

COVID-19



Mitigating the Direct and Indirect Consequences of COVID-19 on the Health and Well-Being of Young People in the Americas

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Washington, D.C, 2021

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Abbreviations

CDC	United States Centers for Disease Control and Prevention
DALY	disability-adjusted life year
ECLAC	Economic Commission for Latin America and the Caribbean
HIV	human immunodeficiency virus
HPV	human papillomavirus
LAC	Latin America and the Caribbean
LGBTQ	lesbian, gay, bisexual, transgender, and queer
MIS-C	Multisystem Inflammatory Syndrome in Children
MNCAH	maternal, neonatal, child, and adolescent health
NCD	noncommunicable disease
PAHO	Pan American Health Organization
PASC	post-acute sequelae of SARS-CoV-2 infection
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Acknowledgments

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Introduction

Since the first reported cases of SARS-CoV-2 infection in the last quarter of 2019, a cumulative total of 191,281,182 confirmed cases of COVID-19 have been reported globally, including 4,095,223 deaths, and a cumulative total of 70,103,320 confirmed cases of COVID-19 (39%), including 1,842,522 deaths (48%) in the Americas as of 19 July 2021 ⁽¹⁾. The approval and roll-out of multiple vaccines is providing new hope for containment of the COVID-19 pandemic; however, access to vaccines remains unequal between and within countries, and the emergence of multiple SARS-Cov-2 variants is bringing new challenges to the COVID-19 response.

Available data indicate that, globally, children and young people carry a lower burden of SARS-CoV-2 infection, are more likely to present with asymptomatic or mild infections, and are less likely than older adults to require hospitalization, experience severe disease, or die ⁽²⁾. While the health risks for young people may be lower, they can still be substantial. Several studies indicate that young people with certain chronic health conditions may be at elevated risk for severe disease and death, and a relatively small number of children and adolescents with SARS-CoV-2 infection develop multisystem inflammatory syndrome (MIS-C) ^(3, 4). In addition, young people, even those considered low risk, may experience medium- to long-term effects following SARS-CoV-2 infection, also referred to as post-COVID condition, or long COVID ^(5–8).

Beyond the immediate effects of COVID-19 infection on the health of young people in terms of morbidity and mortality, the pandemic has had a profound effect on every aspect of the daily life of young people. Interruption of critical health services, including mental health and sexual and reproductive health services, impacts on their physical and mental health. Disruption of education and narrowing of the social environment and exchanges, loss of family income,

and increased exposure to violence are some of the factors impacting the health and well-being of young people in the context of the COVID-19 crisis.

In addition to measures to protect young people from COVID-19 infection, complications, and death, mitigation measures must include solutions to reduce the medium- and longer-term effects of the pandemic on the health, development, and well-being of young people.

This publication covers the age group of young people aged 10–24 years, which encompasses adolescents aged 10–19 years and youth aged 15–24 years. The document seeks to summarize what is known about the impact of the COVID-19 pandemic on the health and well-being of young people aged 10–24 in the Region of the Americas as well as relevant global and regional guidance. It provides additional considerations to promote and support comprehensive actions to ensure that negative consequences of the pandemic are minimized and young people are given the opportunity to not only survive but thrive during and following the pandemic.

The publication's development process included an extensive review of peer-reviewed and gray literature. The document is also informed by COVID-19 data reported to the Pan American Health Organization (PAHO) by Member States, and the results from a regional COVID-19 youth survey among 7,751 young people conducted by the United Nations Interagency Youth Task Force, of which PAHO is a member.

For the purposes of this document, direct consequences of COVID-19 are defined as those related to infection, morbidity, and mortality, and indirect consequences are defined as those resulting from living through the prolonged emergency

situation, with restrictions on movement, disruption of health service provision, and socioeconomic challenges.

Objective

The objective of this publication is to contribute to the strengthening of a comprehensive response to young people and COVID-19 during the pandemic and in the recovery phase, to mitigate the short-, medium-, and long-term consequences of COVID-19 for young people in the Americas, particularly those living in conditions of vulnerability. The document summarizes relevant guidance from the World Health Organization (WHO) and PAHO, as well as recommendations from other United Nations partners such as the United Nations Population Fund (UNFPA) and UNICEF. It also provides links to related resources and practical examples of actions taken by governments, youth leaders, and other stakeholders.

Audience

Intended users are national and local decisionmakers, multidisciplinary teams, program managers and stakeholders working on adolescent and youth health, youth-serving and youth-led organizations, and young people themselves.



1. Direct Consequences of COVID-19 in Young People in the Americas

1.1 COVID-19 confirmed and probable cases in young people in the Americas

As part of the Incident Management System established to respond to the COVID-19 pandemic, countries of the Region of the Americas report anonymized SARS-CoV-2 cases that meet the confirmed and probable case definition as established by the World Health Organization (WHO)⁽⁹⁾. Countries also report deaths; demographic, clinical, and epidemiological characteristics; as well as information on potential risk factors for both SARS-CoV-2 infection and complications following infection to PAHO through an online reporting tool. The quality of the reported data varies per country and should be interpreted with caution, taking into consideration country limitations and local testing capacity and strategies. The frequent occurrence of asymptomatic infections in young people also contributes to uncertainty about the real disease burden in this age group, and the presence of noncommunicable diseases in young people, which makes them more vulnerable to complications, is not well-documented.

From January to December 2020, countries reported a total of 3,430,672 confirmed and probable cases of SARS CoV-2 infection in young people in the Region, with 1,461,977 in adolescents aged 10–19 years and 1,968,695 in youth aged 20–24 years (Table 1). The distribution by sex was almost equal, with 51% females and 49% males in both age groups.

1.2 COVID-19 hospitalizations and deaths

During the same period, a total of 29,879 hospitalizations were reported for the 10–24 years age group in Latin America and the Caribbean (LAC), of which 1,885 were classified as severe hospitalizations, defined as admission to intensive care and/or cases requiring mechanical ventilation, extracorporeal membrane oxygenation (ECMO), or in-hospital deaths. A total of 2,399 COVID-19 deaths in young people aged 10–24 years were reported in LAC in the year 2020 (Table 1).

Table 1. Reported COVID-19 cases, hospitalizations, and deaths in young people aged 10–24 years in the Americas, 1 January–31 December 2020

Age group	Cases		Hospitalizations		Severe hospitalizations		Deaths	
	Number	%	Number	%	Number	%	Number	%
10–14 years	480,404	14.0	3,984	13.3	319	16.9	220	9.2
15–19 years	981,573	28.6	8,098	27.1	512	27.2	578	24.1
20–24 years	1,968,695	57.4	17,797	59.6	1,054	55.9	1,601	66.7
Total	3,430,672	100	29,879	100	1,885	100	2,399	100

Source: Information shared by the IHR National Focal Points (NFPs) or published on the websites of the ministries of health, health agencies, or similar, and reproduced by PAHO/WHO.

1.3 Comorbidities

Early in the pandemic, it became clear that certain comorbidities significantly increased the likelihood of complications and death in patients with SARS CoV-2 infection. The WHO surveillance guidance highlights chronic cardiac disease, hypertension, chronic pulmonary disease, asthma, chronic kidney disease,

chronic liver disease, chronic neurological disorder, diabetes, current smoking, tuberculosis, asplenia, and malignant neoplasms as comorbidities of interest ⁽⁹⁾.

When it comes to young people in the Region of the Americas, some of these comorbidities require special attention, considering that several of these are significant contributors to adolescent and youth mortality and morbidity in the Region. In 2019, lower respiratory infections were the sixth most common cause of mortality in the 10–19 years age group, with kidney disease at 12, tuberculosis at 14, and diabetes at 16. Asthma remains in the top 10 causes of adolescent disability-adjusted life years (DALYs) in LAC ⁽¹⁰⁾.

Obesity has also emerged as a risk factor for COVID-19 complications and mortality in young people (4, 11). In a study among 3,222 young adults aged 18–34 years hospitalized with SARS-CoV-2 infection in the United States of America, 21% required intensive care, 10% required mechanical ventilation, and 2.7% died. In this study, morbid obesity and hypertension were associated with greater risk of death or mechanical ventilation (4).

In an unpublished analysis of 20 LAC countries reporting to PAHO on comorbidities in 2020, 55% of the young people with confirmed and probable SARS-CoV-2 infection in LAC had comorbidities. The most frequently reported comorbidities were lung disease, cardiovascular disease, diabetes, and renal disease.

1.4 Multisystem Inflammatory Syndrome (MIS-C)

A hyperinflammatory condition called multisystem inflammatory syndrome (MIS-C) has been observed with a temporal relationship with SARS-CoV-2 infection among children and adolescents, which causes increased risks for complications and fatalities ⁽³⁾. A total number of 5,723 cases of MIS-C and 124 deaths were reported by 23 countries and territories in the Region from May 2020 to June 2021 (Table 2).

Table 2. Reported MIS-C cases and deaths with a temporal relationship with SARS CoV-2 infection and deaths reported to PAHO, May 2020 to June 2021

	Number of confirmed cases	Number of confirmed deaths
<10 years	3,635	74
10–19 years	2,088	50
Total	5,723	124

Source: Information shared by the IHR National Focal Points (NFPs) or published on the websites of the ministries of health, health agencies, or similar, and reproduced by PAHO/WHO.

1.5 Post-COVID condition (long COVID) and young people

As the pandemic has progressed, there has been increased attention on the long-term effects of COVID-19 infection. The knowledge of post-COVID condition or so-called “long COVID,” also referred to as post-acute sequelae of SARS-CoV-2 infection (PASC), is limited as data continue to emerge, but some studies have shown high levels of PASC among adult populations ^(8, 12, 13). Long COVID often occurs in patients who did not meet hospitalization requirements for COVID-19, but who still report symptoms including fatigue, dyspnea, and neurologic impairment for months after their first symptoms ^(14, 15). These persisting symptoms

have resulted in negative impacts on mental health, ability to return to pre-COVID activities, including work, and overall quality of life.

Due to the low number of COVID-19 cases in adolescents and youth, little attention has been paid to potential PASC in these populations. However, new reports show concerning rates of persistent post-COVID symptoms in young people ^(16, 17). One case study in Sweden followed five adolescents who were still experiencing symptoms 6–8 months after initial COVID-19 onset, with none of them well enough to return to school ⁽²⁾. Without a clinical diagnosis of COVID-19, it is possible that young people with mild cases are being overlooked in studies of long COVID. Increased attention must be paid to the potential ramifications of long COVID in adolescents.



2. Mitigating the Direct Consequences of COVID-19 in Young People

The available data indicate that the direct consequences of COVID-19 on young people are not insignificant and merit focused attention. Key components of the response must include:

- **Targeted COVID-19 prevention public communication** for young people using channels and communication strategies adapted to their context. This should include the proper use of social media platforms frequented by young people. Studies suggest that parents, trusted government officials, and other authority figures can have a positive impact on adolescents' behavior with the right framing. Messages should focus on individual risk, shared responsibility, and social cohesion as motivators to adhere to prevention measures ^(18, 19).
- Providing access to masks, hand sanitizer, and other personal protective materials, which can become quite costly, particularly for families living in conditions of vulnerability.
- **Continuity of care for young people with chronic conditions** to ensure proper control of their conditions during the pandemic. Where feasible and safe, in-person care for young people with chronic conditions should be continued, and in contexts with limitations in movement, alternative solutions should be explored, including telehealth approaches. Outreach should address and respond to possible fears or reservations from young people to enter health care facilities.
- **Ensuring access to COVID-19 diagnostic testing**, particularly for young people with comorbidities. Without adequate access to testing, care for young people may be delayed, which increases the risk for complications and death. In addition, infected (asymptomatic) young people may unknowingly spread the virus to others in their household and community.

- **Providing prompt and competent care to young people with SARS-CoV-2 infection**, particularly those with comorbidities. This includes ensuring that health care personnel have the proper and most up-to-date information and guidance to provide competent care to young people.
- **Be attentive to and provide care for the lingering symptoms** young people may have following COVID-19 infection (long COVID).
- **Providing access for young people to COVID-19 vaccines approved for their age group where possible**, particularly for those living with chronic conditions. Vaccine outreach to young people must consider and address youth-specific vaccine hesitancy ^(18, 19).
- **Addressing post-COVID condition or long COVID**: Evidence regarding the clinical characteristics of the mid- and long-term effects of COVID-19 is evolving rapidly but remains to be clearly described and understood. The most frequently reported symptoms are fatigue, muscle ache, shortness of breath, and headache ⁽²⁰⁾. Box 1 presents the Best Practice Statement issued by WHO, based on the most current evidence regarding post-COVID condition ⁽²¹⁾, and Box 2 provides some key resources related to COVID-19 management and care.

Box 1. WHO Best Practice Statement regarding management of post-COVID condition

Patients who have had suspected or confirmed COVID-19 (of any disease severity) who have persistent, new, or changing symptoms should have access to follow-up care.

Remarks:

Recognition

- All patients (and their caregivers) with COVID-19 should be counseled to monitor for resolution of signs and symptoms. If any one or more of these persist, or patient develops new or changing symptoms, then to seek medical care according to national (local) care pathways.
- This includes counseling about acute life-threatening complications, such as pulmonary embolism, myocardial infarction, dysrhythmias, myopericarditis and heart failure, stroke, seizures and encephalitis, for which they should seek emergency care.
- Patients with severe and critical COVID-19 may develop post-intensive care syndrome (PICS), with a range of impairment including (but not limited to) physical deconditioning, cognitive, and mental health symptoms.

Management

- National (local) coordinated care pathways should be established that can include primary care providers (i.e., general practitioners), relevant specialists, multidisciplinary rehabilitation professionals, mental health and psychosocial providers, and social care services.
- Management should be tailored according to patient needs and be coordinated.
- Management interventions include addressing promptly life-threatening complications. For non-life-threatening complications, management may entail education, advice on self-management strategies (i.e., breathing techniques, pacing), caregiver support and education, peer-to-peer groups, stress management, stigma mitigation, and home modification; prescription of rehabilitation programs, and/or specialty management.

Source: World Health Organization. COVID-19 clinical management: living guidance, 25 January 2021. Geneva: WHO; 2021. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>

Box 2. Resources related to COVID-19 management and care

- World Health Organization. COVID-19 clinical management: living guidance, 25 January 2021. Geneva: WHO; 2021 Available from: <https://apps.who.int/iris/handle/10665/338882>
- World Health Organization. Multisystem inflammatory syndrome in children and adolescents with COVID-19: scientific brief, 15 May 2020. Geneva: WHO; 2020. Available from: <https://apps.who.int/iris/handle/10665/332095>
- World Health Organization. Clinical care for severe acute respiratory infection: toolkit: COVID-19 adaptation. Geneva: WHO; 2020. Available from: <https://apps.who.int/iris/handle/10665/331736>



3. Indirect Consequences of COVID-19 on Young People in the Americas

3.1 The pre-pandemic health and well-being of young people in the Americas

Key features of the pre-pandemic health status of young people in the Americas include:

- **Preventable mortality:** The three leading causes of adolescent and youth mortality in the Region are interpersonal violence, road injuries, and self-harm, with 60%–80% of deaths in the age group due to these three causes (10, 22).
- **Mental health and substance use:** In addition to suicide deaths, available data on suicidal behaviors, including ideation, planning, and attempts, indicate significant pre-pandemic levels of mental health challenges among young people in the Region. Available data also indicate early introduction and significant levels of current and excessive alcohol use among young people in the Region (22, 23, 24).
- **Violence:** The Region of the Americas has the highest homicide rate in the world, and homicides are the leading cause of death in young people in the Region, particularly affecting young men. In addition, young people experience several other types of violence, including sexual violence, intimate partner violence, bullying, and gang violence (10, 22, 23, 24).
- **Sexual and reproductive health:** LAC has the second-highest adolescent fertility rate in the world, with major inequities between and within countries. Girls from families in the lowest wealth quintiles, with lower levels of education, living in rural communities, and from Indigenous and Afro-descendant communities are disproportionately affected by early and unplanned pregnancy (22, 25). Key drivers of poor sexual and reproductive health (SRH) of adolescents in LAC include restrictive laws and policies inhibiting their access to SRH information, education, and services; health

systems and societal barriers; social exclusion and racism; and unequal social and gender norms, roles, and relations ^(22, 25, 26).

The pre-pandemic response to the health and well-being of young people showed a mixture of progress and challenges ⁽²²⁾:

- Almost all countries in the Region have developed adolescent health strategies or plans in the past 10 years. However, implementation of these plans is limited by the lack of designated human and financial resources.
- Adolescents continue to face legal, societal, financial, and health systems barriers to quality health services, including sexual and reproductive health services.
- Approaches to adolescent health have been fragmented and risk-based instead of robust, multisectoral approaches that promote optimal health, wellness, and development of young people.
- There has been limited recognition of young people as a positive force for change and opportunities for meaningful and sustainable participation of young people in their own health.

3.2 Adolescent development during the COVID-19 pandemic

A better appreciation of the impact of COVID-19 on the health and well-being of young people requires understanding of the characteristics and developmental requirements of this life stage.

Adolescence is a unique developmental period characterized by profound biological, cognitive, emotional, and social development. Early adolescence (10–14 years) is characterized by rapid biological transformations, including hormonal changes and the introduction of the capacity to reproduce, while late

adolescence (15–19 years) is typified by pubertal maturation and progressive adoption of more adult roles and functions, where young people acquire or consolidate the social, cultural, emotional, educational, and economic resources for life ⁽²²⁾.

During adolescence and into young adulthood, brain development focuses on increasing the efficiency of the brain. During this time, connections between brain regions become stronger and more efficient, and weak and irrelevant connections are pruned away. This process of brain maturation allows young people to learn and adapt to changes and build new relationships with those around them. Chronic stress may have a direct impact on the development and structure of the adolescent brain. A secure and stable social environment is important for optimal development of the brain functions needed for longevity and for social and emotional wellness into adulthood ^(22, 27).

The core elements of psychosocial development during adolescence entail the progressive development of abstract thinking, expansion of their social world and development of relationships outside of the immediate family, and increased identification with peers. These developments create an increased sensitivity to social belonging. Attachment needs thus shift away from parents and toward friends and romantic partners ⁽²²⁾. This means that the importance of obtaining peer social approval increases, which in turn facilitates the definition of self-identity. Such a dependence on peer interactions sets up significant challenges in the context of the COVID-19 pandemic, where young people are limited in the types of interactions they can have ^(28, 29). Previous emergencies have shown to be particularly problematic for adolescents. For example, even three years after the 9/11 attacks in New York City, adolescents were among the most emotionally affected groups ⁽³⁰⁾.

In addition to providing education, schools are also important social settings where young people develop and socialize. Thus, the extended school closures might have a lasting impact on their health and development ^(31, 32). In addition, the extended school closures are expected to contribute to increased drop-out rates, particularly among girls from lower income groups, which will in turn contribute to maintenance and widening of social inequities ⁽³²⁾.

While the COVID-19 pandemic impacts communities like other emergency situations, the response differs from other emergencies in the extended confinement measures, which can be distinctly challenging for the developmental processes of young people. Additionally, adolescents now confined to their homes have more interactions with parents, at an age when they would normally be seeking interactions outside of the home. This can contribute to increased positive parental involvement, or can exacerbate a crisis in the worst case scenario, including for young people subject to violence being in close proximity to their abusers for extended periods ^(33, 34).

3.3 The health and well-being of young people during the COVID-19 pandemic

The COVID-19 pandemic and its containment measures have disrupted the lives of all population groups at unprecedented levels. However, the level of disruption and the long-term consequences are not equal for all. Increasingly, young people are recognized as a group that may suffer severe consequences in the long term, if no strategic mitigation action is taken. The following paragraphs highlight some of these consequences. A COVID-19 survey conducted by the United Nations Interagency Group on Youth during 4 May to 15 June 2020, with responses from 7,751 young people from LAC aged 15–29 years, underlines some of these issues ⁽³⁵⁾.

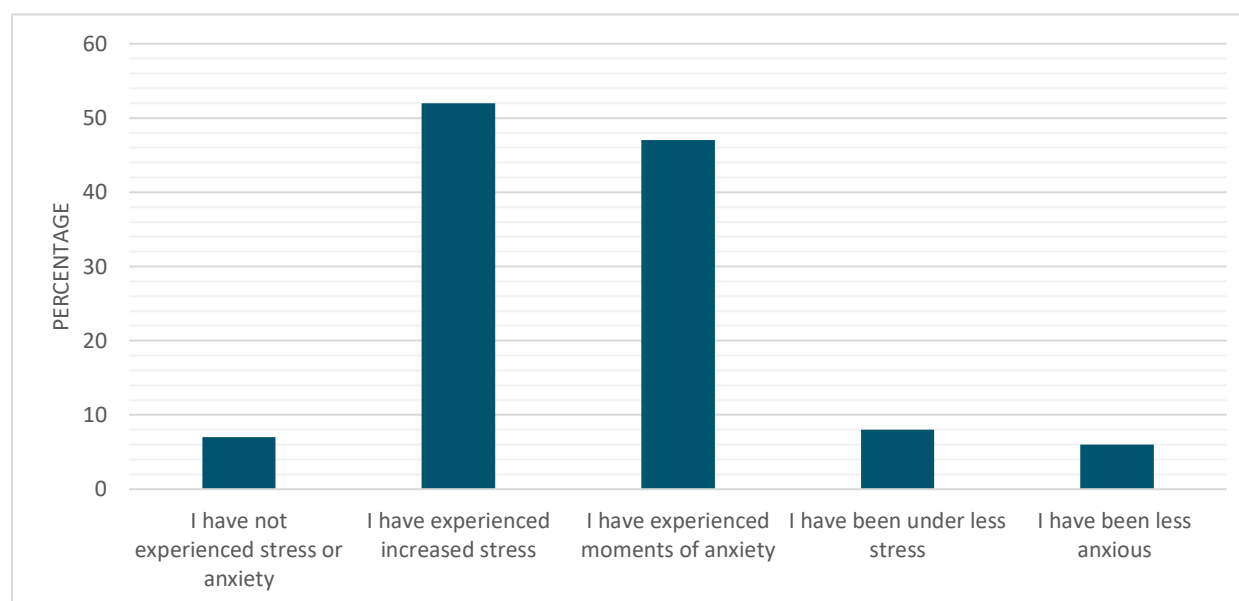
Disruption of essential developmental processes during adolescence:

Adolescents are at a unique period in their lives when the social environment is important for crucial functions in brain development, self-concept construction, and mental health ^(22, 27). This developmental period entails expansion of the social environment, experimentation with new roles, and increased importance of peer interactions. Annex A elaborates on the key developmental tasks to be completed during adolescence. The impact of social deprivation and chronic stress during adolescence may have substantial and potentially long-term effects on neurochemistry, structural brain development, and mental health ^(22, 27, 36).

Mental health and substance use: Multiple studies have reported on the deterioration of the mental health of children and young people during the pandemic ^(37–43). This includes documented increased levels of loneliness, fear, stress, anxiety, and depression in young people, caused or exacerbated by social distancing measures, school closures, family circumstances, and fear of contracting the disease or losing a loved one to the disease. Considering that a significant percentage of mental health disorders emerge and are diagnosed during adolescence, the disruption in health services during the pandemic contributes to delays in diagnosis and treatment of mental health disorders.

In June 2021, the U.S. Centers for Disease Control and Prevention (CDC) reported that the proportion of mental health-related emergency department visits among adolescents aged 12–17 years increased by 31% in 2020 compared with 2019 ⁽⁴⁴⁾. In the United Nations LAC COVID-19 survey among young people, 52% of the respondents reported increased levels of stress, and 47% experienced moments of anxiety during quarantine (Figure 1). The most frequently mentioned response to the question “Which health services young people would like to receive during the pandemic?” was psychosocial support due to stress and anxiety during the pandemic (53%) ⁽⁴⁵⁾.

Figure 1. The mental health of young people in LAC during the COVID-19 pandemic



Source: Economic Commission for Latin America and the Caribbean (ECLAC). United Nations survey on Latin American and Caribbean youth within the context of the COVID-19 pandemic [Internet]. Santiago: ECLAC; 2021. Available from:

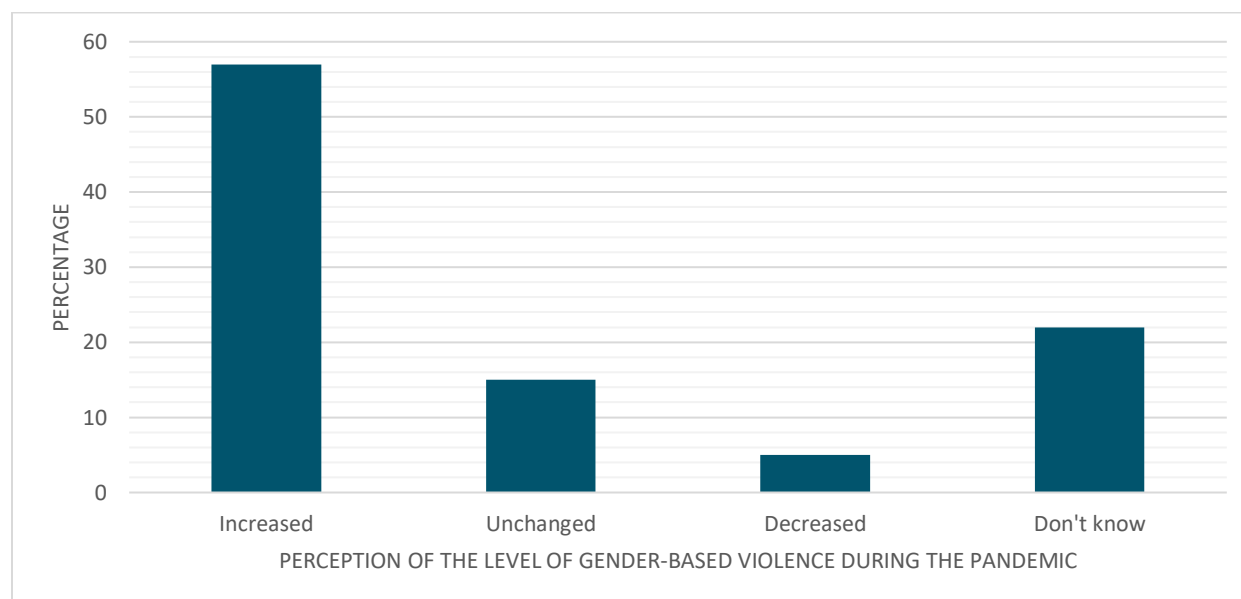
<https://www.cepal.org/en/publications/46981-united-nations-survey-latin-american-and-caribbean-youth-within-context-covid-19>

Young people may resort to harmful coping mechanisms such as substance use to deal with the stressors brought on by the pandemic. A recent study showed that among adolescents who had already consumed alcohol prior to the pandemic, frequency of alcohol use increased significantly and was associated with COVID-19 fears and depression ⁽⁴⁵⁾.

Violence: Multiple countries in the region have reported an increased number of calls to domestic violence helplines during the pandemic. In Colombia, calls increased by 28% from March to April 2020, and in Brazil they increased by 50% in just the first weekend after lockdown ^(24, 46, 47). Most reports involved violence against female partners, though this often also entails children and adolescents' direct or indirect exposure to violence.

More than half (57%) of the respondents in the LAC COVID-19 youth survey felt that gender-based violence increased during the pandemic (Figure 2).

Figure 2. Perceptions of young people in LAC on the level of gender-based violence during the COVID-19 pandemic

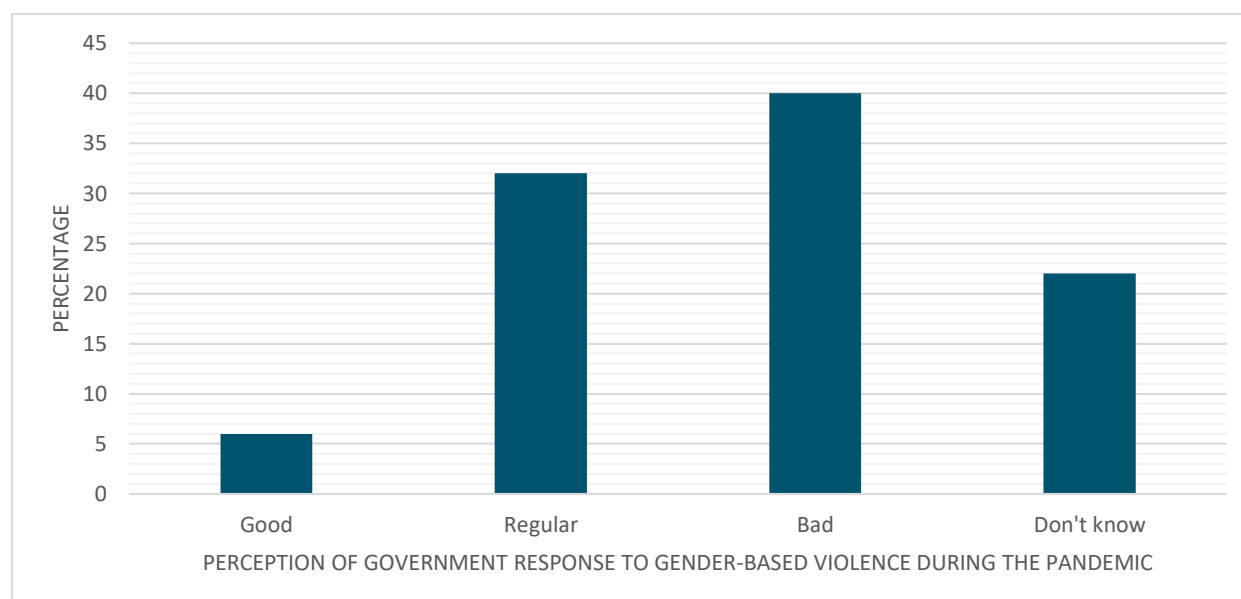


Source: Economic Commission for Latin America and the Caribbean (ECLAC). United Nations survey on Latin American and Caribbean youth within the context of the COVID-19 pandemic [Internet]. Santiago: ECLAC; 2021. Available from:

<https://www.cepal.org/en/publications/46981-united-nations-survey-latin-american-and-caribbean-youth-within-context-covid-19>

Forty percent of the respondents (42% females and 37% males) felt that the government response to gender-based violence during the pandemic was poor (Figure 3) and only 25% felt that girls and women in their communities had the means to ask for help in case of violence.

Figure 3. Perceptions of young people in LAC on the government response to gender-based violence during the COVID-19 pandemic



Source: Economic Commission for Latin America and the Caribbean (ECLAC). United Nations survey on Latin American and Caribbean youth within the context of the COVID-19 pandemic [Internet]. Santiago: ECLAC; 2021. Available from:

<https://www.cepal.org/en/publications/46981-united-nations-survey-latin-american-and-caribbean-youth-within-context-covid-19>

Nutrition and physical activity: Obesity is a risk factor for COVID-19 complications and death. Conversely, the COVID-19 pandemic also has the potential to increase levels of overweight and obesity due to unhealthy eating and reduced levels of physical activity ^(48, 49). In one study, adolescents reported overeating to cope with the pandemic, especially females and those with depressive symptoms ⁽⁴⁸⁾. Overeating was associated with weight gain, with a greater gain in those with a higher baseline bodyweight ⁽⁴⁹⁾. As pre-pandemic obesity rates were already high in the Region, this could mean a potential increase in the regional burden of obesity in young people. Several studies also documented reduced levels of physical activity in adolescents following implementation of social distancing and movement restriction measures ^(50, 51).

School closures and reductions in community support programs are likely to contribute to reduced access to complementary feeding programs for adolescents. Combined with the economic challenges associated with the pandemic, the proportion of households with food insecurity is likely to increase, disproportionately affecting families already living in conditions of vulnerability. In a study conducted by Profamilia in Colombia, adolescents and young women said their households had to reduce the number of meals so that younger children could be fed ⁽⁵²⁾. Study respondents reported relying on the support of some institutions, community associations, relatives, and neighbors to provide support with groceries ⁽⁵²⁾. As such, the double burden of obesity and undernutrition affecting children and adolescents is being exacerbated by the COVID-19 pandemic.

Sexual and reproductive health (SRH): COVID-19 has disrupted access to health services. In many places, health facilities have closed or limited their services, as health care capacity has been diverted to the COVID-19 response. Supply chain disruptions are limiting the availability of contraceptives and other SRH commodities. Estimates from global partners, including UNFPA and Guttmacher Institute, project a major impact of COVID-19-related disruptions on the sexual and reproductive health of women of all ages. Projections from UNFPA suggest that a six-month lockdown or disruption in health services could result in an additional 7 million unintended pregnancies and 31 million cases of gender-based violence ⁽⁵³⁾. Guttmacher Institute estimates that a decline in use of short- and long-acting reversible contraceptives during the pandemic could result in 15 million additional unintended pregnancies globally and that a decline in service coverage of essential pregnancy-related and newborn care could result in 28,000 additional maternal deaths ⁽⁵⁴⁾. With an already significant percentage of unmet need for contraception, women in LAC currently face even greater threats to access. Where services are available, young people may be unable to

seek care because of movement restrictions or may refrain from doing so because of fears about COVID-19 exposure.

Lessons learned from previous health emergencies indicate significant impact on the SRH of adolescents. For example, the 2014 Ebola outbreak in Sierra Leone contributed to increases in adolescent pregnancies and in sexual violence. It is estimated that the adolescent pregnancy rate doubled in 2015 during the Ebola crisis in Sierra Leone ⁽⁵⁵⁾.

While the scope and quality of comprehensive sexuality education (CSE) varies widely between and within countries, the school generally serves as an important mechanism to provide young people with CSE, which has been reduced or suspended due to school closures during the pandemic.

In collaboration with WHO, UNFPA published a technical brief to call urgent attention to the SRH needs of adolescents in the context of the COVID-19 crisis ⁽⁵³⁾. The brief highlights the pre-pandemic challenges and barriers adolescents face to access SRH services, including restrictive laws and policies, societal barriers, and health systems barriers such as distance, cost, lack of confidentiality, and provider bias, which are being exacerbated by the COVID-19-related disruption of services and limitations on movement. The Brief outlines adolescent-specific actions that can be taken by health systems and health service providers to respond to the SRH needs of adolescents in the context of the COVID-19 crisis ⁽⁵³⁾.

Young people in particularly vulnerable situations and COVID-19: In assessing and responding to the needs of young people during the pandemic and the recovery period, it is important to consider that young people are not a heterogeneous group. Young people from rural and lower income families, those with lower levels

of education, and the Indigenous and Afro-descendant youth already carry disproportionate burdens of poor health and are expected to also experience more severe consequences from the COVID-19 pandemic.

The following are additional specific groups of young people to consider:

- **Lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth:** Youth who identify as being LGBTQ have historically worse mental health than non-LGBTQ adolescents. According to the 2015 Youth Risk Behavior Survey, nearly one-third of LGBTQ youth in the United States of America had attempted suicide at least once in the prior year as compared with 6% of non-LGBTQ youth ⁽²²⁾. Other studies have shown that LGBTQ youth frequently experience mental distress, anxiety, or depression due in large part to the stigma and discrimination they experience from society. There is heightened concern that the confinement measures during the pandemic cut these young people off from their regular support systems and contribute to increased stress, anxiety, and loneliness ^(33, 56, 57).
- **Young people with disabilities:** In general, persons with disabilities tend to have poorer health outcomes compared with persons without disabilities, and families of adolescents with disabilities tend to have higher rates of work loss and poverty ^(58, 59). Important health and social support services for young people with disabilities may have been suspended or discontinued due to movement restrictions and physical distancing requirements, which can increase their isolation and result in setbacks in their health and development ^(58, 59).
- **Migrant and refugee youth:** The COVID-19 pandemic has not only generated a public health problem but also has major socioeconomic and humanitarian implications. In the past 10 years, the Region of the Americas has seen an increase in the number of migrants due to conflict, economic, and political factors. Without documentation, migrants, including migrant

youth, may have limited or no access to health and social services that are so critical during this pandemic ^(60, 61).

- **Young people living in poverty:** Young people in the Region have always been disproportionately affected by poverty compared with other age groups, and over-represented in the poor and economically vulnerable groups ⁽²²⁾. According to an ECLAC report ⁽⁶²⁾, the COVID-19 pandemic has exposed and exacerbated economic instability in the Region, with an estimated rise in the total number of poor people in LAC by 22 million by the end of 2020 ⁽⁶²⁾. According to this report, poverty is greatest in rural areas, among children and adolescents, Indigenous and Afro-descendant persons, and those with lower educational levels ⁽⁶²⁾.



4. Mitigating the Indirect Consequences of COVID-19 for Young People

Key society-wide actions to address the COVID-19 pandemic and its consequences will also benefit young people. These include actions to “build back better” through a convergence of health, economic, and social policies to control the epidemic, promote equitable economic recovery, and protect those living in conditions of vulnerability ⁽⁶³⁾.

Investing in maternal, neonatal, child, and adolescent health (MNCAH) is an essential component of building resilient societies that can respond rapidly and effectively to future health challenges and the associated economic consequences ⁽⁶⁴⁾. According to Jacob et al. ⁽⁶⁴⁾, review of the effects of previous socioeconomic crises illustrates the immediate and long-term effects on MNCAH. These include mortality and morbidity (maternal, neonatal, and child mortality, low birthweight, child wasting and stunting, etc.), as well as increased expenditures for health care and social protection, deterioration of mental health, school dropout—especially of girls, reduction in productivity, and loss of earning, among others. The review underlines the high rates of return of investment in MNCAH in the short, medium, and long term ⁽⁶⁴⁾.

Considering the specificities of this life stage, the following considerations can help limit the indirect consequences of the COVID-19 crisis for young people:

4.1 Promote and support psychosocial development and healthy lifestyles

- **Support healthy psychosocial development:** As mentioned in previous sections, the second decade of life is a period of rapid and profound biological, cognitive, emotional, and social development and change.

Social relationships are critical elements affected by COVID-19 confinement measures, including school closures. Peer groups and friendships are central to exploring and forming identities, especially for teens. Parents, educators, health and social workers, and the community can create opportunities for adolescents to complete their developmental tasks as best as possible during the pandemic and in the recovery period by:

- Providing reliable and accurate information to adolescents regarding puberty and creating opportunities for them to ask questions and express their concerns if they have them.
- Providing access to academic and other learning opportunities, such as online training opportunities, learning a new skill (e.g., music, art, new language), or taking up a new hobby. Parents, governments, and communities should pursue optimal return to school of students when schools are reopening, particularly for girls in vulnerable communities who may be at greater risk to dropout.
- Supporting young people to build safe supportive relationships with their peers and maximizing the benefits of social media platforms for socializing (e.g., online parties).
- Encouraging and supporting young people to become involved in their communities through identification of opportunities to safely engage with volunteering and helping others.

- **Promote and support healthy lifestyles during the pandemic:** This includes the promotion of healthy eating (Box 3) and physical activity (Box 4). Parents should continue to encourage healthy eating habits in their adolescents. Governments and communities may need to provide additional nutritional support for young people who benefited from school feeding programs.

Box 3. WHO tips for maintaining a healthy diet during COVID-19:

- Eat a variety of foods, including fruits and vegetables.
- Stay hydrated, drink plenty of water.
- Limit intake of sweets and sugary drinks.
- Avoid drinking alcohol.
- Eat moderate amounts of fats and oils.
- Cut back on salt.

Source: World Health Organization. [#HealthyAtHome - Healthy Diet \(who.int\)](https://www.who.int/healthy-at-home/healthy-diet)

Regular physical activity benefits both the body and mind. It can help manage weight and reduce the risk of heart disease, stroke, type-2 diabetes, and various cancers—all conditions that can increase COVID-19 risks. It also improves bone and muscle strength and increases balance, flexibility, and fitness. Regular physical activity can help with the establishment of a routine, improve overall feeling of wellness, and improve mental health ⁽⁶⁵⁾.

Even before the COVID-19 pandemic, the level of physical activity among the majority of adolescents globally was below physical activity recommendations ⁽⁶⁶⁾. The COVID-19 pandemic and confinement measures reduced opportunities to go out and exercise, and school closures further reduced physical activity opportunities for young people provided through physical education classes and after-school sports activities.

Box 4. WHO recommendations to stay active at home during COVID-19

WHO recommends that all healthy adults do 30 minutes of physical activity a day and children should be physically active for one hour each day.

Tips to stay active at home during COVID-19:

- Try exercise classes online.
- Dance to music.
- Play active video games.
- Try skipping ropes.
- Do some stretching exercises.
- Do some muscle strength and balance training.
- Walk up and down the stairs.

Source: World Health Organization. [#HealthyAtHome - Physical activity \(who.int\)](https://www.who.int/healthy-at-home-physical-activity)

- **Supporting parents and parenting during COVID-19:** While dealing with their own sense of loss of controls and challenges, which can include job loss, many parents are obligated to take on additional roles, such as supervising and coordinating their children's remote educational processes and supporting their children to cope with life during the COVID-19 pandemic and its aftermath. Due to confinement measures, the home became the hub for family life, work, and education, with intensified requirements for sharing of living space and available resources. Adequate support to parents will have immediate and longer-term benefits for families, young people, and communities.

Where possible, family-focused support programs should be continued with the necessary adaptations for safety and protection. Box 5 summarizes the adaptations made to continue the Familias Fuertes program in Peru and Colombia during the pandemic, a parenting program supported by PAHO that annually reaches around 200,000 families in Latin America.

Box 5. The Familias Fuertes program during the COVID-19 pandemic

The Familias Fuertes program supported by PAHO in Latin America is an adaptation of the Strengthening Families Program 10–14 (SFP 10–14) developed by Iowa State University more than 30 years ago. The program is an evidence-based family life skills intervention for adolescents aged 10–14 years and their parents. It is designed to foster positive adolescent–parent relationships, promote parental skills and better communication in families, and improve the social competences of adolescents. The intervention consists of seven separate weekly sessions with parents and adolescents, and seven joint family sessions.

Peru and Colombia are among the countries in Latin America that adopted this program on a national level, and the program reaches more than 200,000 families annually. Due to the COVID-19 pandemic, in-person sessions had to be suspended, but Peru and Colombia developed strategies to continue implementation using virtual means. A reduced content with key activities for parents, adolescents, and families was developed, and a combination of remote means using WhatsApp, prerecorded videos, tablets, and brief online sessions was designed, and program facilitators were trained to manage virtual delivery. Post-intervention evaluations indicated that parents and adolescents were highly appreciative of the program and its continued delivery during the COVID-19 pandemic.

Box 6 provides some key resources with recommendations for maintaining a healthy lifestyle during the COVID-19 pandemic.

Box 6. Resources related to maintaining a healthy lifestyle during COVID-19

- World Health Organization [Internet]. Geneva: WHO; 2020. #HealthyAtHome - Physical activity. Available from: <https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---physical-activity>
- World Health Organization [Internet]. Geneva: WHO; 2020. #HealthyAtHome - Healthy parenting. Available from: <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-parenting>
- World Health Organization [Internet]. Geneva: WHO; 2020. #HealthyAtHome - Healthy Diet. Available from: <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-diet>
- United Nations Children's Fund [Internet]. New York: UNICEF; 2020. Easy, affordable and healthy eating tips during COVID-19. Available from: <https://www.unicef.org/coronavirus/easy-affordable-and-healthy-eating-tips-during-coronavirus-disease-covid-19-outbreak>
- United Nations Children's Fund [Internet]. New York: UNICEF; 2020. Coronavirus (COVID-19) guide for parents. Available from: <https://www.unicef.org/parenting/coronavirus-covid-19-guide-parents>

4.2 Manage the use of social media by young people

Digital technology has an important place and meaning in the lives of young people, more so than with previous generations. The significance of social media as a means for young people to obtain information and connect with others has only increased during the pandemic. While social media can be a useful tool to reduce isolation, young people's use of social media must be managed carefully to avoid a negative impact on their health and well-being. Potential risks of the increased level of use of social media include increased risk of exposure to

misinformation, to experience cyberbullying, and becoming a victim of cybercrime.

Box 7. Resources related to social media and COVID-19

- United Nations Children’s Fund [Internet]. New York: UNICEF; 2021. How to keep your child safe online while stuck at home during the COVID-19 outbreak. Available from: <https://www.unicef.org/coronavirus/keep-your-child-safe-online-at-home-covid-19>
- World Health Organization [Internet]. Geneva: WHO; 2021. Social media and COVID-19: a global study of digital crisis interaction among Gen Z and Millennials. <https://www.who.int/news-room/feature-stories/detail/social-media-covid-19-a-global-study-of-digital-crisis-interaction-among-gen-z-and-millennials>
- Wunderman Thompson; University of Melbourne; Pollfish; World Health Organization [Internet]. Geneva: WHO; 2021. Social media & COVID-19: a global study of digital crisis interaction among Gen Z and Millennials. Available from: https://covid19-infodemic.com/assets/download/Social_Media_COVID19_Key_Insights_Document.pdf
- Pan American Health Organization. Understanding the infodemic and misinformation in the fight against COVID-19. Washington, DC: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52052>

Recommendations from WHO and UNICEF to maximize the benefits of digital platforms and minimize their potential harm to young people during COVID-19 include ^(67, 68):

- Open communication – discussing openly the benefits and risks of the Internet, informing children and young people on proper and safe use of the Internet, which information is safe to share online, what to watch out for, how to protect from online predators, and what to do in case they feel pressured or suspect danger.
- Use of technology such as privacy settings and parental controls to protect them.

- Spending time with them online to connect with family and friends, and to help them recognize and avoid misinformation and other risks.
- Encouraging healthy online habits, including moderation, kindness, empathy, and respect.
- Encouraging the use of positive digital tools such as online exercise videos and learning opportunities.
- Helping them seek information from trusted sources and avoid spreading misinformation and fake news.

4.3 Address young people's mental health

A comprehensive response to the mental health of young people must include timely diagnosis and treatment, as well as promotive and preventive measures. Recent WHO guidelines on mental health promotive and preventive interventions for adolescents ⁽⁶⁹⁾ recommend universally delivered interventions that use a psychological, behavioral, or social approach based on the evidence that such interventions contribute to positive mental health (mental well-being and mental functioning), reduction of mental disorders, self-harm, suicide, and risky behaviors (substance use and aggressive, disruptive, and oppositional behaviors) ⁽⁶⁹⁾. The guidelines further state that such universal interventions offer the opportunity to target a wide range of risk factors simultaneously, which is particularly pertinent in low-income settings. Box 8 presents an example of a school-based universal intervention supported by PAHO in the Americas ^(70, 71).

The WHO guidelines provide specific recommendations for adolescents affected by humanitarian emergencies such as the COVID-19 pandemic. Psychosocial interventions such as stress management and relaxation strategies were most associated with effectiveness to reduce symptoms of and/or prevent mental disorders (depression, anxiety, and disorders related specifically to stress) (69).

Box 8. Adolescent mental health literacy

The construct of mental health literacy arose from the domain of health literacy, a concept considered fundamental to improvement of health. WHO defines health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health. The definition of mental health literacy is evolving but can be defined as understanding how to obtain and maintain positive mental health, understanding mental disorders and their treatments, decreasing stigma related to mental disorders, and enhancing help-seeking efficacy.

In collaboration with other experts, a team at Dalhousie University—a PAHO Collaborating Center—developed a school-based mental health literacy program. The intervention consists of six modules that are delivered in 10–12 hours of class time through a mix of didactic instructions, group discussions and activities, self-directed learning, and video presentations. The intervention is delivered by trained classroom teachers and is embedded in the school curriculum. Evaluations measured significant and sustainable improvements in student knowledge and attitudes regarding mental disorders, as well as potentially among the teachers.

PAHO has been supporting this intervention in various countries in the Region, as a sustainable and low-cost intervention to promote adolescents' mental health literacy.

Sources: Kutcher S, Wei Y, Coniglio C. Mental Health Literacy: Past, Present, and Future. *Can J Psychiatry*. 2016 Mar;61(3):154–8. doi: 10.1177/0706743715616609. PMID: 27254090; PMCID: PMC4813415.

McLuckie A, Kutcher S, Wei Y, Weaver C. Sustained improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools. *BMC Psychiatry*. 2014;14:379. <https://doi.org/10.1186/s12888-014-0379-4>

The Helping Adolescents Thrive Toolkit co-published by WHO and UNICEF presents concrete strategies to operationalize the guidelines and promote and protect adolescent mental health and reduced self-harm and other risk behaviors (Box 9) (72).

Box 9. Helping Adolescents Thrive: strategies and cross-cutting activities

Strategies:

1. Implementation and enforcement of policies and laws: provides guidance on and examples of laws and policy provisions to improve adolescent mental health outcomes, embracing a whole-of-government and whole-of-society approach.
2. Environments to promote and protect adolescent mental health: focuses on actions to improve the quality of environments in schools, communities, and digital spaces through evidence-based activities such as school climate interventions, adolescent safe spaces in communities, and teacher training.
3. Caregiver support: refers to interventions to build caregivers' knowledge and skills for promoting adolescents' mental health; strengthen caregivers' and adolescents' relationships; and support caregivers' own mental health and well-being.
4. Adolescent psychosocial interventions: focuses on evidence-based psychosocial interventions for universal, targeted, and indicated mental health promotion and prevention.

Approaches:

- Multisectoral collaboration: collaboration between public, private, and civil society sectors and stakeholders at national and local levels to support the development and implementation of preventive and promotive mental health programming for adolescents.
- Monitoring and evaluation: systems which can provide policymakers and program managers with critical information on whether programs and policies are being implemented as intended and are having their intended impact.

Source: World Health Organization; UNICEF. Helping Adolescents Thrive Toolkit. Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviors. Geneva: WHO and UNICEF; 2021. Available from: <https://www.who.int/publications/i/item/9789240025554>

Summary of tips for adolescents, parents, and caregivers to promote and support the mental health of young people during the COVID-19 pandemic ^(73, 74):

Adolescents:

- Recognize that your anxiety is completely normal.
- Create distractions.
- Find new ways to connect with your friends.
- Focus on you.
- Feel your feelings.
- Be kind to yourself and others.

Parents and caregivers:

- Help young people to structure and plan their daily tasks and establish a routine, which can help them regain a sense of control over their circumstances during the pandemic.
- Help them keep to regular schedules as much as possible or help create new ones adapted to the current situation, including distance learning and safe strategies for playing and relaxing.
- Provide accurate information about what is going on with the pandemic and give them clear information about how to reduce their risk of being infected by the disease in words that they can understand depending on their age.
- Be vigilant to pick up on signs of stress and anxiety, including poor sleeping habits, anger, and inability to concentrate or complete tasks. These signs must be closely monitored and if they persist or worsen, support from a mental health professional must be sought.

Across the Region, mental health professionals have taken initiatives to offer free and confidential telephone and online support services for young people, in

solidarity with and acknowledgment of the increased needs generated by the pandemic situation.

Box 10. Resources regarding mental health during COVID-19

- World Health Organization. Guidelines on mental health promotive and preventive interventions for adolescents: helping adolescents thrive. Geneva: WHO; 2020. Available from: <https://apps.who.int/iris/handle/10665/336864>
- World Health Organization [Internet]. Geneva: WHO; 2021. #HealthyAtHome - Mental health. Looking after our mental health. Available from: <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---mental-health>
- United Nations Children’s Fund [Internet]. New York: UNICEF; 2020. How teenagers can protect their mental health during COVID-19. Six strategies for teens facing a new (temporary) normal. Available from: <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>

4.4 Address young people’s sexual and reproductive health in the context of COVID-19

The technical brief “Not on Pause” prepared by UNFPA and WHO on the SRH needs of adolescents in the context of the COVID-19 crisis states the following considerations ⁽⁵³⁾:

- Adolescents are a heterogeneous group. While all adolescents have needs related to SRH, some have greater needs than others, and some face stronger barriers.
- Adolescents—especially adolescent girls—are particularly vulnerable to increases in sexual abuse, unintended pregnancies, and gender-based

violence. Disruptions of social and protective networks and decreased access to services exacerbate these risks for adolescents.

- Adolescents are sexual beings: just like those of adults, adolescents' sexual thoughts, feelings, and needs do not go away in the context of a pandemic.
- Adolescents may have specific challenges seeking SRH information and services, especially if school- and community-based services have stopped because of the pandemic.

Box 11 provides an example of innovative action taken to address the SRH needs of adolescents in Argentina during the COVID-19 pandemic.

Box 11. Pausa, vamos de nuevo (Pause, let's go again)

In an effort to address the SRH needs of adolescents not attending schools during the COVID-19 pandemic, UNFPA Latin American and Caribbean Regional Office (LACRO) and the Latin America Social Sciences Institute Argentina (Facultad Latinoamericana de Ciencias Sociales–FLACSO) conducted an assessment among this age group, which identified the following challenges: increase in domestic violence and sexual abuse, relationship problems, pornography, sexting, grooming, and limited access to SRH services. In response, UNFPA LACRO and FLACSO Argentina implemented an initiative called Pausa, vamos de nuevo. The initiative aims to address these issues through the provision of tools for adolescents, parents, and teachers, including: i. brief videos for adolescents on contraceptives, sexually transmitted infections (STI) and HIV, prevention of grooming, sexting, and sexual violence; ii. resources for teachers to address these topics with adolescents; and iii. guidance for parents on how to discuss these topics with their adolescents.

Key recommendations from UNFPA and WHO related to young people and SRH services during the COVID-19 pandemic and beyond are summarized in Table 2, and Box 12 provides some resources related to SRH and young people during COVID-19.

Table 3. Maintaining essential SRH services for young people during the COVID-19 emergency response and in the transition toward restoration

	Modification of services during the emergency response	Transition toward restoration of activities during recovery and beyond
Provision of comprehensive sexual education (CSE)	Communicate CSE messages through mass media and digital media to which adolescents have access.	Assess feasibility and maintain good practices in the recovery period and beyond.
	Explore possibilities of delivering CSE out of school, following local policies on physical distancing.	Resume CSE with the assumption that closures and disruptions may have impacted young people. Core content may need to be repeated or reinforced.
	Inform health care providers on the important role they could play in informing and educating adolescents and ensure that they have access to age-appropriate, accurate and up-to-date information that they can pass on to adolescents.	Assess feasibility and maintain good practices in the recovery period and beyond.
	Encourage health care providers to use contact with adolescents to communicate key CSE messages.	
Provision of contraceptive counseling and services	Adopt alternative strategies to inform adolescents about where and how to access contraceptive counseling and services, including changes, if any, to service delivery times, location, etc. during the COVID-19 response.	Enable adolescents who had to pause contraceptive use or change methods because their preferred method was not available, to return to it.
	Consider waiving restrictions (if these exist) such as age or marital status, parental or spousal consent, and costs, to facilitate access to SRH services by adolescents.	Assess feasibility and maintain good practices in the recovery period and beyond.

	Ensure that adolescents have access to the full range of contraceptives in health services, including condoms, emergency contraceptives, and long-acting reversible contraceptives (LARC); in case the preferred method is not available, support the adolescent to identify an alternative method that meets her/his needs.	
	Consider providing multi-month supplies with clear information about the method and how to access referral care for adverse reactions.	
	Continue discreet and confidential counseling to adolescents and establish telehealth mechanisms for individual counseling where feasible.	
	Consider setting up hotlines for adolescents, providing information and advice on contraception self-use, method choice, side effects, etc.	
	Where possible, engage community groups and youth networks to extend the provision of SRH information and services.	
Safe abortion to the full extent of the law and post-abortion care	Identify and address barriers that could delay care.	Assess feasibility and maintain good practices in the recovery period and beyond.
	Consider the option of using noninvasive medical methods for managing safe abortion and incomplete abortion.	
Provision of menstrual products	Advocate with authorities to ensure that menstrual products are included in lists of priority health products to mitigate supply disruption.	Assess feasibility and maintain good practices in the recovery period and beyond.

	<p>Provide information to girls about alternative, reusable menstrual products.</p> <p>Where possible, engage community groups to extend the availability of menstrual products.</p>	
Prevention, care, and response to sexual and gender-based violence	<p>Inform adolescents where and how to get care and about changes made to services (e.g., locations, opening hours, contact details).</p> <p>Establish help lines or enhance existing help lines for adolescents to seek help if needed.</p> <p>Inform and alert service providers about the heightened risk of sexual violence related to the prevention and control measures associated with the COVID-19 crisis.</p> <p>Identify safe houses, shelters, and/or social service referrals to remove individuals at risk of or facing intimate partner violence and sexual coercion during quarantine periods.</p> <p>Ensure the availability of post-rape care services, including emergency contraception, HIV post-exposure prophylaxis, and testing and treatment for STIs.</p>	<p>Assess feasibility and maintain good practices in the recovery period and beyond.</p>
Prevention of cervical cancer through HPV vaccination		<p>Resume (school-based) HPV vaccination services when safe to do so. If an HPV vaccine series was interrupted, it is still recommended to administer the second dose with a long interval.</p>

Sources: UNFPA. Not on pause. Responding to the sexual and reproductive health needs of adolescents in the context of the COVID-19 crisis. Technical Brief. New York: UNFPA; 2020. Available from: https://www.unfpa.org/sites/default/files/resource-pdf/Not_on_Pause.pdf. World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance, 1 June 2020. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>.

Box 12. Resources related to SRH and young people during COVID-19

- United Nations Population Fund. Not on pause. Responding to the sexual and reproductive health needs of adolescents in the context of the COVID-19 crisis. Technical Brief. New York: UNFPA; 2020. Available from: https://www.unfpa.org/sites/default/files/resource-pdf/Not_on_Pause.pdf
- World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance 1 June 2020. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>
- World Health Organization. Addressing violence against children, women and older people during the COVID-19 pandemic: key actions, 17 June 2020. Geneva: WHO; 2020. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1

4.5 Ensure access for young people to essential and quality health services

During the COVID-19 pandemic, countries are faced with the challenge of balancing the demands for responding to the pandemic with the need to maintain the delivery of other essential services. Many routine and elective services have been suspended, and existing delivery approaches are being adapted to the evolving pandemic context. As the outbreak is brought under control and restrictive public health measures are gradually eased, some adaptations in service delivery may need to be reversed, others continued for a limited time, and yet others that are found to be effective, safe, and beneficial can be incorporated into routine post-pandemic practice ⁽⁷⁵⁾. The decisions on the scope and delivery of health services will be country-specific and depend on a range of factors, including the pre-pandemic level of services, the status of the pandemic, and the available resources in the country.

WHO recommends 11 operational strategies to maintain essential health services (75):

1. **Context considerations:** different countries and different areas, even within the same country, may require different approaches to designate essential health services and to reorient health systems components to maintain these services.
2. **Adjust governance and coordination mechanisms to support timely action.** Ensure coordination with the incident management team for timely and appropriate reprioritization and adaptation of services.
3. **Prioritize essential health services and adapt to changing contexts and needs.** Identify context-relevant essential health services that will be prioritized for continuation during the acute phase of the COVID-19 pandemic.
4. **Optimize service delivery settings and platforms.** Facility-based services should be delivered remotely where appropriate and feasible, and primary care services that would routinely be delivered across multiple visits should be integrated when possible; adapt inpatient admission process and discharge planning; remap referral pathways.
5. **Establish safe and effective patient flow at all levels:** screening, triage, and targeted referral.
6. **Rapidly optimize health workforce capacity.** Offset health workforce challenges through a combination of strategies, including recruitment, repurposing within the limits of training and skills, and redistribution of roles, while keeping health workers safe and providing mental health and psychosocial support.
7. **Maintain the availability of essential medications, equipment, and supplies.** Develop lists of priority resources linked to essential services and coordinate supply chain management with the overall outbreak response to reduce supply chain disruptions.

8. **Fund public health and remove financial barriers to access.** Reprioritize and reprogram existing budgetary resources and eliminate user fees at the point of care for essential services during the COVID-19 outbreak.
9. **Strengthen communication strategies to support the appropriate use of essential services.** Disseminate information to guide safe care-seeking behavior and to prepare the public for changes in service delivery platforms.
10. **Strengthen the monitoring of essential health services** to inform decision-making and timely modifications to service delivery.
11. **Use digital platforms** to support essential health service delivery and to rapidly share and exchange targeted information for training and supporting the health workforce, enable peer-to-peer communication, monitor service provision and supply.

WHO recommendations related to essential services for adolescents and youth are summarized in Table 4.

Table 4. Maintaining essential health services for young people during the COVID-19 emergency response and in the transition toward restoration

Program activity	Modifications for safe delivery during the COVID-19 response	Transition toward restoration of activities
Provision of school- and community-based health education	<p>Where possible, integrate adolescent-targeted messaging through mass and digital media into national and subnational communication strategies.</p> <p>Establish telehealth mechanisms for the provision of counseling about</p>	<p>Once schools reopen and community gatherings are permissible, design tailored catch-up strategies, especially for students with vulnerabilities.</p> <p>Assess the impact of differential access to health information and education during school closures.</p>

	preventing NCDs and provide brief interventions on substance use prevention and sexuality.	
School-based food security and nutrition services	<p>Design alternative strategies to safeguard schoolchildren's food security and nutrition.</p> <p>Put in place alternative modalities for food collection, such as the ability to pick up meals and snacks at distribution points.</p> <p>Build on existing safety-net structures to ensure vulnerable schoolchildren are cared for.</p>	Reinstate and continue the provision of essential school health and nutrition packages.
Mental health promotion, prevention, and treatment (through schools and community-based services) <i>See also previous sections on mental health</i>	<p>Identify home-based activities that are safe and entertaining, provide learning opportunities, and help adolescents adapt.</p> <p>Create contingency plans to provide mental health services during school closures for students who mainly rely on school-based services.</p> <p>Consider using digital platforms to provide psychosocial support and for early detection and management of mental health conditions.</p> <p>Use remote socioemotional learning programs and strengthen the capacities of schools, mental health staff, and youth champions to deliver them remotely.</p>	<p>Intensify classroom-based socioemotional learning after school reopens.</p> <p>Follow up with school dropouts to institute support mechanisms.</p> <p>Enhance opportunities for young people and their families to access mental health and psychosocial support services.</p> <p>Where possible, see if good practices put in place during the pandemic can be institutionalized.</p>

Immunization	Inform parents and adolescents about altered vaccine schedules, reassuring them about the safety of rescheduling vaccinations.	Plan for catch-up of incomplete schedules.
Prevention of NCDs through reduction of behavioral risk factors	Adapt health promotion activities (i.e., on tobacco control and cessation, harmful use of alcohol, physical activity, healthy diet, and stress management) to enable delivery via telephone, SMS text, or online resources, as feasible.	Monitor effectiveness of delivery mechanisms and consider further scale-up of virtual mechanisms for delivery where there is proven effectiveness.
General management of chronic NCDs	<p>Increase awareness of patients with NCDs about their heightened susceptibility to COVID-19 and ways to reduce the risk of transmission and recognize COVID-19 symptoms.</p> <p>Ensure patients with chronic NCDs are aware of when and how to access telehealth or online services for regular monitoring or urgent care for acute exacerbations or deterioration.</p> <p>Create self-management plans and support self-monitoring, if appropriate, that is backed up by health care workers using alternative delivery mechanisms if needed.</p> <p>Increase home supplies of medication and stocks of monitoring devices.</p>	Consider further scale-up of virtual mechanisms for delivery where there is proven effectiveness.

	Modify routine clinical reviews (e.g., frequency, means of delivery) as appropriate.	
Recommendations related to SRH/HIV, prevention and response to intimate partner violence and sexual violence, and provision of menstrual products are addressed in the previous section on SRH.		

Source: World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance, 1 June 2020. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>

Various countries have been proactive in the development of guidance for health care for young people in the context of the COVID-19 pandemic, including general guidance as well as guidance for specific groups, such as those issued in Colombia for the prevention, containment, and mitigation of COVID-19 in adolescents and youth within the penal system ⁽⁷⁶⁾ and a guidance document developed by the Government of Barbados as an annex to the Barbados Adolescent Health Strategy 2021–2030, discussing the impact of pandemics like COVID-19 and natural disasters on the health and well-being of adolescents, and highlighting essential response components.¹

¹ Government of Barbados, Ministry of Health and Wellness. Barbados adolescent health strategy 2021-2030. Adolescent health, wellbeing and engagement during COVID-19 and natural disasters.

Box 13 presents Argentina's guidance directed at health care teams and community stakeholders for the provision of health services for adolescents and youth during COVID-19 pandemic ⁽⁷⁷⁾.

Box 13. Argentina's guidance for health services provision for adolescents and youth during COVID-19

The Directorate of Adolescents and Youth of the Ministry of Health prepared a guidance document for health care teams and community stakeholders with the aim to provide practical recommendations and tools for the provision of care to adolescents and youth during the COVID-19 pandemic. The main axes are:

- Use the pandemic as an opportunity to develop new strategies that allow health teams to work with adolescents in a more inclusive and equitable way.
- Expand the methods for delivery of care using alternative spaces such as neighborhood organizations, sports centers, and clubs to generate strategies that bring you closer to adolescents and young people and the community where they live.
- Include alternative methods of communication like social media, video calls, and local community channels such as community radio, newsletters, folders, and posters to share information regarding the health access and rights of adolescents and youth during the pandemic.
- Support and encourage effective participation of adolescents and youth in the design of strategies for their health care and include them in decision-making as true change agents.

The toolkit includes a set of key messages that can be used by health care providers and community stakeholders to inform and empower young people to take control of their own health and health care.

Source: Ministerio de Salud Argentina, Dirección de Adolescencias y Juventudes. Lineamientos para la atención de adolescentes y jóvenes durante el curso de la pandemia de COVID-19. Available from: <https://bancos.salud.gob.ar/sites/default/files/2020-12/Lineamientos%20adolescentes%20en%20pandemia%20-%20Equipos%20de%20Salud.pdf>

Box 14 provides some resources related to access to health services and COVID-19.

Box 14. Resources related to access to essential health services and COVID-19

- World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance, 1 June 2020. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>
- World Health Organization. COVID-19 clinical management: living guidance, 25 January 2021. Geneva: WHO; 2021. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>
- World Health Organization Regional Office for Europe. In the wake of the pandemic: preparing for long COVID. Policy Brief 39. Copenhagen: WHO; 2020. Available from: <https://apps.who.int/iris/bitstream/handle/10665/339629/Policy-brief-39-1997-8073-eng.pdf>

4.6 Engage young people as agents of change

Young people should be systematically included as partners in all aspects of the COVID-19 response through consultation, knowledge-sharing, shared decision-making, implementation, and monitoring and evaluation ^(78, 79, 80). Engaging youth in the pandemic response creates positive opportunities for peer interaction, social cohesion, and community responsibility that can have individual, local, and national benefits. Across the world and in the Region of the Americas, young people have shown unprecedented initiative to engage with the COVID-19 response with initiatives ranging from providing support to neighbors to innovative initiatives with global reach (Boxes 15, 16, and 17).

Box 15. The PAHO Youth for Health Group (PYHG)

The PYHG was established in 2018 with an aim to institutionalize the engagement and empowerment of young people in PAHO's work and mainstream meaningful and sustainable dialogue and partnership between PAHO and young people in the Americas on their health and well-being.

The PYHG operates under the general theme of "I thrive," referring to the "thrive" objective of the Global Strategy for Women's, Children's, and Adolescents' Health.

PYHG members had a leading role in the design and implementation of outreach to young people during the COVID-19 pandemic, including the organization of regular virtual youth hangouts, regular meetings moderated by young people to provide opportunity for young people to openly discuss their questions, fears, and concerns related to COVID-19. A total of 40 English and Spanish youth hangouts were held during April–November 2020.

In addition, the PYHG served as a valuable resource to provide recommendations for age-appropriate messages and designs for COVID-19 communications materials developed by PAHO.

Young people have demonstrated that they can make important contributions to mobilize communities, support community outreach and support actions, combat fear and mistrust, disseminate accurate information, help the design of innovative and effective strategies to reach other young people, and support advocacy initiatives. Box 16 provides some examples of youth initiatives in the Region.

Box 16. Examples of youth leadership and engagement in the COVID-19 response in the Americas

Kantuta (a 20-year-old Indigenous youth leader from the Aymara people in Bolivia), together with other members from the Red de Jóvenes Indígenas de Latino America y el Caribe, helped coordinate the implementation of a community project for development and implementation of culturally appropriate solutions for challenges associated with the COVID-19 pandemic. Their activities included community awareness campaigns, sewing and dissemination of masks with cultural Aymara images and designs, and the dissemination of traditional Aymara foods and seeds to dozens of families from vulnerable Aymara communities in the cities. In addition, informational COVID-19 posters in indigenous languages were produced and disseminated in health centers.

Lia (25-year-old Afro-Peruvian youth leader): as a member of Ashanti Peru, Lia co-organized various activities in the context of the COVID-19 pandemic, including a community project for dissemination of masks and food packages in vulnerable communities. In addition, she helped coordinate more than 50 webinars for young people during 2020–2021 on COVID-19.

Zuwena (30-year-old youth leader from Barbados) adapted a local program promoting sport and physical activity in young people to increase focus on the mental health of young people during the COVID-19 pandemic and strengthening of skills to deal with uncertainty and confinement. She also started a personal life-coaching initiative for one-on-one support for vulnerable, transitional youth in her community during the pandemic.

Tyzjuan (14-year-old youth from Saint Kitts and Nevis): with restricted movement and schools closed, he decided to engage in activities outside the norm for him, which were farming and volunteerism. He started two gardens at different locations, and through these activities he came in contact with an older adult person in his community who is a livestock farmer. Tyzjuan decided to assist his neighbor, who was struggling a bit caring for his animals; this soon became a daily routine, turning them into close friends over time.

Efforts to promote and support youth engagement in the COVID-19 response should ensure creation of opportunities for the participation of young people from vulnerable groups, including young people with disabilities, LGBTQ youth, and young people from Indigenous and Afro-descendant communities.

Box 17. Juventudes ya! (Youth now!)

Juventudes ya! is an initiative from UNFPA LACRO that promotes meaningful youth participation. Since 2018, UNFPA has been organizing regional youth camps aiming to provide young people with the tools to conduct advocacy on sexual and reproductive health and rights (SRHR) within the framework of the International Conference on Population and Development (ICPD) and the Montevideo Consensus. Since then, more than 400 young people have participated in these camps. In 2020, the camp was held virtually because of the COVID-19 pandemic, with as priority theme the prevention of gender-based violence, and during 2020–2021, 14 virtual youth camps were held, to empower young people to develop and support bold solutions in their countries to address their SRHR challenges generated or exacerbated by the COVID-19 pandemic.

Source: UNFPA LACRO

Box 18 presents a joint communiqué by the WHO Regional Office for the Eastern Mediterranean, the International Federation of Medical Students' Associations, the International Association of Dental Students, and the International Pharmaceutical Students Federation with recommendations for youth engagement in the COVID-19 response, and Box 19 provides some resources related to youth engagement during COVID-19.

Box 18. Opportunities for youth engagement

Empowerment: engage young people in platforms and mechanisms that elevate and amplify their voices during the pandemic.

- Develop a repository with easy access to all information material on COVID-19 addressing the challenges facing young people and how to deal with those challenges.
- Establish youth-focused social-media initiatives targeting specific issues, such as mental health, domestic violence, and access to education, as mechanisms for reaching a wide range of young people during the pandemic and building a community interested in volunteering, exchanging knowledge, and spreading awareness among their peers.
- Initiate youth storytelling programs and events featuring first-person stories at country and local levels, to allow young people to share and learn from others' experiences during the pandemic.

Action: engage young people in positive, healthy norms and practices and the design and delivery of COVID-19 health promotion initiatives and health services. Recommended actions:

- Develop and deliver ongoing online capacity-building programs to give young people the knowledge and skills they need to protect themselves effectively, lead in taking care of their families, and support their communities during the pandemic.
- Support young people in designing and delivering health awareness campaigns and initiatives, so that they are actively engaged in COVID-19 health promotion.
- Prioritize the identification, recruitment, training, and deployment of young people as members of national and local health workforces during the pandemic, while ensuring decent working conditions and personal protective measures against COVID-19.

Participation: Ensure that young people can engage with decision-making bodies leading the response against COVID-19 at the national and regional level. Recommended actions:

- Support youth advocacy coalitions and provide both technical and institutional support to youth-led and student organizations at the local level working on COVID-19 response initiatives.
- Establish dialogue opportunities through regular online and offline engagements between young people and senior managers in governments and WHO country missions to capture youth needs and recommendations during the pandemic.

Source: A joint communiqué by the WHO Regional Office for the Eastern Mediterranean, the International Federation of Medical Students' Associations, the International Association of Dental Students, and the International Pharmaceutical Students Federation. Available from:

Box 19. Resources regarding youth engagement during COVID-19

- Partnership for Maternal, Newborn & Child Health [Internet]. Geneva: PMNCH; 2020. Adolescent health and meaningful youth engagement during COVID-19. Available from: <https://www.who.int/pmnch/covid-19/toolkits/adolescent/meaningful-engagement/en/>
- World Health Organization [Internet]. Geneva: WHO; 2020. Coronavirus disease (COVID-19): adolescents and youth. Q&A. Available from: <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-adolescents-and-youth>
- United Nations Children's Fund. Practical tips on engaging adolescents and youth in the COVID-19 response. New York: UNICEF; 2020. Available from: <https://www.unicef.org/media/66761/file/Practical-Tips-on-Engaging-Adolescents-and-Youth-in-the-COVID-19-Response-2020.pdf>
- United Nations Population Fund; International Federation of Red Cross and Red Crescent Societies. COVID-19: working with and for young people. New York and Geneva: UNFPA and IFRC; 2020 May. Available from: <https://www.unfpa.org/resources/covid-19-working-and-young-people>



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Annexes

Annex A. The 10 Developmental Tasks of Adolescence

1	Adjust to sexually maturing bodies and feelings	Teens are faced with adjusting to bodies that as much as double in size and that acquire sexual characteristics, as well as learning to manage the accompanying biological changes and sexual feelings and to engage in healthy sexual behaviors. Their task also includes establishing a sexual identity and developing the skills for romantic relationships.
2	Develop and apply abstract thinking skills	Teens typically undergo profound changes in their way of thinking during adolescence, allowing them more effectively to understand and coordinate abstract ideas, to think about possibilities, to try out hypotheses, to think ahead, to think about thinking, and to construct philosophies.
3	Develop and apply a more complex level of perspective taking	Teens typically acquire a powerful new ability to understand human relationships, in which, having learned to “put themselves in another person’s shoes,” they learn to take into account both their perspective and another person’s at the same time, and to use this new ability in resolving problems and conflicts in relationships.
4	Develop and apply new coping skills in areas such as decision-making, problem-solving, and conflict resolution	Related to all these dramatic shifts, teens are involved in acquiring new abilities to think about and plan for the future, to engage in more sophisticated strategies for decision-making, problem-solving, and conflict resolution, and to moderate their risk-taking to serve goals rather than jeopardize them.
5	Identify meaningful moral standards, values, and belief systems	Building on these changes and resulting skills, teens typically develop a more complex understanding of moral behavior and underlying principles of justice and care, questioning beliefs from childhood and adopting more personally meaningful values, religious views, and belief systems to guide their decisions and behavior.
6	Understand and express more complex emotional experiences	Also related to these changes are shifts for teens toward an ability to identify and communicate more complex emotions, to understand the emotions of others in more sophisticated ways, and to think about emotions in abstract ways.
7	Form friendships that are mutually close and supportive	Although youngsters typically have friends throughout childhood, teens generally develop peer relationships that play much more powerful roles in providing support and connection in their lives. They tend to shift from friendships based largely on the sharing of interests and activities to those based on the sharing of ideas and feelings, with the development of mutual trust and understanding.

8	Establish key aspects of identity	<p>Identity formation is in a sense a lifelong process, but crucial aspects of identity are typically forged at adolescence, including developing an identity that reflects a sense of individuality as well as connection to valued people and groups.</p> <p>Another part of this task is developing a positive identity around gender, physical attributes, sexuality, and ethnicity and, if appropriate, having been adopted, as well as sensitivity to the diversity of groups that make up their society.</p>
9	Meet the demands of increasingly mature roles and responsibilities	Teens gradually take on the roles that will be expected of them in adulthood, learning to acquire the skills and manage the multiple demands that will allow them to move into the labor market, as well as to meet expectations regarding commitment to family, community, and citizenship.
10	Renegotiate relationships with adults in parenting roles	Although the task of adolescence has sometimes been described as "separating" from parents and other caregivers, it is more widely seen now as adults and teens working together to negotiate a change in the relationship that accommodates a balance of autonomy and ongoing connection, with the emphasis on each depending in part on the family's background.

Source: Simpson AR. Raising Teens: A Synthesis of Research and a Foundation for Action. Boston: Center for Health Communication, Harvard School of Public Health; 2001. Available from: https://hr.mit.edu/static/worklife/raising-teens/pdfs/raising_teens_report.pdf

COVID-19 can have significant direct and indirect consequences for the health and well-being of young people. The objective of this publication is to contribute to the strengthening of a comprehensive response to young people and COVID-19 during the pandemic and in the recovery phase, to mitigate the short-, medium- and long-term consequences of COVID-19 for young people in the Americas, particularly those living in conditions of vulnerability. The publication summarizes relevant WHO and PAHO guidance, as well as recommendations from other United Nations partners, such as UNFPA and UNICEF. It also provides links to related resources and practical examples of actions taken by governments, youth leaders, and other stakeholders. Intended users include national and local decisionmakers, program managers, multidisciplinary teams working on adolescent and youth health and well-being, youth-serving and youth-led organizations, and young people.