.

Scope

5. This Plan of Action focuses on improving the health of young women and men aged 10–24 years living in the Region of the Americas during the period of 2010–2018, with particular attention being accorded to priority and high-impact countries.¹ Strengthening policies, health systems, and primary health care is fundamental to achieving the goal of this Plan, which in turn contributes to the achievement of Millennium Development Goals (MDGs) 1, 2, 3, 4, 5, and 6.²

Indicator

- Number of countries that have established national adolescent and youth health objectives that integrate interventions to address the main health issues³ affecting young people utilizing health promotion and prevention strategies. This action will support the development of a functioning national adolescent and youth health program at the country level. Such a program is defined as one that is at least two years old, has a medium- or long-term plan of action that has been implemented within the last year, has a person in charge, has an allocated budget, and has developed technical guidelines to achieve adolescent and youth health objectives. **Milestone 1** (2010): 50% of countries. **Milestone 2** (2014): 70% of countries. **Milestone 3** (2018): 100% of countries.

Impact Targets

- By 2018, 75% of the countries in the Americas will have an adolescent fertility rate (defined

¹ Priority countries: Bolivia, Guyana, Haiti, Honduras, Nicaragua. High-impact countries: Argentina, Brazil, Colombia, Mexico, Peru, Venezuela.

² MDG 1: Eradicate extreme poverty and hunger. MDG 2: Achieve universal primary education. MDG 3: Promote gender equality and empower women. MDG 4: Reduce child mortality. MDG 5: Improve maternal health. MDG 6: Combat HIV/AIDS, malaria, and other diseases. For additional information about the MDGs, please see <http://www.un.org/millenniumgoals/>.

³ For a complete discussion of these health issues, please refer to the "Situational Analysis" section on page 10 of this document.

as the annual number of live births per 1,000 females aged 15–19) of 75.6/1,000 or less (1) (Strategic Objective [SO] 4 indicators. Baseline 2006: 8 countries, **Milestone 1** (2010): 10 countries. **Milestone 2** (2014): 20 countries. **Milestone 3** (2018): 33 countries

- By 2018, 100% of the countries will have an estimated percentage of adolescents and youth (15–24 years old) living with HIV of under 0.6% in the Caribbean and of under 0.4% in Latin America and North America (MDG 6 indicator) (2).

Strategic Areas

To achieve the goal of this Plan of Action, address the main health issues affecting adolescents and youth, and respond to country needs, seven strategic areas have been identified. They are as follows: (1) strategic information and innovation; (2) environments that enable the health and development of adolescents and youth using evidence-based policies; (3) integrated and comprehensive health systems and services; (4) human resources capacity-

building; (5) family, community, and school-based interventions; (6) strategic alliances and collaboration with other sectors; and (7) social communication and media involvement. Each area has an objective that represents an expected result with specific indicators and activities at the interagency, regional, subregional, and national levels.

Strategic Area 1: Strategic Information and Innovation

Objective 1.1

Strengthen the capacity of the countries to generate, use, and share quality health information on adolescent and youth health and their social determinants, disaggregating information by age, sex, ethnicity, and socioeconomic level.⁴ (SO: 3, 4, 7, 9, 11. Regional Expected Results [RER]: 3.3, 4.2, 7.3, 9.3, 11.2).

Indicators

- Number of countries with a national information system that delivers annual information on adolescents and youth disaggregated by age.

TABLE 1. Number of countries with an estimated percentage of female adolescents and youth (15–24 years old) living with HIV of under 0.6% in the Caribbean and of under 0.4% in Latin America and North America.

	Baseline, 2007	Milestone 1, 2010	Milestone 2, 2014	Milestone 3, 2018
Caribbean	1 country	3 countries	5 countries	7 countries
Latin America and North America	14 countries	17 countries	20 countries	21 countries

TABLE 2. Number of countries with an estimated percentage of male adolescents and youth (15–24 years old) living with HIV, of under 0.6% in the Caribbean, and of under 0.4% in Latin America and North America.

	Baseline, 2007	Milestone 1, 2010	Milestone 2, 2014	Milestone 3, 2018
Caribbean	3 countries	4 countries	6 countries	7 countries
Latin America and North America	4 countries	7 countries	12 countries	21 countries

⁴ In alignment with Project 2.A entitled “Strengthening PAHO Public Health Information Systems” funded from the PAHO Holding Account. See Annex 2-A of PAHO 2008 Directing Council document CD48/22 and Annex B of PAHO 2009 Executive Committee document CE144/25, Rev.1 for more information.

(Indicator of the strategic objective 1 included in the global monitoring system [GMS]).

- Number of countries with a national information system that delivers information on adolescent and youth health disaggregated by sex on a regular basis.
- Number of countries with information systems that deliver information on adolescent and youth health by socioeconomic status on a regular basis.
- Number of countries with information systems that deliver information on adolescent and youth health by ethnicity on a regular basis.
- Number of countries that analyze data and complete an annual report on the epidemiology and health behavior of, and interventions for, adolescents and youth.

Target

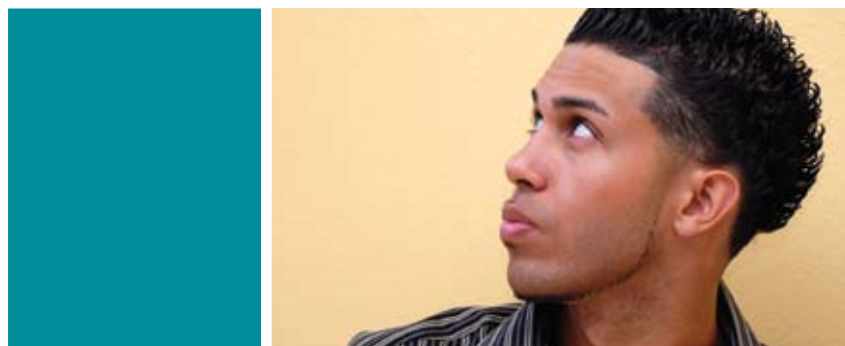
- By 2018, all the countries will have information systems that generate, use, and share quality information on adolescent and youth health and their determinants at the subnational and national levels.

Activities

Interagency Level⁵

Strengthening the strategic information mechanism among U.N. agencies through:

- 1.1.1. Sharing of statistical data and information on adolescent and youth development on the United Children's Fund (UNICEF) portal⁶ and the PAHO/WHO Adolescent Information System,⁷ as well as data from the Inter-American Drug Abuse Control Commission (CICAD) of the Organization



⁵ These activities were agreed upon at a United Nations interagency meeting held in March 2009 in Panama City, Panama. The participants included representatives from the Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Development Fund for Women (UNIFEM), United Nations Environment Program (UNEP), United Nations Population Fund (UNFPA), and PAHO.

⁶ Available at: <http://www.childinfo.org>.

⁷ Under construction.

of American States (OAS) and the WHO global school-based student health survey (GSHS), among others.

- 1.1.2. Agreement upon defined age groups of adolescent and youth for data monitoring, reporting, and analysis purposes.
- 1.1.3. Agreement upon standardized health and development indicators and a set of core indicators related to the determinants of health, such as educational status, literacy, poverty, parental involvement, housing status, employment status, involvement with the justice system, perceived neighborhood safety, victimization of crime, and access to health care, among others.
- 1.1.4. Expansion of the GSHS to include additional indicators to assess protective and risk factors and exploration of a joint implementation of the survey every five years.
- 1.1.5. Development of quality surveys to gather information on vulnerable indigenous adolescents aged 10–14 years.
- 1.1.6. Follow up and support of the on Gender Equality Observatory for Latin America and the Caribbean.⁸

Regional Level

- 1.1.7. Reaching a consensus on a standardized list of basic indicators that allows for the identification of gaps and disparities in adolescent and youth health status and takes into account different age groups, sexes, income levels, and ethnicities.
- 1.1.8. Development of a Web-based information system with defined adolescent and youth indicators for national surveillance and public health interventions disaggregated by age, sex, socioeconomic status, and ethnicity. Data from the information

system will contribute to the formation of a regional observatory on adolescent and youth health status.

- 1.1.9. Support for research on the impact of new and innovative methods to improve the health and development of adolescents and youth, and for the dissemination of effective interventions and best practices.
- 1.1.10. Support for research on traffic deaths of adolescents and youth that involve alcohol and on the effectiveness of interventions to reduce the number of crashes, accidents, and deaths involving alcohol.
- 1.1.11. Support for research on the links between alcohol and violence among adolescents and youth and the costs of these associated behaviors to society.
- 1.1.12. Analysis of health problems using determinants to identify vulnerabilities among adolescents and youth and the targeting of interventions by geographical area, socioeconomic status, ethnicity, and gender.

*Subregional Level*⁹

- 1.1.13. Conducting surveys of Caribbean adolescent health on a regular basis.¹⁰
- 1.1.14. Analysis and dissemination of data on the GSHS¹¹ by subregion.

National Level (Member States with PAHO's Support)

- 1.1.15. Ensuring regular reporting of national information systems on adolescent and youth health and their health determinants.
- 1.1.16. Systematic integration of basic adolescent and youth health indicators in regular information systems.
- 1.1.17. Integration of adolescent and youth health variables in the national Demographic and Health Surveys (DHS).

⁸ An initiative of the United Nations International Research and Training Institute for the Advancement of Women (UN-STRAW).

⁹ Refers to groups of countries by geographical location. The Region of the Americas is divided into the subregions of Central America, North America, the Caribbean, the Andean area, and the Southern Cone.

¹⁰ A second is currently in the planning stages (3).

¹¹ Based on the international Health Behavior in School-aged Children (HBSC) study. For information on HBSC participating countries by survey year, go to <http://www.hbsc.org/countries.html>.

- 1.1.18. Improving the quality and capture of adolescent and youth mortality and morbidity data.
- 1.1.19. Development and implementation of a clinical form for gathering data for the Adolescent Health Information System (AHIS) with support from the Latin American Center for Perinatology and Human Development (CLAP).
- 1.1.20. Implementation of the monitoring and performance evaluation process of the health information systems based on PAHO/WHO technical guidelines and the Health Metrics Network (HMN).
- 1.1.21. Monitoring and evaluation of the quality, coverage, and cost of national adolescent and youth health programs, services, and other interventions.
- 1.1.22. Alignment of efforts with other global and local partners working in this strategic area.¹²

Strategic Area 2: Environments that Enable the Health and Development of Adolescents and Youth Using Evidence-based Policies

Objective 2.1

Promote and secure the existence of environments that enable adolescent and youth health and development through the implementation of effective, comprehensive, sustainable, and evidence-informed policies, including legal frameworks and regulations. (SO: 2, 3, 4, 6, 7, 11. RER: 2.2, 3.2, 4.6, 6.4, 6.5, 6.6, 7.4, 7.5, 7.6, 11.1).

Indicators

- Number of countries that have revised or developed policies that are evidence-informed, that integrate responses to main health issues affecting adolescents and youth, that are aimed at increasing this group's access to health care, or

that have defined national adolescent and youth health objectives.

- Number of countries that have developed and implemented policies to promote high school graduation among adolescent girls and boys.
- Number of countries with a national adolescent and youth health program that has a medium- or long-term plan of action with allocated resources, including a budget and a person in charge.
- Number of States Parties that have revised their national legal frameworks, regulations, and/or plans in a manner consistent with the principles of the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and inter-American system.

Targets

By 2014, priority and high-impact countries will have evidence-based policies that integrate responses to the main health issues and determinants affecting adolescents and youth as a way to increase this group's access to health care; by 2018, 95% of countries will have these in place.

By 2018, 100% of the countries will have established a national adolescent and youth health program that integrates responses to the main health issues affecting this population within their health system and have a plan of action with allocated resources (see Tables 3 and 4 in this Annex).

Activities

Interagency Level

- 2.1.1. Collect information and develop a joint publication that covers each country's existing health policy and legislative mandates relevant to adolescents and youth.
- 2.1.2. Support advocacy efforts to revise and update national legal frameworks, regulations,

¹² These include the HMN, the PAHO-U.S. Agency for International Development (USAID) collaboration for the strengthening of health information systems, and partnerships related to the Regional Plan of Action for Strengthening of Vital and Health Statistics (4).



and/or plans in a manner consistent with the principles of the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and inter-American system.

- 2.1.3. Follow up the Mexico City Ministerial Declaration¹³ for improving sexual education and access to health services for adolescents and in monitoring and evaluating their impact.
- 2.1.4. Follow up on the health component of the Ibero-American Youth Cooperation and Integration Plan 2009–2015 (5) approved at the XVIII Ibero-American Summit of Heads of State and Government in 2008 in El Salvador.¹⁴
- 2.1.5. Follow recommendations of the Economic Commission for Latin America and the Caribbean (ECLAC) document *Juventud y cohesión social en Iberoamérica: un modelo para armar* (Youth and Social Cohesion in Ibero-America, A Model in the Making) (6).¹⁵

Regional Level

- 2.1.6. Disseminate the Plan of Action on Adolescent and Youth Health approved at PAHO's 49th Directing Council and provide technical cooperation to Member States to integrate its principles and strategies into national health policies and programs.
- 2.1.7. Develop a regional-level advocacy strategy for adolescent and youth health within the framework of health promotion and protection to:
 - (a) Ensure country commitment to allocate financial and human to each national adolescent and youth health program.
 - (b) Address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate approaches that favor the poor, are responsive to gender issues, and are based on human rights principles found in the U.N. Convention on the Rights of the Child and other related instruments of the United Nations and inter-American system.
 - (c) Advocate for lowering violence rates among adolescents and youth through the implementation of effective policies

¹³ Ministerial declaration approved at the 1st Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean held in Mexico City, Mexico, 1 August 2008.

¹⁴ Available at <http://www.oij.org/planes.php>. (in Spanish and Portuguese only).

¹⁵ Available (in Spanish only) at http://www.eclac.org/publicaciones/xml/2/34372/Juventud_Cohesion_Social_CEPAL_OIJ.pdf.

to combat alcohol use. These include increasing the price of alcohol; introducing controls on the availability of alcohol beverages, retail points, and selling hours; supporting enforcement and monitoring of new and existing alcohol laws, and restricting alcohol advertisements (7).

- 2.1.8. Provide technical cooperation to States Parties to enable them to review national policies and plans on priority health topics affecting adolescents and youth in a manner consistent with the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and inter-American system.
- 2.1.9. Integrate the principles and strategies of PAHO and WHO resolutions and their recommendations on public policies that promote adolescent and youth health,¹⁶ emphasizing action to benefit the most vulnerable (e.g., the poor, those most at risk of HIV/AIDS, indigenous populations, etc.).
- 2.1.10. Support research, documentation, and information-sharing regarding the impact of policy interventions on adolescent and youth health.

Subregional Level

- 2.1.11. Coordinate a system based on common needs with a group of experts to influence decision-makers of organizations.¹⁷
- 2.1.12. Identify and disseminate good practices and lessons learned in order to strengthen national adolescent and youth health programs.



National Level (Member States with PAHO's Support)

- 2.1.13. Develop and/or strengthen national plans of action for improving adolescent and youth health and promote adolescent and youth participation in this process.
- 2.1.14. Adapt a national-level adolescent and youth health advocacy strategy.
- 2.1.15. Review and update legal frameworks for the protection of adolescent and youth health to ensure that they incorporate gender and ethnicity approaches.

Strategic Area 3: Integrated and Comprehensive Health Systems and Services

Objective 3.1

Improve comprehensive and integrated quality health systems and services to respond to adolescent and youth needs with emphasis on primary health care. (SO: 4, 6, 10, 11. RER: 4.1, 4.6, 6.6, 10.1, 10.4, 11.1).

¹⁶ Please refer to footnotes #20 and #27 in the main body of this document.

¹⁷ These organizations include, but are not limited to the following: the Caribbean Community and Common Market (CARICOM), Council of Central American Ministers of Health (COMISCA), Southern Cone Common Market (MERCOSUR), Latin American Parliament (PARLATINO), and Meetings of the Health Sector of Central America and the Dominican Republic (RESSCAD).

Indicators

- Number of countries with a national adolescent and youth health program that has developed technical guidelines on adolescent and youth health.
- Number of countries with primary health care networks that deliver an integrated package of health services for adolescents and youth (e.g., Integrated Management of Adolescent Needs [IMAN]) with defined technical guidelines, including mental health and substance abuse interventions, and oral health programs.
- Number of countries with an age-appropriate vaccination coverage of >85%.
- Number of adolescents and youth using department-, district-, or provincial-level sentinel health centers.

Targets

- By 2018, 100% of the countries will have established a national adolescent and youth health program within their health system with adequate technical guidelines (see Table 3 in this Annex).
- By 2014, all priority and high-impact countries will have 50% of district-level health centers applying an integrated package of effective interventions for adolescents and youth (IMAN); and by 2018, 75% of all countries in the region will have achieved this.

Activities

Interagency Level

- 3.1.1. Coordinate advocacy and technical cooperation to ensure age appropriate vaccination with UNICEF.
- 3.1.2. Update evidence in the introduction of Human Papillomavirus Vaccine (HPV) and other vaccines.

Regional Level

- 3.1.3. Expand the IMAN package to include specific tools for reaching vulnerable ado-



lescents, mental and substance abuse interventions, and oral health programs.

- 3.1.4. Provide technical cooperation to Member States to develop or strengthen their health services networks to provide an appropriate, timely response to adolescent and youth health needs based on the IMAN health package.
 - 3.1.5. Provide technical cooperation to Member States to develop alternative and innovative health services that can increase access, such as mobile clinics, extended hours, and operation in school settings, pharmacies, community centers, among others.
 - 3.1.6. Develop a generic package of interventions for primary health care using the IMAN model.
 - 3.1.7. Coordinate and advise countries on how to develop quality health standards and services oriented to adolescent and youth needs.
 - 3.1.8. Coordinate and provide guidance to the countries on how to develop case studies illustrating best practices in services delivery.
 - 3.1.9. Provide technical support to the countries on the design and implementation of networks-based community interventions.
- #### *Subregional Level*
- 3.1.10. Facilitate the sharing of experiences between countries which have developed health insurance and health promotion models and preventive and care interventions for adolescent and youth health.



National Level (Member States with PAHO's Support)

- 3.1.11. Include adolescents and youth within the national financing and health care model and ensure this group's access to health services.
- 3.1.12. Develop integrated health services networks for adolescents and youth and strengthen the continuity of care, including for mental and oral health.
- 3.1.13. Develop and implement technical guidelines for primary health care services using a package of interventions such as IMAN or a similar equivalent.
- 3.1.14. Adapt technical guidelines to national contexts and priorities (e.g., ensure that they are culturally appropriate for indigenous adolescents and youth).
- 3.1.15. Put mechanisms in place to strengthen the ties between communities and their respective health facilities and promote the participation of adolescents and youth and their families.

Strategic Area 4: Human Resources Capacity-Building

Objective 4.1

Support the development and strengthening of human resources training programs in comprehensive adolescent and youth health, especially

those in the health sciences and related fields, in order to improve the quality of adolescent and youth health promotion, prevention, and care policies and programs. (SO: 4, 7, 13. RER: 7.4.1, 13.1, 13.4).

Indicators

- Number of universities, community colleges, and other education centers that include the subject of adolescent and youth health in their health sciences curricula.
- Number of clinics with providers trained in adolescent health and utilizing IMAN or equivalent core competency courses (e.g., job aids,¹⁸ Orientation Programme on Adolescent Health for Health-care Provider Modules [OP]¹⁹).
- Number of States Parties that train key national adolescent and youth health stakeholders (government officials, nongovernmental organization personnel, adolescents, and youth) regarding the principles found in the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and inter-American system.

Target

- By 2018, all the countries of the Region will have incorporated the topic of adolescent and youth health in the curricula of training programs for health and other related professions

¹⁸ Job aids may be defined as repositories for information, processes, or perspectives that are external to the individual and that support work and activity by directing, guiding, and enlightening performance (8). Job aids are also known as “performance support tools” or PSTs (9).

¹⁹ A joint effort of the Commonwealth Medical Association Trust, UNICEF, and the World Health Organization (WHO) (10).

(e.g., medicine, nursing, social work, psychology, midwifery, teaching).

- By 2018, 50% of primary health care clinics at the department, district, or provincial level will have at least one provider trained in adolescent and youth health care.
- By 2018, 50% of national adolescent and youth health stakeholders will have received educational training in a 40-hour course for the clarification of the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and the inter-American system.

Activities

Interagency Level

- 4.1.1. Agree on a common training curriculum for primary health care providers and personnel working with adolescents and youth to be implemented through training-for-trainers modules.
- 4.1.2. Promote capacity-building for health care providers and related personnel working with adolescents and youth regarding the human rights approach, and increase their awareness and understanding of the principles found in the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and inter-American systems, using UNICEF and PAHO/WHO tools.

Regional Level

- 4.1.3. Provide technical cooperation to include the topic of adolescent and youth health in curricula for health and education professionals.

- 4.1.4. Develop new materials, adapt existing materials, and expand training programs (at the undergraduate, graduate, and in-service levels) through e-learning platforms and the *Campus Virtual de Salud Pública* (Virtual Public Health Campus).²⁰

- 4.1.5. Support the implementation of a training course on health and human rights to include key topics such as confidentiality, privacy, informed consent, equal protection of the law, and nondiscrimination in the context of cultural diversity.²¹

Subregional Level

- 4.1.6. Develop and support the implementation of subregional training courses for decision-makers and health care providers in priority adolescent and youth health problems (e.g., violence prevention, early pregnancy, HIV), taking into account prevailing socio-economic, geographical, ethnic, and gender inequalities.

National Level (Member States with PAHO's Support)

- 4.1.7. Integrate adolescent and youth health topics in national capacity-building plans.
- 4.1.8. Promote capacity-building among primary health care providers using evaluated courses in comprehensive adolescent health supported by PAHO/WHO currently available on diverse e-learning platforms.²²
- 4.1.9. Promote capacity-building among government officials regarding the human rights approach, based on the principles found in the U.N. Convention on the Rights of the Child and other human rights instruments of the United Nations and inter-American

²⁰ See footnote #24 in the main text of this document for additional information. PAHO and the Bloomberg School of Public Health's Center for Communication Program of Johns Hopkins University Courses have prepared a series of training modules for young people on sexual and reproductive health entitled "Un modelo para DES-ARMAR," available in Spanish at <http://www.paho.org/cdmmedia/FCHCOURSE/espanol/default.htm>. The *Campus Virtual de Salud Pública* is a PAHO technical cooperation strategy that seeks to strengthen public health institutional capabilities and practices, including performance of the Essential Public Health Functions, throughout the Region of the Americas. For more information (Spanish only), go to <http://www.campusvirtualsp.org/>.

²¹ See footnote #23 in the main text of this document for more information.

²² See footnote #20 above.

systems, using UNICEF and PAHO/WHO tools.

- 4.1.10. Develop a strategy to include the requirement of demonstrating knowledge and skills in the area of adolescent and youth health as part of the accreditation, certification, and licensure examinations of health professionals.

Strategic Area 5: Family, Community, and School-based Interventions

Objective 5.1

In alignment with PAHO's Family and Community Health Concept Paper,²³ develop and support adolescent and youth health promotion and prevention programs, incorporating community-based interventions that strengthen families, include schools, and encourage broad-based participation (SO: 4, 6, 7. and RER: 4.5, 4.6, 6.1, 6.6, 7.2).

Indicators

- Number of countries that include a component to strengthen families and provide parenting skills in their national adolescent and youth health program.²⁴
- Number of countries that have a national adolescent and youth health program with activities coordinated with schools and communities (e.g., Global School Health Initiative,²⁵ health-promoting schools initiatives,²⁶ and Healthy Communities initiatives).



Target

- By 2014, the priority and high-impact countries will have incorporated interventions to strengthen families in their adolescent and youth health promotion and prevention programs and will have coordinated these with schools and communities; by 2018, 100% of the countries will have achieved this.

Activities

Interagency Level

- 5.1.1. Support the development of evidence-based tools for family-, school-, and community-based interventions.
- 5.1.2. Disseminate best practices in the areas of pregnancy prevention, youth violence prevention, empowerment of adolescent girls, and male sensitization interventions, among others.

²³ Presented at PAHO's 49th Directing Council in 2009 (11).

²⁴ These include the PAHO *Familias Fuertes* intervention. For more information, please refer to footnote #25 in the main text of this document.

²⁵ For more information, please visit http://www.who.int/school_youth_health/gshi/en/.

²⁶ For more information, go to http://www.who.int/school_youth_health/gshi/hps/en/.

²⁷ For more information on Ecoclubes, please refer to footnote #20 in the main text of this document. In 2003, UNEP adopted a long-term strategy to engage young people in environmental activities and UNEP's work. The word "tunza" means "to treat with care or affection" in Kiswahili, a subregional language of Eastern Africa. For more information on the Tunza youth strategy, go to <http://www.unep.org/Tunza/youth/>.

- 5.1.3. Translate and adapt the PAHO *Familias Fuertes* intervention to the English-language Caribbean cultural context, and disseminate and implement it through interagency cooperation.
- 5.1.4. Promote adolescent and youth participation in the development of policies and interventions to meet their needs.
- 5.1.5. Expand the *Ecoclubes* initiative and Tunza youth strategy²⁷ to protect the environment and raise consciousness about climate change, with support from the United Nations Environment Program (UNEP).

Regional Level

- 5.1.6. As part of the PAHO Family and Community Health Approach (FCHA), develop and implement evidence-based tools and programs to support Member States in initiatives to strengthen families and parenting skills with adolescents.
- 5.1.7. With the participation of adolescents and youth, provide technical support to countries for developing policies, plans, and programs that integrate responses to priority health issues affecting this group and promote schools and communities that are favorable to young people's health and development.
- 5.1.8. Develop tools to promote the meaningful participation and empowerment of adolescents and youth within their communities, with emphasis on adolescent girls.
- 5.1.9. Follow up on the Mexico Declaration²⁸ with the health and education sectors to develop comprehensive sex education programs and health services for adolescents and youth, and to monitor and evaluate their impact.

- 5.1.10. Promote school programs that are integrated, holistic, and strategic and that produce better health and education outcomes through initiatives such as the WHO Global School Health Initiative.

Subregional Level

- 5.1.11. Develop capacity-building workshops including the IMAN community package (e.g., *Familias Fuertes* intervention, adult-youth partnerships, soccer and health initiatives, *Ecoclubes*).
- 5.1.12. Coordinate subregional activities with health-promoting schools initiatives²⁹ and the Faces, Voices, and Places initiative.³⁰

National Level (Member States with PAHO's Support)

- 5.1.13. Promote intersectoral activities through strong health and education partnerships.
- 5.1.14. Prioritize and integrate efforts with the health-promoting schools and Faces, Voices, and Places initiatives.
- 5.1.15. Adapt and apply tools to improve the skills of community agents and other social actors to create and carry out effective adolescent and youth health development interventions at the family, school, and community levels.
- 5.1.16. Develop and/or strengthen youth leadership programs, particularly among indigenous adolescents and youth.
- 5.1.17. Promote and develop partnerships and alliances that include schools, parents, adolescents and youth, and community organizations (both from civil society and the private sector) to help build social will and determine next steps in promoting the adolescent health agenda.

²⁸ See footnote #13 in this Annex.

²⁹ For a list of available publications, databases, and other resources on this topic, please refer to <http://www.paho.org/Project.asp?SEL=TP&LNG=ENG&ID=151>.

³⁰ Launched by PAHO in 2006, Faces, Voices, and Places focuses on community participation and cooperation to achieve the MDGs—particularly those related to health—in the Region of the Americas by 2015. PAHO is advocating for the most vulnerable communities and works to strengthen citizenship by emphasizing shared rights and responsibilities in an effort to address inequity between and within countries in the Region. For more information, please visit <http://www.paho.org/English/MDG/index.htm>.



Strategic Area 6: Strategic Alliances and Collaboration with Other Sectors

Objective 6.1

Facilitate dialogue and alliance-building between strategic partners to advance a regional adolescent and youth health agenda and to ensure that strategic partners participate in the establishment of effective policies and programs for this age group (SO: 4, 7, 15. RER: 4.6, 7.2, 15.3).

Indicator

- Number of countries with an established intersectoral strategic plan (defined as one which integrates the activities of at least three key government sectors that affect adolescent health and development (e.g., health, education, finance, the environment).

Target

- By 2018, all countries will have an adolescent and youth intersectoral strategic plan with a focus on health determinants and social equity.

Activities

Interagency Level

- 6.1.1. Establish an interagency task force made up of U.N. agencies, the OAS, bilateral and multilateral institutions, among others, to

increase the number of and/or strengthen existing adolescent and youth development programs, as well as an interagency health coordination committee through a virtual community of practice.³¹

- 6.1.2. Strengthen collaboration between PAHO and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) to effectively implement the Mexico Declaration for improving sexual education and access to health services for adolescents and youth and to monitor and evaluate their impact.³²

Regional Level

- 6.1.3. Participate in and coordinate an interagency task force to increase the number of and/or strengthen adolescent and youth programs and participate in other task forces (e.g., Internal Gender Working Group, Inter-American Coalition for the Prevention of Violence).
- 6.1.4. Share knowledge, tools, and experiences of regional-level entities utilizing Internet technologies, newsletters, and other communication mechanisms.
- 6.1.5. Implement the health component of resolutions from the Ibero-American Summits of Heads of State and Government and of other international commitments through technical cooperation to develop national plans of action for adolescent and youth health.

³¹ See footnote #5 in this Annex for more information.

³² See footnote #13 in this Annex.

- 6.1.6. Foster partnerships and alliances between the health and education sectors in the countries of the Region.
- 6.1.7. Explore the possibility of creating new partnerships with the private sector and civil society organizations.
- 6.1.8. Establish south-to-south cooperation and share best practices and lessons learned throughout the Americas.

Subregional Level

- 6.1.9. Strengthen alliances with faith-based organizations for the promotion of joint interventions (e.g., *Consejo Episcopal Latinoamericano* [CELAM], Seventh-day Adventist Church).
- 6.1.10. Strengthen alliances with partners working on adolescent and youth sexual and reproductive health.
- 6.1.11. Support interagency collaboration initiatives (e.g., *Plan Andino de Prevención de Embarazo de Adolescentes* [Andean Adolescent Pregnancy Prevention Plan]) through subregional institutions such as the Caribbean Community and Common Market (CARICOM), *Sistema de la Integración Centroamericana* (Central American Integration System, or SICA), Southern Cone Common Market (MERCOSUR), and *Comunidad Andina de Naciones* (Andean Community of Nations, or CAN).

National Level (Member States with PAHO's Support)

- 6.1.12. Strengthen existing partnerships between ministries of health, education, and youth.
- 6.1.13. Identify potential partners and social actors (e.g., nongovernmental organizations, youth organizations, private sector enterprises) to join a national alliance to support the implementation of an intersectoral adolescent and youth health and development plan.
- 6.1.14. Develop and implement the intersectoral plan of action with at least three institutions from different governmental sectors.

Strategic Area 7: Social Communication and Media Involvement

Objective 7.1

Support the inclusion of social communication interventions using traditional media and innovative technologies to promote adolescent and youth health in national adolescent and youth health programs (SO: 4, 15. RER: 4.6, 15.4).

Indicator

- Number of countries with a national adolescent and youth health program that includes a social communications strategy within the plan of action.

Target

- By 2018, 100% of the countries will have incorporated social communications interventions and innovative technologies with a specific focus on the most vulnerable youth subpopulations into their national adolescent and youth health programs.

Activities

Interagency Level

- 7.1.1. Develop an interagency strategy and plan of action to keep pace with new technologies (e.g., text-messaging, social networking Web sites, micro-blogging services) and for the sharing of best practices from UNICEF, UNEP, and UNFPA.
- 7.1.2. Assess the proportion of adolescents and youth who have access to electronic communication technologies.

Regional Level

- 7.1.3. Strengthen the capacity of countries to make the most effective use possible of social communication techniques and new technologies in order to increase access by adolescents and youth to health interventions and services.

- 7.1.4. Generate evidence regarding the effective use of social communication, especially new technologies, and their impact on health.
- 7.1.5. Prepare guidelines for developing communication and social mobilization strategies to promote healthy behaviors.
- 7.1.6. Support research on and monitoring of alcohol-marketing practices targeted toward youth.
- 7.1.10. Create social networks among adolescents and youth to promote healthy behaviors through the use of new technologies.
- 7.1.11. Support the development of an advisory group composed of adolescents and youth to train older adults in social communication and networking tools, resulting in youth empowerment.

Subregional Level

- 7.1.7. Share information on best practices in social communication and the use of new technologies, and support impact evaluations of innovative technologies used to promote adolescent and youth health.

National Level (Member States with PAHO's Support)

- 7.1.8. Adapt and implement strategies for social communication, social mobilization, and behavioral change.
- 7.1.9. Explore different modalities to promote healthy behaviors among adolescents and youth.

Health System Infrastructure and Capability

Prioritization of Activities according to the Health System's Capacity to Respond to Adolescent and Youth Health Problems

In response to the Resolution adopted at the 48th meeting of the Directing Council in 2008, the Plan of Action proposes a series of technical guidelines and activities differentiated to respond to the different situations between and within countries³³ (Table 3).

TABLE 3.

Indicators for adolescent and youth health programs, by strategic area and national health system capacity and readiness.

Strategic area	Adolescent health programs and standard level by country category		
	Score <30 ^a	Score 30–79 ^a	Score >80 ^a
	Basic	Advanced	Optimal
Strategic information and innovation	<ul style="list-style-type: none"> A situation analysis is available with disaggregated data on adolescent and youth health status, social determinants, programs and policies. 	<ul style="list-style-type: none"> A national-level survey has been carried out with a module on adolescent and youth health (including a global school-based student health survey [GSHS]). Demographic and Health Surveys (DHS) include a module on adolescents and youth. 	<ul style="list-style-type: none"> The national information system produces data on the adolescent and youth population disaggregated by age. Health and social determinants data on this group are integrated into national information system. Analyses of health status and determinants are undertaken regularly.
Environments that enable adolescent and youth health using evidence-based policies	<ul style="list-style-type: none"> Policies on adolescent and youth health have been formulated. 	<ul style="list-style-type: none"> The legal and policy environment has been reviewed within the context of the U.N. Convention on the Rights of the Child and other international human rights instruments. 	<ul style="list-style-type: none"> Adolescent and youth health policies have been evaluated and programs have been carried out.

Continued on next page

³³ The criteria for assigning values to the scores and the points are still under construction.

TABLE 3.

Indicators for adolescent and youth health programs, by strategic area and national health system capacity and readiness. (continued)

Strategic area	Adolescent health programs and standard level by country category		
	Score <30 ^a	Score 30–79 ^a	Score >80 ^a
	Basic	Advanced	Optimal
Integrated and comprehensive health systems and services	<ul style="list-style-type: none"> Adolescent and youth care models have been integrated within the health system and include a basic package of interventions. 	<ul style="list-style-type: none"> Quality services for adolescents and youth have been defined and effectively integrated at the primary health care level. 	<ul style="list-style-type: none"> An integrated package of health services for adolescents and youth is financed at the primary care level with national universal coverage.
Human resources capacity-building	<ul style="list-style-type: none"> A critical mass of professionals trained in adolescent and youth health promotion and prevention interventions is available. 	<ul style="list-style-type: none"> Training courses on adolescent and youth health have been developed at the national level. 	<ul style="list-style-type: none"> Training in adolescent and youth health promotion and prevention interventions is integrated into the university-level health sciences curricula.
Family, community, and school-based interventions	<ul style="list-style-type: none"> Family and community interventions are available in some areas. 	<ul style="list-style-type: none"> Family interventions for parenting skills have been integrated into primary health care services. Community interventions within schools have been developed through a national health and education commission. 	<ul style="list-style-type: none"> National coverage of family and community interventions are adequately financed.
Strategic alliances and collaboration with other sectors	<ul style="list-style-type: none"> Joint efforts to improve adolescent and youth health exist. 	<ul style="list-style-type: none"> An intersectoral strategic plan has been developed. 	<ul style="list-style-type: none"> A national advisory committee has been established, and an intersectoral plan of action has been implemented at the national level.
Social communication and media involvement	<ul style="list-style-type: none"> A social communication component has been integrated into existing health plans targeting adolescents. 	<ul style="list-style-type: none"> An integrated social communication plan has been developed at the local and national levels. 	<ul style="list-style-type: none"> A social communication plan of action using new technologies has been evaluated.

^a The program score is based on PAHO's Strategic Plan 2008–2012 RER 4.6 ("Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development") and is derived using the following breakdown: program has a person in charge (20 points); has a plan of action (30 points); has an allocated budget (30 points); and has technical guidelines in place (20 points). A "person in charge" is considered to be someone assigned exclusively to manage an adolescent and youth health program. A "responsible officer" is considered to be an individual who shares responsibilities with other programs. (However, in countries with fewer than 100,000 inhabitants, a "responsible officer" is considered to be the equivalent of a "person in charge").

Critical Health Goals for Adolescent and Youth

By the conclusion of the development process for the Regional Strategy for Improving Adolescent and Youth Health, a series of impact indicators

were identified as important for measuring improvements in adolescent and youth health. Critical health goals have been developed based on these indicators considering the following criteria:

³⁴ Datasets for sections showing TBD in Table 4 are currently under construction.

TABLE 4.
Critical health goals for adolescents and youth.

Goal 1: Reduce adolescent and youth mortality		Baseline 2008	Target 2018
1.1	Reduce the mortality rate of adolescents and youth ages 10–24 (PAHO/HA) ^a	172,569/rate under construction	TBD
Goal 2: Reduce unintentional injuries			
2.1	Reduce the mortality rate caused by transport accidents among men 15–24 years of age ^b (PAHO/HA) ^a	23,264/rate under construction	TBD
Goal 3: Reduce violence			
3.1	Reduce the suicide rate among 10–24-year-olds (PAHO/HA) ^a	12,077/rate under construction	TBD
3.2	Reduce the homicide rate among men aged 15–24 (PAHO/HA) ^a	36,541/rate under construction	TBD
Goal 4: Reduce substance use and promote mental health			
4.1	Reduce the percentage of adolescents between the ages of 13 and 15 that have consumed one or more alcoholic beverages during the last 30 days ^c (GSHS) ^d	36%	20%
4.2	Reduce past-month use of illicit substances among 13–15-year-olds (GSHS) ^d	10%	5%
4.3	Reduce tobacco use among adolescents and youth 15–24 years of age (GSHS) ^d	10%	5%
Goal 5: Ensure sexual and reproductive health			
5.1	Reduce the percentage of births by age group of mothers 15–19 years old (UNPD/PAHO) ^e	17.5%	15%
5.2	Increase the percentage of condom use during last high-risk sex among 15–24-year-olds (UNGASS) ^f	TBD	TBD
5.3	Increase contraceptive prevalence among adolescents and youth ages 15–24 years (DHS) ^g	TBD	TBD
5.4	Reduce the prevalence of HIV-infected pregnant women aged 15–24-years (UNGASS) ^f	TBD	TBD
5.5	Reduce the estimated number of adolescents and youth 15–24 years of age living with HIV (UNAIDS) ^h	Latin America 0.2% Caribbean 0.4%	0.15% 0.35%
5.6	Reduce the specific fertility rate of adolescents aged 15–19 (defined as the annual number of live births per 1,000 females aged 15–19) (UNDP/PAHO) ^a	75.6/1,000	64/1,000
Goal 6: Promote nutrition and physical activity			
6.1	Reduce the proportion of obese or overweight adolescents aged 13–15 years old (based on national nutrition statistics)	30%	25%
6.2	Increase the proportion of adolescents 13–15 years of age who engage in regular physical activity (GSHS) ^d	13%	30%
6.3	Decrease prevalence of anemia in adolescent women (10–19-year-olds) (PAHO) ⁱ	25%–30%	15%–10%
Goal 7: Combat chronic diseases			
7.1	Reduce the rate of decayed/missing/filled teeth (DMFT) for 12-year-old adolescents (PAHO/THR) ^j	5.5	3.5

Continued on next page

TABLE 4.
Critical health goals for adolescents and youth. (continued)

7.2	Increase coverage of tetanus and diphtheria vaccine (DT) among 10–19-year-olds (PAHO/IM) ^a	75%	95%
Goal 8: Promote protective factors			
8.1	Increase parental knowledge of adolescent activities (GSHS) ^d	67%	90%

^a Based on data from PAHO Health Information and Analysis Project (HA). PAHO Health Analysis and Statistics Unit (HA), Area of Health Surveillance and Disease Prevention and Control (HSD).

^b Corresponds to *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Version for 2007* (ICD) (V0–V99).

^c Or latest available data.

^d Based on data from global school-based student health surveys (GSHS). For more information on this initiative, see footnote #30 in the main text of this document.

^e Based on data from United Nations, Department of Economic and Social Affairs, Population Division. World population prospects: the 2008 revision. Population database. Available at: <http://esa.un.org/unpp/index.asp?panel=1>. Accessed on 14 June 2010.

^f Based on commitments made at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), held 25–27 June 2001 in New York City, New York.

^g Based on data from Demographic and Health Surveys.

^h Based on data from the Joint United Nations Program on HIV/AIDS (UNAIDS).

ⁱ See Chaparro, C. and Lutter, C. “Anemia among adolescent and young women in Latin America and the Caribbean: a cause for concern. (2008).

^j Based on data from PAHO Regional Oral Health Project, Area of Health Systems and Services.

^k Based on data from PAHO Immunization Project, Area of Family and Community Health.

(a) they would represent represented critical health outcomes or contributing behaviors for adolescents and youth in the Region, and (b) national-level data were either already available or soon would be.³⁴

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■ ■ Annex B





PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



49th DIRECTING COUNCIL

61st SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 28 September-2 October 2009

CD49.R14 (Eng.)
ORIGINAL: ENGLISH

RESOLUTION

CD49.R14

PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH

THE 49th DIRECTING COUNCIL,

Having reviewed the report of the Director *Plan of Action on Adolescent and Youth Health* (Document CD49/12), based on the PAHO Strategic Plan 2008–2012;

Noting the World Health Assembly resolution on the Strategy for Child and Adolescent Health and Development (WHA56.21, 2003) calling on governments to strengthen and expand efforts to strive for full coverage of services and to promote access to a full range of health information for adolescents; the Ibero-American Cooperation and Integration Youth Plan 2009–2015; and Resolution CD48.R5 of the PAHO Directing Council on the Regional Strategy for Improving Adolescent and Youth Health 2010–2018, in which governments formally recognized the differentiated needs of the youth population and approved the elaboration of a plan of action;

Recalling the right of adolescents and youth to the enjoyment of the highest attainable standard of health, as set forth in the Constitution of the World Health Organization, the U.N. Convention on the Rights of the Child, and other international and regional human rights instruments;

Understanding that successful passage through adolescence and youth is essential for healthy, engaged, and economically well-developed societies;

Recognizing that the health of adolescents and youth is a key aspect of economic and social development in the Americas; that their behaviors and health problems are an important part of the overall disease burden; that the cost associated with the treatment of chronic diseases is high; and that effective prevention and early intervention measures are available;

Considering that the outcomes for adolescent and youth health will be more effective if health promotion, primary health care, social protection, and social determinants are taken into consideration when addressing priority health topics for these populations;

Recognizing that PAHO has cooperated with the countries of the Region in establishing conceptual and technical bases and infrastructure for the development of national adolescent and youth health programs and policies;

Concerned that the specific needs of adolescents and youth have not been adequately addressed and that the achievement of international goals will require additional efforts in adolescent and youth health;

Considering the importance of a plan of action to operationalize the Regional Strategy for Improving Adolescent and Youth Health that will guide the preparation of future national adolescent and youth health plans, as appropriate, and the strategic plans of all organizations interested in cooperating for health with this age group in the countries of the Americas,

RESOLVES:

1. To endorse the Plan of Action on Adolescent and Youth Health to effectively and efficiently respond to current and emerging needs in adolescent and youth health with specific consideration of prevailing inequalities in health status, and to strengthen the health system response to develop and implement policies, laws, plans, programs, and services for adolescents and youth.
2. To urge Member States to:
 - (a) prioritize the improvement of adolescent and youth health and the reduction of risk factors, by establishing and/or strengthening national programs and ensuring the appropriate resources, and by improving coordination within the health sector and with partners in other sectors to ensure that actions and initiatives in adolescent and youth health and development are implemented, minimizing duplication of efforts and maximizing the impact of limited resources;
 - (b) develop and implement national plans and promote the implementation of public policies guided by the Plan of Action, focusing on the needs of low-income and vulnerable populations;
 - (c) coordinate with other countries in the Region implementation of the activities contained in their plans of action and the dissemination and use of tools that promote adolescent and youth health;
 - (d) implement the Plan of Action, as appropriate, within an integrated health system approach based on primary health care, emphasizing intersectoral action and monitoring and evaluating program effectiveness and resource allocations;
 - (e) promote the collection, sharing, and use of data on adolescent and youth health disaggregated by age, sex, and ethnicity and the use of a gender-based analysis, new technologies (e.g., geographical information systems) and projection models to strengthen the planning, delivery, and monitoring of national plans, policies, programs, laws, and interventions related to adolescent and youth health;
 - (f) promote and establish enabling environments that foster adolescent and youth health and development;

- (g) scale up the coverage of and access to quality health services—including promotion, prevention, effective treatment, and ongoing care—to increase their demand and utilization by adolescents and youth;
 - (h) support capacity-building for policymakers, program managers, and health care providers to develop policies and programs that aim to promote community development and provide effective quality health services, addressing the health needs of adolescents and youth and their related determinants of health;
 - (i) engage adolescents and youth, their families, communities, schools, and other appropriate institutions and organizations in the provision of culturally sensitive and age-appropriate promotion and prevention programs as part of the comprehensive approach to improving the health and well-being of adolescents and youth;
 - (j) establish partnerships with the media to promote positive images of adolescents and youth which promote appropriate behaviors and commitment to health issues;
 - (k) promote the collection, use, and sharing of data on adolescent and youth health to strengthen the local and regional planning, delivery, and monitoring of national plans, programs, and public health interventions related to adolescent and youth health.
3. To request the Director to:
- (a) establish a time-limited technical advisory group to provide guidance on topics pertinent to adolescent and youth health and development;
 - (b) encourage coordination and implementation of the Plan of Action through the integration of actions by PAHO programmatic areas at the national, subregional, regional, and interagency levels;
 - (c) work with the Member States in implementing the Plan of Action according to their own national context and priorities and promote the dissemination and use of the products derived from it at the national, subregional, regional, and interagency levels;
 - (d) encourage the development of collaborative research initiatives that can provide the evidence base needed to establish and deliver effective and developmentally and age-appropriate programs and interventions for adolescents and youth;
 - (e) develop new or strengthen existing partnerships within the international community to identify the human resources, technology, and financial needs to guarantee the implementation of the Plan of Action;
 - (f) encourage technical cooperation among countries, subregions, international and regional organizations, government entities, private organizations, universities, media, civil society, youth organizations, faith-based organizations, and communities in activities that promote adolescent and youth health;
 - (g) encourage coordination of the Plan of Action through similar initiatives by other international technical cooperation and financing agencies to improve and advocate for adolescent and youth health in the countries;
 - (h) periodically report to the PAHO Governing Bodies on the progress and constraints evaluated during implementation of the Plan of Action, and consider the adaptation of this Plan to respond to changing contexts and new challenges in the Region.

(Eighth plenary, 1 October 2009)



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