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PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH

Introduction

1. Young women and men aged 10-24 years old represent 24.5% of the population in the Americas. This document presents a proposal for a Plan of Action for 2010-2018 to improve the health of the largest and most diverse cohort of adolescents and youth¹ in the Region's history.
2. The Plan of Action on Adolescent and Youth Health (the Plan) supports Member States of the Pan American Health Organization/World Health Organization (PAHO/WHO) in their efforts to promote and protect adolescent and youth health and to ensure that women and men are healthy during their most economically productive years. During adolescence and youth, health promoting or health compromising behaviors are learned by and reinforced among boys and girls. These behaviors not only affect their current health, but also impinge on their health situation and their access, opportunities and contributions to health throughout their lives. The Plan will prioritize investment in protective factors at the individual, family, peer, school and community level to maintain and promote good health in this age group and prevent risk factors. The protective and risk factors are common to several health issues while affecting male and female adolescents differently and requiring a comprehensive and integrated plan of action to address them.
3. The Plan is in alignment with the goals of the Millennium Declaration, and incorporates and complements WHO's *Strategy for Child and Adolescent Health and Development* (WHA56.21, 2003), and PAHO's Family and Community Health Concept

¹ The World Health Organization defines adolescents as individuals between the ages of 10 and 19 years old, and youth as persons from age 15 to 24 years old.

Paper.² The Plan will guide the preparation of current and future national adolescent and youth health plans, as appropriate, and the strategic plans of all organizations interested in cooperating for health with this age group in the countries of the Americas.

Background

4. The Plan is the operational expression of the Regional Strategy for Improving Adolescent and Youth Health approved by PAHO's 48th Directing Council in September 2008 (Resolution CD48.R5),³ based on the document of the same name (CD48/8).⁴ The Strategy reports on the situation in the countries and its resolution recommends the development of a Plan of Action (2010-2018) to be submitted for consideration to the 49th Directing Council in 2009. The conceptual and operational frameworks of the Plan are aligned with the Strategic Plan of the Pan American Health Organization 2008-2012,⁵ and have been discussed and consolidated with other PAHO/WHO technical areas, as well as with international organizations and strategic partners.

Situation Analysis

5. PAHO has played a central role in improving adolescent and youth health in the Region by supporting ministries of health, other key ministries, and nongovernmental organizations (NGOs). The support provided to priority⁶ and high-impact countries has been central to promote healthy eating, exercise, positive peer group activities and norms, and to integrate health and education through health promoting schools and promoting healthy families as a protective factor for adolescents. To advance the Millennium Development Goals (MDGs), PAHO has supported countries to improve adolescent, youth and maternal health care, combat HIV/AIDS, and reduce gender inequities. Adolescent and youth health, including sexual and reproductive health (SRH), now ranks high among international development priorities that range from new policies at the Regional level to the generation of interest and participation among adolescents and youth, their families, and communities at the local level. These achievements must be protected and best practices must be promoted and scaled-up.

² The Concept Paper will be presented to PAHO's 49th Directing Council in 2009.

³ Available at: <http://www.paho.org/english/gov/cd/CD48.r5-e.pdf>.

⁴ Available at: <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

⁵ Available at: http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf.

⁶ PAHO has identified Bolivia, Guyana, Haiti, Honduras, and Nicaragua as priority countries for technical cooperation; and Argentina, Brazil, Colombia, Mexico, Peru, and Venezuela as high-impact countries for adolescent and youth interventions.

6. While mortality and morbidity is generally low during adolescence, according to the Global Burden of Disease 2004 update,⁷ total deaths in the Region for 15–29-year-olds was 287,920. The main causes of mortality for this age group are injuries (63%), non communicable diseases (22%), and communicable, maternal, perinatal and nutritional conditions (15%). These causes affect young men and women differently. For example, the distribution of deaths from injuries, including violence and homicides (43% of total deaths in the group) was 92% among males and 8% among females; deaths from road traffic accidents (26%), 79% among males and 21% among females; deaths from suicide (11%), 78% among males and 22% among females; and deaths from all other injuries (20%) AIDS makes up for 47% of all deaths by infectious and parasitic diseases for adolescents and youth aged 15 to 29 in the Americas, 67% for young men and 33% for young women. In 2006, 20% of diagnosed and reported HIV cases in the Region corresponded to adolescents and youth 15-24 years old.⁸

7. Many of the priority health topics that affect adolescents and youth are interrelated and require immediate and integrated action. For example, unwanted pregnancies; gender-based violence; sexual exploitation; sexually transmitted infections (STIs); poor nutrition; lack of oral health services; lack of exercise; obesity and eating disorders; mental health; violence and road traffic accidents; and substance abuse including alcohol, tobacco, and illicit substances, must all be addressed. The disproportionate impact of these issues on low-income, poorly educated, indigenous, migrant, cross-border, and ethnic minority adolescents and youth needs to be specifically addressed.⁹

8. In line with the Strategy and Plan of Action on Mental Health,¹⁰ this Plan of Action will address emerging health issues during adolescence and youth such as mental health and behavioral disorders. Unipolar depressive disorders are the leading cause of DALYs¹¹ among adolescents and youth. In the United States, one in ten adolescents and youth suffer from mental illness severe enough to cause some level of impairment, yet fewer than one in five receive needed treatment. The situation in other parts of the Region is likely to be worse.¹² Eating disorders, which disproportionately affect girls and include anorexia nervosa, bulimia nervosa, and atypical eating disorders, are another key area of intervention to promote mental health. In Canada, eating disorders are now the

⁷ The global burden of disease: 2004 update (2008 publication of 2004 updated dataset): Available at: http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html.

⁸ Pan American Health Organization, Country Reports HIV/AIDS database, FCH/AI Project.

⁹ For the extensive situation analysis, please refer to the Regional Strategy for Improving Adolescent and Youth Health. <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

¹⁰ Mental Health Regional Strategy and Plan of Action, to be presented in PAHO's 49th Directing Council.

¹¹ DALYs = Disability Adjusted Life Years. The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.

¹² World Health Organization. World Health Report 2001: Mental Health: New Understanding, New Hope. Geneva. WHO, 2001. <http://www.who.int/whr/2001/en/index.html>.

third most common chronic illness in adolescent girls.¹³ The death rate associated with anorexia nervosa alone is more than 12 times higher than the overall death rate among young Canadian women in the general population.¹⁴ Although these disorders were once thought to occur only in affluent societies, in recent years cases among all socioeconomic and ethnic groups have now been documented in the Region.

9. The majority of the primary causes of morbidity and mortality in the Region have common risk and protective factors that are interrelated and associated with the social determinants of health, namely: gender, ethnicity, education, income, social class, employment, migration, family, social networks, the environment, among others. Early pregnancy, which is still a major concern, especially because of the health risks for both mother and child and the impact on girls' education and life prospects, is a case in point. In a 7-country analysis¹⁵, 19.5% of all females age 15-19 have been pregnant; out of this 50% have no education, 59% live in rural settings, 61% live without adults in the household, and 60% live in poverty.

10. The current economic downturn is expected to constrain national health budgets and international development assistance now and in the years to come. In all countries in the Region, the poorest and most socially excluded are often adolescents and youth, especially girls, who belong to indigenous, ethnic, and racial minorities, and those that live in female-headed households, and/or in rural communities. Inevitably, these vulnerable groups will suffer most. Thus, additional efforts are necessary to protect achievements in adolescent and youth health and strengthen the performance of the health system.

11. An external evaluation of the implementation of the 2001-2007¹⁶ plan of action for Resolution CD40.R16, conducted in 2007, revealed important achievements: 22 of 26 responding Member States have established national adolescent health programs. However, only 30% of the countries have a national surveillance system that includes adolescent and youth health indicators, and only 27% monitor and perform an evaluation

¹³ Adolescent Medicine Committee, Canadian Paediatric Society. Eating Disorders in adolescents: principles of diagnosis and treatment. *Paediatrics and Child Health* 1998; 3(3) 189-92. Reaffirmed January 2001.

¹⁴ Sullivan PF. Mortality in anorexia nervosa. *American Journal of Psychiatry*, 1995; 152(7): 1073-1074.

¹⁵ Based on available data, Bolivia 2003, Colombia 2005, Dominican Republic 2002, Guyana 2004, Honduras 2005, Nicaragua 2001, Peru 2004-5. Data obtained from Figure 4.1 Percentage of adolescents age 15-19 who have ever been pregnant in selected countries, DHS/AIS/2001-2005 in publication: Kan, Sane, and Vinod Mishra, . 2008. *Youth Reproductive and Sexual Health*. DHS Comparative Reports No. 19. Calverton, Maryland, USA: Macro International Inc. Available at: <http://www.measuredhs.com/pubs/pdf/CR19/CR19.pdf>.

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

of their programs.¹⁷ Thirty-one per cent of the surveyed countries rated their program as adequate, 41% as partially adequate, and 18% as inadequate. While this represents clear progress, the response of health systems and services to the needs of adolescents and youth is often weak and still faces budgetary constraints.

Proposal

12. The goal of the Plan is to ensure that adolescents and youth receive timely and effective health promotion and care and disease prevention through integrated health systems. It highlights the need for PAHO/WHO to provide technical cooperation to Member States for developing and strengthening their health systems' responses to achieve this goal. This requires the full participation of external and internal actors, including adolescents and youth, in inter-programmatic work conducted with a multisectoral approach.

13. The Plan will support Member States efforts to establish national adolescent and youth health objectives that integrate interventions targeting the main health issues¹⁸ affecting adolescents and youth using promotion and prevention strategies. The Plan will support the development of a functioning National Adolescent and Youth Health Program at the country level. A functioning Plan is defined as one that has been in place for at least two years, has a medium- or long-term plan of action that has been implemented in the last year, has a person in charge, has an assigned budget, and has developed clear technical guidelines on adolescent and youth health. Member States will implement the plan according to their own national context and priorities.

14. Main targets to address the different health issues for adolescent men and adolescent women by 2018 include: (a) 75% of countries in Latin America and the Caribbean will have an adolescent fertility rate (defined as the annual number of live births per 1,000 females aged 15-19) of 75.6/1,000 or lower; (b) 100% of the countries will have an estimated percentage of adolescents and youth (15-24 years old) living with HIV under 0.6% in the Caribbean and under 0.4% in Latin America; (c) 100% of the countries will reduce the current rising trend in mortality rates due to road traffic injuries; (d) priority countries will reduce the current rising trend in mortality rates due to homicides; and (e) 75% of the countries will reduce the mortality rate due to suicides among males (15–24).¹⁹

¹⁷ Idem.

¹⁸ These health issues are described in the Situation Analysis section of this Plan and of the Regional Strategy for Improving Adolescent and Youth Health: <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

¹⁹ For a full list of goals and indicators refer to Table 1 or Annex A, Table 2.

15. The Plan gives particular attention to the most vulnerable adolescents and youth (low income, poorly educated, indigenous, ethnic and racial minorities, refugees, migrants and cross-border, most at risk for HIV/AIDS, living with disabilities etc.) and to the prevailing disparities in the health status among and within the Region's countries. It aims to integrate WHO and PAHO resolutions and their recommendations²⁰ on public policies that promote adolescent and youth health and inter-programmatic and intersectoral cooperation. This calls for PAHO's Secretariat and Country Offices to ensure that there is ongoing coordination of activities and fluid communication across programs and with United Nations (UN) agencies, international development partners, and NGOs working in adolescent and youth health in the Region's countries.

16. To strengthen the health system's response to adolescent and youth health, the Plan builds on key achievements and emphasizes on scaling-up best practices in the Region, such as:

- (a) The promotion of evidence-based policies, technical guidelines, and comprehensive health and development plans in priority countries that position adolescent and youth health in their national development priorities.
- (b) The pursuit of interprogrammatic and intersectoral cooperation with actions at relevant settings and at the Regional, subregional, and local levels with a human rights, gender, and participatory approach.
- (c) Continuing to implement the Integrated Management of Adolescents and their Needs (IMAN)²¹ approach, which has been important for strengthening and

²⁰ Framework Convention on Tobacco Control (WHO 2003); Global Strategy on Physical Activity and Health, Regional Strategy for Maternal Mortality and Morbidity Reduction (CSP26/14, 2002); Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action (CE142/12, 2007); Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006–2015 (CD47/18, 2006); Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization (CD46.R15, 2005); on Violence and Health (CD37.R19, 1993), Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (CD48/20, 2008), Proposed 10-Year Regional Plan on Oral Health (CD47/14, 2006), Primary Health Care in the Americas: Lessons Learned over 25 years and Future Challenges (CD44/9, 2003), Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity (CD48/5, 2008), Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (CD48/6, 2008). Other relevant areas of work for consideration include: promoting environments that foster the health and development of adolescents and youth, such as sustainable transportation and urban planning policies (rapid mass transportation systems and alternative transportation, road safety, protection of public spaces), promoting urban agriculture, improve school food programs, guidelines and regulations for food marketing and advertising, physical education programs. Ecoclubs is an example of a program that promotes youth involvement with the environment which, in turn, has an effect on health promoting behaviors.

²¹ IMAN follows the Integrated Management of Childhood Illnesses (IMCI) model and includes guidelines for the treatment of diseases in adolescence and youth, with emphasis on prevention and promotion.

improving the quality of health services for adolescents and youth in the Region. IMAN provides guidelines for the treatment of diseases and the promotion of health. It uses an integrated package of interventions based on evidence in adolescent and youth health and development. It has contributed to improve the competencies of multidisciplinary professionals in the topic of adolescent and youth health, and improve clinical and treatment practices at the family and community levels.

- (d) Continuing to carry out state-of-the-art interventions for preventing violence among adolescents and youth, including those that influence the individual, the family, and the community. At the family level, these interventions improve parenting knowledge and skills and strengthen family relations²². As part of IMAN, the evidence-based *Familias Fuertes* Program,²³ has been a key intervention to reduce risk behaviors among adolescents, and strengthen better communication between adolescents and their parents for making healthy decisions.
- (e) Conducting capacity-building through distance education on adolescent and youth health has proven a successful strategy to strengthen the health system. It has also secured sustainability of interventions at the national and local levels. With the support of PAHO, more than 700 professionals have been trained through a certificate program involving collaboration with four universities in the Region.²⁴

17. The Plan is assembled with information, evidence, and knowledge and rests on four pillars: primary health care, health promotion, social protection, and the social and economic determinants of health. It calls for an integration of approaches, programs, and services to tackle health issues of concern and ensure better outcomes. Youth participation, gender, ethnicity, and culture are crosscutting perspectives.

IMAN seeks to improve the competencies of multidisciplinary professionals in the topic of adolescent and youth health, improve clinical and treatment practices at the family and community levels.

²² PAHO/GTZ, 2006. State of the Art in violence prevention programs for young people. Family and Community Interventions with a gender approach. Spanish version. Available upon request.

²³ *Familias Fuertes* is an adaptation of the program Strengthening Families with Adolescents 10-14. University of Iowa.

<https://www.extension.iastate.edu/store/ItemDetail.aspx?ProductID=5767&SeriesCode=&CategoryID=&Keyword=sf%200002>.

²⁴ PAHO supports distance courses in comprehensive adolescent health held through the *Universidad Católica de Chile*, the *Universidad del Estado de Río de Janeiro*, the *Universidad Autónoma de Nuevo León*, and the *Universidad de Buenos Aires*.

18. The Plan proposes interventions at the country, subregional, regional, and interagency levels.²⁵ It proposes technical cooperation stratified according to each country's health system infrastructure and capability to respond to adolescent and youth health issues and needs. The country component addresses country-specific problems. It includes activities for developing or strengthening a national plan that integrates the main health issues. These issues are identified through the broadest possible consensus among the principal actors from civil society and government. The subregional component includes activities shared by a group or groups of countries, with common problems and solutions. The Regional component focuses on the delivery of PAHO technical cooperation through the standardization of methodologies, interagency response to adolescent and youth health, and complementary joint activities that can help strengthen the health system response according to each country needs.

19. This Plan of Action proposes the following strategic areas, promoting their systematic and simultaneous integration as a way to address the different stages of development during adolescence and youth, as well as these groups' basic health issues and primary causes of mortality and morbidity. The Plan also considers the framework of PAHO technical cooperation in order to face the emerging health issues,²⁶ protect the achievements, and addresses the unfinished health agenda to achieve universal health coverage and reduce health inequalities among young women and men:

- (a) Strengthen the countries' capacity to generate, use, and share quality health information on adolescent and youth health and their social determinants, disaggregating information by age, sex, ethnicity, and socioeconomic level, through a gender and cultural perspective.
- (b) Promote enabling environments for adolescent and youth health through effective, comprehensive, sustainable and evidence-informed policies.
- (c) Strengthen the capacity of the health system to provide age-appropriate services for young women and men.
- (d) Develop and strengthen human resources training programs in comprehensive adolescent and youth health, especially those in health sciences and related fields, in order to improve the quality of policies, programs and services for adolescent and youth health.

²⁵ Interventions agreed upon at an interagency consultation in Panama, 23 of March 2009, between UNICEF, UNAIDS, UNFPA and PAHO.

²⁶ Emerging health issues such as behavioral changes and mental health during adolescence and youth are described in the Situation Analysis section of this Plan and also include, diet and physical activity, tobacco use, among others.

- (e) Develop and support adolescent and youth health promotion and health problems prevention programs with community-based interventions that engage young women and men, their peers, strengthen families, and include schools, and encourage participation.
- (f) Facilitate dialogue and alliance building between strategic partners to enable their participation to advance the adolescent and youth health programs and to establish policies for this age group.
- (g) Support the inclusion of social communication interventions and innovative technologies in national adolescent and youth health programs.

20. By the conclusion of the development process for the Regional Strategy for Improving Adolescent and Youth Health, a series of impact indicators were identified as important for measuring improvement in adolescent and youth health considering the following criteria: (a) they represented critical health outcomes or contributing behaviors, and (b) data were either available through national-level statistics or through Global school-based student health surveys (GSHS)²⁷ to measure them or soon would be.²⁸ These indicators are the basis for establishing the impact targets and critical health goals this Plan of Action aims to achieve (Annex A, table 2).

21. In response to the 48th Directing Council resolution (CD48.R5),²⁹ the Plan proposes a series of technical guidelines and activities tailored to face the different situations between and within countries. Table 1 (Annex A) presents for consideration some technical guidelines for Adolescent and Youth Health Programs categorized according to each country's health system infrastructure and capability to respond to adolescent and youth health needs.

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

²⁷ Global school-based student health survey (GSHS) initiative available at: <http://www.who.int/chp/gshs/methodology/en/index.html>.

²⁸ Regional Strategy for Improving adolescent and Youth Health. Indicators are listed starting on page 25 in Annex C of the Regional Strategy. Also available at: <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

²⁹ Available at: <http://www.paho.org/english/gov/cd/CD48.r5-e.pdf>.

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

Action by the Directing Council

24. The Directing Council, after reviewing the information provided, is invited to consider adoption of the resolution recommended by the 144th Session of the Executive Committee in Annex C.

Annexes

PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH

1. The Plan of Action on Adolescent and Youth (the Plan) is the operative expression of the Regional Strategy of the same name approved by PAHO's 48th Directing Council on September 2008 (Resolution CD48.R5).¹ Its activities are geared to respond to that commitment based on the following:

Vision

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

Goal

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

Objective

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

Scope

5. This plan of action focuses on improving the health of young women and men aged 10-24 years living in the Region of the Americas, during 2010-2018, with particular attention to priority and high-impact countries.² Strengthening policies, health systems, and primary health care is fundamental to achieving the goal of this Plan, which contributes to the achievement of Millennium Development Goals 1,2,3,4,5, and 6.³

¹ Available at: <http://www.paho.org/english/gov/cd/CD48.r5-e.pdf>.

² PAHO has identified as priority countries for technical cooperation: Bolivia, Guyana, Haiti, Honduras, and Nicaragua; and high-impact countries for adolescent and youth interventions: Argentina, Brazil, Colombia, Mexico, Peru, and Venezuela.

³ Millennium Development Goals (1) Eradicate Poverty, (2) Universal education, (3) Gender equality, (4) Child health, (5) Maternal Health (6) Combat HIV/AIDS. Available at: <http://www.un.org/millenniumgoals/>.

Indicator

- Number of countries that have established national adolescent and youth health objectives that integrate interventions of the main health issues⁴ affecting them, using promotion and prevention strategies. This will support the development of a functioning National Adolescent and Youth Health Program at the country level. Such a program is defined as one that is at least two years old, has a medium- or long-term plan of action that has been implemented in the last year, has a person in charge, has an assigned budget, and has developed technical guidelines on adolescent and youth health. **Milestone 1** (2010): 50% of countries. **Milestone 2** (2014): 70% of countries. **Milestone 3** (2018): 100% of countries.

Impact Targets

- By 2018, 75% of countries in LAC have an adolescent fertility rate (defined as the annual number of live births per 1,000 females aged 15-19) of 75.6/1,000 or less. (SO4 indicator).⁵ Baseline 2006: 8 countries, **Milestone 1** (2010): 10 countries, **Milestone 2** (2014): 20 countries, **Milestone 3** (2018): 30 countries.
- By 2018, 100% of the countries will have an estimated percentage of adolescents and youth (15-24 years old) living with HIV under 0.6% in the Caribbean and under 0.4% in Latin America and North America (UNGASS, MDG 6 indicator).⁶

Estimated number of young females (15–24 years old) living with HIV

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

⁴ These health issues are described in the Situation Analysis section of this Plan and of the Regional Strategy for Improving Adolescent and Youth Health: <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

⁵ World Population Prospects: The 2008 Revision - Population Database. UN Department of Economic and Social Affairs, Population Division Homepage <http://esa.un.org/unpp/index.asp?panel=1>.

⁶ 2008 Report on the global AIDS epidemic, UNAIDS/WHO, July 2008.

Estimated number of young males (15-24 years old) living with HIV

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

- By 2018, 100% of the countries will reduce the current increasing trends in mortality rates due to road traffic injuries among males (15-24). **Milestone 1** (2010): 5% of reduction of mortality rate by road traffic injuries. **Milestone 2** (2014): 10%. **Milestone 3** (2018): 15%.
- By 2018, priority countries will reduce the current increasing trends in mortality rates due to homicides among males (15-24). **Milestone 1** (2010): 5% of reduction of mortality rate by homicide. **Milestone 2** (2014): 7%. **Milestone 3** (2018): 10%.
- By 2018, 75% of the countries will reduce the trends in mortality rates due to suicides (10-24). **Milestone 1** (2010): 5% of reduction of mortality rate by suicide. **Milestone 2** (2014): 8%. **Milestone 3** (2018): 10%.⁷

Strategic Areas

6. In order to achieve the goal and address the main health issues described in this Plan of Action and in the Regional Strategy, and respond to country needs, seven strategic areas have been identified: (1) Strategic information and innovation; (2) Environments that enable health and development of adolescents and youth using evidence-based policies; (3) Integrated and comprehensive health systems and services; (4) Human resource capacity building; (5) Family, community, and school-based interventions; (6) Strategic alliances and collaboration with other sectors; and (7) Social communication and media involvement. Each area has an objective that represents an expected result with specific indicators and activities at regional, subregional and country level.

⁷ For a full list of goals and indicators refer to Table 1 or Annex A, Table 2.

STRATEGIC AREA 1: STRATEGIC INFORMATION AND INNOVATION

Objective 1.1

Strengthen the capacity of the countries to generate, use, and share quality health information on adolescent and youth health and their social determinants, disaggregating information by age, sex, ethnicity and socioeconomic level.⁸ (Strategic Objectives: 3, 4, 7, 9, 11. Regional Expected Results: 3.3, 4.2, 7.3, 9.3, 11.2).

Indicators

- Number of countries with a national information system that delivers annual information on adolescents and youth disaggregated by age. (Indicator of the strategic objective 1 included in the global monitoring system –GMS).
- Number of countries with a national information system that delivers information on adolescent and youth health disaggregated by sex on a regular basis.
- Number of countries with information systems that deliver information on adolescent and youth health by socio-economic status on a regular basis.
- Number of countries with information systems that deliver information on adolescent and youth health by ethnicity on a regular basis.
- Number of countries that analyze data and complete an annual report on the epidemiology, health behavior and interventions for adolescents and youth.

Target

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

Activities

Interagency Level⁹

Strengthening Strategic information mechanism among UN agencies through:

- 1.1.1 Sharing statistical information and data on adolescent and youth development including UNICEF's portal,¹⁰ WHO/PAHO Regional Statistics Portal on Adolescent and Youth Health,¹¹ the Inter-American Drug Abuse Control Commission (CICAD) data, the Global School Health Survey (GSHS) among others.

⁸ In alignment with Project 2A entitled, "Strengthening PAHO's Public Health Information" funded under "Projects Using Program Budget Income Exceeding the Authorized Effective Working Regular Budget (CE144/25 and CD48/22 Annex 2A) Available at: <http://www.paho.org/english/gov/cd/cd48-22-e.pdf>.

⁹ Agreed upon at the United Nations Interagency Meeting for the Region of the Americas: Improving Adolescent and Youth health and Development. A call for action for an integrated response to improve adolescent and youth health and development. UNICEF, UNFPA, UNAIDS, UNEP, UNIFEM and PAHO. 20 March 2009, Panama City. Copy available upon request.

¹⁰ Available at: <http://www.childinfo.org>.

¹¹ Under construction.

- 1.1.2 Agree upon defined age groups of adolescent and youth for data monitoring, reporting and analysis.
- 1.1.3 Agree upon standardized health and development indicators and a set of core indicators related with the determinants of health such as educational status, literacy, poverty, parental involvement, housing status, employment status, involvement with the justice system, perceived neighborhood safety, victimization of crime and access to health care among others.
- 1.1.4 Expand the GSHS to include additional indicators to assess protective and risk factors (GSHS PLUS) and explore joint implementation of the survey every 5 years.
- 1.1.5 Develop quality surveys to gather information on vulnerable indigenous adolescents and youth aged 10-14 years.
- 1.1.6 Follow up and support the regional Observatory on Gender Equality.¹²

Regional level

- 1.1.7 Reach consensus on a standardized list of basic indicators that allows for the identification of gaps and disparities in health status for adolescents and youth, among different age groups, sexes, income and ethnicities.
- 1.1.8 Develop a web-based information system with defined adolescent and youth indicators for national surveillance and public health interventions disaggregated by age, sex, socio-economic status, and ethnicity. The information system will form a regional observatory on adolescent and youth health status.
- 1.1.9 Support research on the impact of new and innovative methods to improve the health and development of adolescents and youth, and disseminate effective interventions and best practices.
- 1.1.10 Support research on traffic deaths of adolescents and youth that involve alcohol and on the effectiveness of interventions to reduce crashes, accidents, and deaths involving alcohol.
- 1.1.11 Support research on the links between alcohol and violence among adolescents and youth and their costs to society.
- 1.1.12 Analyze health problems using health determinants to identify vulnerabilities among adolescents and youth and target interventions by geographical areas, socioeconomic status, ethnicity, and gender.

Subregional level¹³

- 1.1.13 Conduct the Caribbean Adolescent Health Survey on a regular basis.¹⁴
- 1.1.14 Analyze and disseminate data on the Global school-based student health survey (GSHS)¹⁵ by subregion.

¹² UN-INSTRAW. *Observatorio de Igualdad de Género*. Available at:

<http://www.un-instraw.org/en/proyecto-participacion-politica/general/observatorio.html>.

¹³ Refers to geographical regions such as: Central America, North America, Caribbean, Andes, and Southern Cone.

¹⁴ Conducted in 1997; second phase currently in planning process.

<http://74.125.93.104/search?q=cache:EEjKi-9IEDQJ:www.amro.who.int/English/HPP/HPF/ADOL/monogra.pdf+Caribbean+Adolescent+Health+Survey+2000+paho+kellog&cd=1&hl=en&ct=clnk&gl=us>.

National level (Member States with PAHO's support)

- 1.1.15 Ensure regular reporting of national information systems on adolescent and youth health and their health determinants.
- 1.1.16 Systematically integrate basic adolescent and youth health indicators to regular information systems.
- 1.1.17 Integrate adolescent and youth health variables in the national demographics and health surveys (DHS).
- 1.1.18 Improve quality and capture of mortality and morbidity data among adolescents and youth.
- 1.1.19 Develop and implement a clinical form for gathering data: Adolescent Health Information System (AHIS) with the support of the Latin American Center for Perinatology and Human Development (CLAP)¹⁶.
- 1.1.20 Implement the monitoring and performance evaluation process of the health information systems based on the technical guidelines of WHO/PAHO and the Health Metrics Network.
- 1.1.21 Monitor and evaluate the quality, coverage, and cost of national adolescent and youth health programs, health services, and other interventions.
- 1.1.22 Align efforts with other global and local partners working in the topic.¹⁷

STRATEGIC AREA 2: ENVIRONMENTS THAT ENABLE HEALTH AND DEVELOPMENT OF ADOLESCENTS AND YOUTH USING EVIDENCE-BASED POLICIES

Objective 2.1

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

Indicators

- Number of countries that have revised or developed policies that are evidence-informed and that integrate main health issues affecting adolescents and youth aimed at increasing their access to health and health care, or that have defined national adolescent and youth health objectives.
- Number of countries that have developed and implemented policies to promote high school graduation among adolescent girls and boys.

¹⁵ Based on the international Health Behavior in School-aged Children (HBSC) study. Global school-based student health survey (GSHS) available at: <http://www.who.int/chp/gshs/methodology/en/index.html>.

¹⁶ Centro Latinoamericano de Perinatología (CLAP): <http://www.clap.ops-oms.org/>.

¹⁷ For example, the *Health Metrics Network* (HMN), the PAHO-USAID collaboration for the strengthening of health information systems, and the *Regional Plan of Action for Strengthening of Vital and Health Statistics*.

- Number of countries with a National Adolescent and Youth Health Program that has a medium or long term plan of action with assigned resources including a budget and a person in charge.
- Number of States Parties that have revised their national legal frameworks, regulations, and/or plans in a manner consistent with the UN Convention on the Rights of the Child¹⁸ and the UN/OAS human rights instruments.¹⁹

Targets

- By 2014, priority and high-impact countries²⁰ will have evidence-based policies that integrate the main health issues and determinants affecting adolescents and youth as a way to increase this group's access to health care; by 2018, 95% of countries should have these in place.
- By 2018, 100% of the countries will have established a National Adolescent and Youth Health Program that integrates the main health issues affecting this population within their health system that has a plan of action with assigned resources. (see Table 1 and 2).

Activities

Interagency Level

- 2.1.1 Collect and develop a joint publication on each country's existing health policy and legislative mandates relevant to adolescents and youth.
- 2.1.2 Support advocacy efforts to revise and update national legal frameworks, regulations, and/or plans in a manner consistent with the UN Convention on the Rights of the Child²¹ and the UN/OAS human rights instruments.²²
- 2.1.3 Follow up the Mexico Declaration for improving sexual education and access to health services for adolescents and to monitor and evaluate their impact.²³

¹⁸ This instrument entered into force on 2 September 1990 and has been ratified by Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

¹⁹ These international instruments are mentioned in technical document CD48/8 "Regional Strategy for Improving Adolescent and Youth Health" (Annex E).

²⁰ PAHO has identified Bolivia, Guyana, Haiti, Honduras, and Nicaragua as priority countries for technical cooperation, and Argentina, Brazil, Colombia, Mexico, Peru, and Venezuela as high-impact countries for adolescent and youth interventions.

²¹ This instrument entered into force on 2 September 1990 and has been ratified by Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

²² These international instruments are mentioned in technical document CD48/8 "Regional Strategy for Improving Adolescent and Youth Health": <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

²³ Ministerial Declaration from 2008 available at: http://data.unaids.org/pub/BaseDocument/2008/20080801_ministerdeclaration_en.pdf.

- 2.1.4 Follow up the health component of the Ibero-American Youth Cooperation and Integration Plan 2009–2015 approved in the XVIII Ibero-American Summit of Heads of State and Government in 2008 in El Salvador.²⁴
- 2.1.5 Follow recommendations of the Economic Commission for Latin America and the Caribbean (ECLAC) document *Juventud y Cohesión Social en Iberoamérica, Un modelo para armar* [Youth and Social Cohesion in Ibero-America, A Model in the making].²⁵

Regional level

- 2.1.6 Disseminate the Plan of Action on Adolescent and Youth Health approved by PAHO Governing Bodies, and provide technical cooperation to Member States to integrate it into National Health Policies and programs.
- 2.1.7 Develop a Regional Advocacy Strategy for adolescent and youth health within the framework of health promotion and protection to:
 - (a) Ensure country commitment to assign resources (budget and person in charge) to their national adolescent and youth health program.
 - (b) Address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate approaches that favor the poor, are responsive to gender, and are based on human rights principles.
 - (c) Advocate for lowering violence rates among adolescents and youth through the implementation of effective policies to combat alcohol use such as: Increasing the price of alcohol, introducing controls on alcohol availability, selling hours and outlets of density, supporting enforcement and monitoring of new and existing alcohol laws, and restricting alcohol advertisements.²⁶
- 2.1.8 Provide technical cooperation to States Parties for reviewing their policies and plans on priority health topics of adolescents and youth in a manner consistent with the UN Convention on the Rights of the Child and the UN/OAS human rights instruments.²⁷
- 2.1.9 Integrate WHO and PAHO resolutions and their recommendations²⁸ on public policies that promote adolescent and youth health, emphasizing action among the most vulnerable.

²⁴ Available at: <http://www.oij.org/planes.php>.

²⁵ Available at: http://www.eclac.org/publicaciones/xml/2/34372/Juventud_Cohesion_Social_CEPAL_OIJ.pdf.

²⁶ PAHO/GTZ. 2008. Policies for the reduction of Alcohol-related Violence that affects Young People: an Environmental Approach.

²⁷ These human rights instruments are mentioned in technical document CD48/8 “Regional Strategy for Improving Adolescent and Youth Health”: <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

²⁸ Framework Convention on Tobacco Control (WHO 2003); Global Strategy on Physical Activity and Health, Regional Strategy for Maternal Mortality and Morbidity Reduction (CSP26/14, 2002); Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Regional Strategy and Plan of Action (CE142/12, 2007); Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015 (CD47/18, 2006); Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization (CD46.R15, 2005); on Violence and Health (CD37.R19, 1993), Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (CD48/20, 2008), Proposed 10-Year Regional Plan on Oral Health (CD47/14, 2006), Primary Health Care in the

- 2.1.10 Support research, documentation and sharing of the impact of policy interventions on adolescent and youth health.

Subregional level

- 2.1.11 Coordinate a system based on common needs with a group of experts to assist and influence summits and organizations.²⁹
- 2.1.12 Identify and disseminate good practices and lessons learned to strengthen the National Adolescent and Youth Health Programs.

National level

- 2.1.13 Develop and/or strengthen the national plan of action for improving adolescent and youth health, promoting adolescent and youth participation.
- 2.1.14 Adapt the advocacy strategy at the national level for adolescent and youth health.
- 2.1.15 Review and update the legal framework for the protection and rights of adolescent and youth, using gender and ethnicity approaches.

STRATEGIC AREA 3: INTEGRATED AND COMPREHENSIVE HEALTH SYSTEMS AND SERVICES

Objective 3.1

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

Indicators

- | |
|--|
| <ul style="list-style-type: none">• Number of countries with a National Adolescent and Youth Health Program that has developed technical guidelines on adolescent and youth health.• Number of countries with primary health care networks that deliver an integrated package of health services for adolescents and youth (such as IMAN), with defined technical guidelines, including mental and substance abuse programs, and oral health. |
|--|

Americas: Lessons Learned over 25 years and Future Challenges (CD44/9, 2003), Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity (CD48/5, 2008), Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (CD48/6, 2008). Other relevant areas of work for consideration include: promoting environments that enable adolescents and youth health and development such as sustainable transportation and urban planning policies (rapid mass transportation systems and alternative transportation, road safety, protection of public spaces), promoting urban agriculture, improve school feeding, guidelines and regulations for food marketing and advertising, physical education programs. Ecoclubs is an example of a program promoting youth involvement with the environment with resulting impact on health promoting behaviors.

²⁹ Organizations include but are not limited to: Caribbean Community (CARICOM) and Common Market, Meeting of the Health Sector for Central America and the Dominican Republic, (RESSCAD), Latin-American Parliament (PARLATINO), Council of Central American Ministers of Health (COMISCA), South American Common Market (MERCOSUR).

- Number of countries with a coverage of age appropriate vaccination more than 85%.
- Number of adolescents and youth using the department/districts/province's sentinel health centers.

Targets

- By 2018, 100% of the countries will have established a National Adolescent and Youth Health Program within their health system with adequate technical guidelines. (See Table 1).
- By 2014, priority and high-impact countries will have 50% of health centers at the district level applying an integrated package of effective interventions for adolescents and youth (IMAN: Integrated Management of Adolescent Needs),³⁰ 75% of all countries by 2018.

Activities

Interagency level

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

Regional level

- 3.1.3 Expand the IMAN package to include specific tools to reach vulnerable adolescents (the poor, those most at risk of HIV/AIDS, indigenous populations, etc), mental and substance abuse interventions, and oral health programs.
- 3.1.4 Provide technical cooperation to Member States to develop or strengthen their health services networks to provide an appropriate, timely response to adolescent and youth health needs based on the IMAN health package.
- 3.1.5 Provide technical cooperation to Member States to develop alternative and innovative health services that can increase access, such as mobile clinics, extended hours, and operation in school settings, pharmacies, community centers, among others.
- 3.1.6 Develop a generic package of interventions for primary health care through the effective IMAN model.³¹
- 3.1.7 Coordinate and advise countries on how to develop quality health services implementing adolescent and youth standards of care.
- 3.1.8 Coordinate and advise the countries on how to develop case studies of best practices in service delivery.

³⁰ IMAN follows the Integrated Management of Childhood Illnesses (IMCI) model and includes guidelines for the treatment of diseases in adolescence and youth, with emphasis on prevention and promotion. IMAN seeks to improve the competencies of multidisciplinary professionals in the topic of adolescent and youth health, improve clinical and treatment practices at the family and community levels.

³¹ Idem.

- 3.1.9 Provide technical support to the countries on the design and implementation of community interventions within networks.

Subregional level

- 3.1.10 Facilitate the sharing of experiences between the countries that have developed models of health insurance and health promotion and preventive and care interventions for adolescent and youth health.

National level

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

STRATEGIC AREA 4: HUMAN RESOURCE CAPACITY BUILDING

Objective 4.1

Support the development and strengthening of human resource training programs in comprehensive adolescent and youth health, especially those in health sciences and related fields, in order to improve the quality of policies and programs for adolescent and youth health promotion, prevention, and care. (Strategic objective 4, 7 and 13, Regional expected result 7.4.1, 13.1 and 13.4).

Indicators

- Number of universities, community colleges and education centers that include the subject of adolescent and youth health in the curricula of health science majors.
- Number of clinics with a provider trained in adolescent health - IMAN or equivalent core competence course such as, Job aids,³² Orientation Modules (OP),³³ etc.
- Number of States Parties that train key stakeholders in the UN/OAS Human Rights instruments mentioned above.

³² Job aids may be defined as repositories for information, processes, or perspectives that are external to the individual and that support work and activity by directing, guiding, and enlightening performance (Rossett and Gautier-Downes 1991). Job aids are also known as “performance support tools” or PSTs (Quality Assurance Project, Issue Paper: The Use of Manual Job Aids by Health Care Providers: What Do We Know? Vol. 1, February 2000). Available at <http://www.qaproject.org/pubs/PDFs/ISSUESJA.PDF>.

³³ Available at: http://www.who.int/child_adolescent_health/documents/9241591269/en/index.html.

Target

- By 2018, all the countries of the Region will have incorporated Adolescent Health in the curricula of training programs for health and other related professions (physician, nurses, social workers, psychologists midwives, teachers among others).
- By 2018, 50% of departments/districts/provinces' primary health care clinics will have at least one provider trained in adolescent and youth health care.
- By 2018, 50% of national adolescent and youth health stakeholders (government officials, NGO's and youth) will be trained in a 40-hour course for the clarification of the UN Convention on the Rights of the Child and the UN/OAS human rights instruments.³⁴

Activities

Interagency level

- 4.1.1 Agree on a common training curriculum for primary health care providers and personnel working with adolescents and youth to be implemented through training for trainers modules.
- 4.1.2 Capacity building for health care providers and personnel working with adolescents and youth on the human rights approach, the Convention on the Rights of the Child, and other human rights instruments in the United Nations and Inter-American systems, using UNICEF and PAHO/WHO tools.

Regional level

- 4.1.3 Technical cooperation to include the topic of adolescent and youth health in curricula for health and education professionals.
- 4.1.4 Develop new materials, adapt existing materials and expand training programs (undergraduate and graduate levels and in-service) through e-learning platforms, and the Virtual Public Health Campus.³⁵
- 4.1.5 Develop and support the implementation of a training course on health and human rights to include key topics such as confidentiality, privacy, informed consent, equal protection of the law and non-discrimination in the context of cultural diversity.³⁶

³⁴ These human rights instruments are mentioned in technical document CD48/8 "Regional Strategy for Improving Adolescent and Youth Health": <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

³⁵ Diplomado: Desarrollo y Salud Integral del Adolescente, Chile: <http://cursos.puc.cl/tutorvirtual-medicina/>; Brasil, <http://www.nesa.uerj.br/index.htm?ced.htm>; Argentina, <http://www.fmv-uba.org.ar/cp/detallecurso.asp?idcurso=141>; Mexico, <http://pronisev.uanl.mx/diplomado/>. Courses include: Un modelo para desarmar, <http://www.paho.org/cdmedia/FCHCOURSE/espanol/default.htm>; HIV and adolescent health, violence prevention, and human rights. *Campus Virtual de Salud Pública* [Virtual Public Health Campus]. This is a technical cooperation strategy of the Pan American Health Organization that seeks to strengthen the institutional capabilities and practices in public health in the Region of the Americas, as well as to perform the essential functions of public health from the national health authorities. <http://www.campusvirtualesp.org/>.

³⁶ These capacity building activities in human rights are established in technical document CD48/8 "Regional Strategy for Improving Adolescent and Youth Health":

Subregional level

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

National level

- 4.1.7 Integrate adolescent and youth health topics in national capacity-building plans.
- 4.1.8 Capacity building of primary health care providers using evaluated courses in comprehensive adolescent health supported by PAHO/WHO and currently available on diverse e-learning platforms.³⁷
- 4.1.9 Capacity building for government officials based on the UN Convention of the Right of the Child, and other human rights instruments in United Nations and Inter-American systems using UNICEF and PAHO/WHO tools.
- 4.1.10 Develop a strategy to include the requirement of demonstrating knowledge and skills about adolescent and youth health as part of health professional's accreditation, certification and licensure examinations.

STRATEGIC AREA 5: FAMILY, COMMUNITY AND SCHOOL BASED INTERVENTIONS

Objective 5.1

In alignment with PAHO's Family and Community Health Concept Paper (to be presented at the 49th Directing Council in 2009),³⁸ develop and support adolescent and youth health promotion and prevention programs, with community-based interventions that strengthen families, include schools, and encourage participation and ownership of interventions. (Strategic objective 4, 6, and 7, and Regional expected result, 4.5, 4.6, 6.1, 6.6, and 7.2).

Indicators

- | |
|--|
| <ul style="list-style-type: none">• Number of countries that include in their National Adolescent and Youth Health Program a component to strengthen families and provide parenting skills.³⁹• Number of countries that have a National Adolescent and Youth Health Program with activities coordinated with schools and communities (Global School Health Initiative⁴⁰, Health Promoting Schools and Healthy Communities Initiatives). |
|--|

<http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

³⁷ PAHO supports distance courses in comprehensive adolescent health held through the *Universidad Católica de Chile*, the *Universidad del Estado de Río de Janeiro*, the *Universidad Autónoma de Nuevo León*, and the *Universidad de Buenos Aires*.

³⁸ Strategy will be presented to PAHO's 49th Directing Council in 2009.

³⁹ Available at: http://www.paho.org/spanish/ad/fch/ca/sa-familias_fuertes.htm.

⁴⁰ Global School Health Initiative, information available at: http://www.who.int/school_youth_health/gshi/en/.

Target

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

Activities

Interagency level

- 5.1.1 Support the development of evidence-based tools for family, community, and school interventions.
- 5.1.2 Disseminate best practices in pregnancy prevention, youth violence prevention, empowerment of adolescent girls, and male sensitization interventions, among others.
- 5.1.3 Adapt and translate to the Caribbean context PAHO's revised version of Familias Fuertes Program, and disseminate and implement with UN agencies.
- 5.1.4 Promote adolescent and youth participation in the development of policies and interventions to meet their needs.
- 5.1.5 Implement the Eco-clubs initiative and the Tunza youth strategy to protect the environment and raise conscience about climate change⁴¹ with support from UNEP.

Regional level

- 5.1.6 As part of the Family and Community Health Approach (FCHA), develop and implement evidence-based tools and programs to support member states strengthen families and their parenting skills with adolescents.⁴²
- 5.1.7 With the participation of adolescents and youth, provide technical support to countries for developing policies, plans, and programs that integrate main health issues and promote schools and communities that are favorable to their health and development.
- 5.1.8 Develop tools to promote the meaningful participation and empowerment of adolescents and youth, with emphasis on adolescent girls and their communities.
- 5.1.9 Follow up on the Mexico Declaration⁴³ with the health and education sector to develop comprehensive sex education programs and health services for adolescents and youth, and to monitor and evaluate their impact.
- 5.1.10 Promote school programs that are integrated, holistic, and strategic and that produce better health and education outcomes, through initiatives such as WHO's Global School Health Initiative.⁴⁴

⁴¹ Available at: <http://www.unep.org/Tunza/youth/>.

⁴² Familias Fuertes Program http://www.paho.org/spanish/ad/fch/ca/sa-familias_fuertes.htm.

⁴³ Available at: http://data.unaids.org/pub/BaseDocument/2008/20080801_minsterdeclaration_en.pdf.

⁴⁴ Available at: http://www.who.int/school_youth_health/gshi/en/.

Subregional level

- 5.1.11 Capacity-building workshops including IMAN community Package (*Familias Fuertes* Program, Adult-Youth partnerships, Soccer and Health, Eco-clubs).
- 5.1.12 Coordinate subregional activities with PAHO's Health Promoting Schools,⁴⁵ and Faces, Voices and Places Initiative.⁴⁶

National level

- 5.1.13 Promote intersectoral activities through strong health and education partnerships.
- 5.1.14 Prioritize and integrate efforts with Health Promoting Schools⁴⁷ and Faces, Voices, and Places⁴⁸ initiatives.
- 5.1.15 Adapt and apply tools to improve the skills of community agents and other social actors.
- 5.1.16 Develop and strengthen youth leadership programs, particularly among indigenous youth.
- 5.1.17 Promote and develop partnerships and alliances that include schools, parents, adolescents and youth, and community organizations (both from the civil society and the private sector) to help build social will and determine next steps.

STRATEGIC AREA 6: STRATEGIC ALLIANCES AND COLLABORATION WITH OTHER SECTORS

Objective 6.1

Facilitate dialogue and alliance building between strategic partners, in order to advance the adolescent and youth health agenda and to ensure that strategic partners participate in the establishment of policies and programs for this age group. (Strategic objective 4, 7 and 15, and Regional expected result 4.6, 7.2 and 15.3).

Indicator

- Number of countries that have an intersectoral strategic plan (defined as a plan which integrates at least 3 key sectors that affect adolescent health and development such as health, education, finance, environment, etc.).

Target

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

Activities

Interagency level

- 6.1.1 Establish an Interagency Task Force (UN agencies, OAS, Multilateral and Bilateral Institutions) to increase and strengthening adolescent and youth development programs

⁴⁵ Available at: <http://www.paho.org/Project.asp?SEL=TP&LNG=ENG&ID=151>.

⁴⁶ Available at: <http://www.paho.org/English/MDG/index.htm>.

⁴⁷ Available at: <http://www.paho.org/Project.asp?SEL=TP&LNG=ENG&ID=151>.

⁴⁸ Available at: <http://www.paho.org/English/MDG/index.htm>.

- and an Interagency Coordination Health Committee through a virtual community of practice.⁴⁹
- 6.1.2 Strengthen collaboration between PAHO and UNESCO to effectively implement the Mexico Declaration for improving sexual education and access to health services for adolescents and to monitor and evaluate their impact.⁵⁰

Regional level

- 6.1.3 Coordinate and participate in the Interagency Task Force to increase and strengthen adolescent and youth programs and participate in others task forces (Internal Gender Working group (IGWG), and Inter-American Coalition for the prevention of Violence (IACPV), etc.).
- 6.1.4 Share knowledge, instruments and experiences of the agencies through different mechanisms (newsletter, internet technology).
- 6.1.5 Implement the health component of the resolutions of the Ibero-American Summit of Presidents 2008,⁵¹ and other international commitments through technical cooperation for national plans of action.
- 6.1.6 Foster partnerships/alliances between the health and education sectors.
- 6.1.7 Explore new partnerships with the private sector and civil society organizations.
- 6.1.8 Establish south-to-south cooperation and share best practices and lessons learned in the Region.

Subregional level

- 6.1.9 Strengthen alliances with faith-based organizations for the promotion of joint interventions (CELAM⁵², Adventist church, others).
- 6.1.10 Strengthen alliances with partners working on adolescent sexual and reproductive health.
- 6.1.11 Support interagency collaboration initiatives (*Plan Andino de Prevención de Embarazo de Adolescentes*)⁵³ through subregional institutions such as Caribbean Community and Common Market (CARICOM), *Sistema de la Integración Centroamericana* (SICA), *Mercado del Cono Sur* (MERCOSUR), and *Comunidad Andina de Naciones* (CAN).

National level

- 6.1.12 Strengthen existent partnership between Ministry of Health, Ministry of Education, Ministry of Youth.

⁴⁹ The process began with the United Nations Interagency Meeting for the Region of the Americas: Improving Adolescent and Youth health and Development. A call for action for an integrated response to improve adolescents and youth health and development. UNICEF, UNFPA, UNAIDS, UNEP, UNIFEM, and PAHO. 20 March 2009, Panama City. Copy available upon request.

⁵⁰ Ministerial Declaration from 2008 available at:

http://data.unaids.org/pub/BaseDocument/2008/20080801_minsterdeclaration_en.pdf.

⁵¹ *Declaración de San Salvador*: <http://www.cumbresiberoamericanas.com/principal.php?p=898>.

⁵² *Consejo Episcopal Latinoamericano*. Catholic Church. www.celam.org.

⁵³ Available

<http://www.orasconhu.org/index.php?IDIOMA=SP&plantilla=contenido&ncategoria1=307>.

- 6.1.13 Identify potential partners and social actors (NGO's, youth organizations, etc.) including the private sector to join the alliance to support the implementation of an intersectoral plan.
- 6.1.14 Develop and implement an intersectoral plan of action with at least three institutions from different sectors.

STRATEGIC AREA 7: SOCIAL COMMUNICATION AND MEDIA INVOLVEMENT

Objective 7.1

Support the inclusion of social communication interventions using traditional media and innovative technologies to promote adolescent and youth health in National Adolescent and Youth Health Programs. (Strategic objective 4 and 15, Regional expected result 4.6 and 15.4).

Indicator

- Number of countries with a National Adolescent and Youth Health Program that includes a social communications strategy within the plan of action.

Target

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

Activities

Interagency level

- 7.1.1 Develop an interagency strategy and plan of action to keep pace with new technologies such as text-messaging, social networking websites and micro-blogging services and to learn from best practices from UNICEF, UNEP, UNFPA.
- 7.1.2 Assess the proportion of adolescents and youth who have access to electronic communication technologies.

Regional level

- 7.1.3 Strengthen countries capacity to use social communication techniques and new technologies to increase access to health interventions and services.
- 7.1.4 Generate evidence in the effective use of social communication, especially new technologies, and their impact on health.
- 7.1.5 Prepare guidelines for developing communication and social mobilization strategies to promote healthy behavior.
- 7.1.6 Support research on and monitoring of alcohol-marketing practices toward youth.

Subregional level

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

National level

- 7.1.8 Adapt and implement strategies for social communication, social mobilization and behavioral change.
- 7.1.9 Explore different modalities to promote healthy behaviors among adolescents.
- 7.1.10 Create social networks of adolescents and youth to promote healthy behaviors using new technologies.
- 7.1.11 Support an advisory group of adolescents and youth to inform older adults in social communication and networking tools.

Health System Infrastructure and Capability

Prioritization of activities according to the health system's capacity to respond to adolescent and youth health problems.

8. In response to the 48th Directing Council resolution (Resolution CD48.R5),⁵⁴ the Plan of Action proposes a preliminary series of technical guidelines and activities differentiated to respond to the different situations between and within countries.⁵⁵ (see Table 1).

⁵⁴ Available at: <http://www.paho.org/english/gov/cd/CD48.r5-e.pdf>.

⁵⁵ The criteria for assigning values to the scores and the point is still under construction and presented for consideration.

Table 1. Criteria for Adolescent and Youth Health Programs by Strategic Area and each Country's Health System Capacity and Readiness

STRATEGIC AREA	ADOLESCENT HEALTH PROGRAMS AND STANDARD LEVEL BY COUNTRY CATEGORY		
	Score* <30	Score* 30-79	Score* >80
	BASIC	ADVANCED	OPTIMAL
STRATEGIC INFORMATION	<ul style="list-style-type: none"> A situation analysis is available with disaggregated data on adolescent and youth health status, and social determinants, programs and policies. 	<ul style="list-style-type: none"> National level survey is carried out with a module on adolescent and youth health (including GSHS). Demographic and Health Surveys DHS include a module on adolescents and youth. 	<ul style="list-style-type: none"> The National Information System produces data disaggregated by age of adolescents and youth. Health and social determinants data is integrated into national information systems. Analyses of health status and determinants are undertaken regularly.
ENVIRONMENTS THAT ENABLE ADOLESCENTS AND YOUTH HEALTH	<ul style="list-style-type: none"> Health policies on adolescent and youth health are formulated, and policies. 	<ul style="list-style-type: none"> Legal and policy environment are reviewed in line with CRC and other international human rights instruments. 	<ul style="list-style-type: none"> Evaluation of adolescent and youth health policies and programmes carried out.
HEALTH SERVICES	<ul style="list-style-type: none"> Models of care for adolescent and youth are integrated within the health system including a basic package of interventions. 	<ul style="list-style-type: none"> Quality services for adolescents and youth are defined and have been successfully integrated at PHC level. 	<ul style="list-style-type: none"> A package of services for adolescents and youth is integrated and financed at the primary care level with national universal coverage.
HUMAN RESOURCES	<ul style="list-style-type: none"> A critical mass of professionals trained in adolescent and youth health is available. 	<ul style="list-style-type: none"> Training courses on adolescent and youth health are developed at the nation level. 	<ul style="list-style-type: none"> Adolescent and youth health is integrated in the curricula of health science in the universities.
FAMILY AND COMMUNITY	<ul style="list-style-type: none"> Family and community interventions are available in some areas. 	<ul style="list-style-type: none"> Family interventions for parenting skills integrated into PHC. Community interventions within schools develop through Health and Education National Commission. 	<ul style="list-style-type: none"> National coverage of family and community interventions financed.
ALLIANCES	<ul style="list-style-type: none"> Joint existent efforts to strengthening health of adolescent and youth. 	<ul style="list-style-type: none"> An intersectoral strategic plan developed. 	<ul style="list-style-type: none"> National Advisory Committee established and an inter-sectoral plan of action implemented at the national level with evaluation.

STRATEGIC AREA	ADOLESCENT HEALTH PROGRAMS AND STANDARD LEVEL BY COUNTRY CATEGORY		
	Score* <30	Score* 30-79	Score* >80
	BASIC	ADVANCED	OPTIMAL
SOCIAL COMMUNICATION	<ul style="list-style-type: none"> A social communication component has been integrated into existent plans targeting adolescents. 	<ul style="list-style-type: none"> A social communication integrated plan is developed at the national and local levels. 	<ul style="list-style-type: none"> Social communication plan of action using new technologies evaluated.

* Score of adolescent health program based on RER 4.6 under the following criteria:

Person in charge**	20 points
Plan of Action	30 points
Budget assigned	30 points
Technical guidelines	20 points
Total	100 points

** A person in charge is someone assigned exclusively to manage an adolescent and youth health program. A responsible officer is a person that shares responsibilities with other programs. (In countries with less than 100.000 habitants, a responsible officer will be equivalent to a person in charge).

Critical Health Goals for Adolescent and Youth

9. By the conclusion of the development process for the Regional Strategy for Improving Adolescent and Youth Health, a series of impact indicators were identified as important for measuring improvement in adolescent and youth health. (See Annex C of the Strategy).⁵⁶ Critical health goals have been developed based on these indicators considering the following criteria: they represented critical health outcomes or contributing behaviors for adolescents and youth in the Region, and national-level data were either available to measure them or soon would be.⁵⁷

⁵⁶ Available at: <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>.

⁵⁷ Datasets for sections showing TBD are currently under construction

Table 2. Critical Health Goals for Adolescent and Youth

Goal 1: Reduce adolescent and youth mortality		Baseline 2008*	Target 2018
1.1	Reduce the death rate of adolescents and youth (10–24-year-olds), (PAHO/HA) ⁵⁸	172,569/rate under construction	TBD
Goal 2: Reduce unintentional injuries			
2.1	Reduce the death rate caused by road traffic injuries among men (15–24-year-olds), ⁵⁹ (PAHO/HA)	23,264/rate under construction	TBD
Goal 3: Reduce Violence			
3.1	Reduce suicide rate, (10–24-year-olds), (PAHO/HA)	12,077/rate under construction	TBD
3.2	Reduce homicides rate among men (15–24-year-olds), (PAHO/HA)	36,541/rate under construction	TBD
Goal 4: Reduce substance use and promote mental health			
4.1	Reduce the percentage of adolescents between the ages of 13–5 that have consumed one or more alcoholic beverage during the last 30 days (GHS)**	36%	20%
4.2	Reduce past-month use of illicit substances (13–15-year-olds) (GHS)**	10%	5%
4.3	Reduce tobacco use among adolescents (15–24-year-olds) (GHS)**	10%	5%
Goal 5: Ensure sexual and reproductive health			
5.1	Reduce the percentage of birth by age group of mothers (15–19-year-olds) (UNPD/PAHO) ⁶⁰	17.5%	15%
5.2	Increase the percentage of condom use during last high-risk sex (15–24-year-olds) (UNGASS)	TBD	TBD
5.3	Increase contraceptive prevalence among adolescents (15–24-year-olds) (DHS)	TBD	TBD
5.4	Reduce prevalence of HIV-infected pregnant women (15–24-year-olds) (UNGASS)	TBD	TBD
5.5	Reduce the estimated number of adolescents and youth (15–24-year-olds) living with HIV (UNAIDS)	Latin America 0.2% Caribbean 0.4%	0.15% 0.35%
5.6	Reduce specific fertility rate of adolescents (15–19-year-olds) (defined as the annual number of live births per 1,000 females aged 15–19) (UNDP/PAHO)	75.6/1,000	64/1,000

⁵⁸ Health Information and Analysis Project (HA), PAHO.

⁵⁹ International classification of diseases (ICD) (V01-V99).

⁶⁰ World Population Prospects: The 2008 revision. United Nations Population Division. Available at: <http://esa.un.org/unpp/index.asp?panel=2>.

Table 2. Critical Health Goals for Adolescent and Youth (cont.)

Goal 6: Promote Nutrition and Physical Activity			
6.1	Reduce the proportion of obese or overweight adolescents (13–15-year-olds) (national nutrition statistics)	TBD	TBD
6.2	Increase the proportion of adolescents who engage in physical activity (13–15-year-olds) (GHS)**	13%	30%
6.3	Decrease prevalence of anemia in adolescent women (10–19-year-olds) (PAHO) ⁶¹	25%-30%	15%-10%
Goal 7: Combat Chronic Diseases			
7.1	Reduce the rate of decayed/missing/filled teeth (DMFT) for 12-year-old adolescents (PAHO/THR) ⁶²	5.5	3.5
7.2	Increase coverage of tetanus and diphtheria vaccine (DT) (10–19-year-olds) (PAHO/IM) ⁶³	75%	95%
Goal 8: Promote protective factors			
8.1	Increase parents knowledge of adolescent activities (GHS)*	67%	90%

* Or latest available data.

** Global School Health Surveys (10 countries) adolescents between 13 and 15 years old.⁶⁴

⁶¹ Anemia among adolescent girls (10-19) in Latin America and the Caribbean. PAHO Estimates. Lutter, C. and Chaparro, C. (2008).

⁶² PAHO. Technology, Health Care and Research Area, Specialized Program and Health of Vulnerable Populations.

⁶³ PAHO. Family and Community Health. Immunization Project.

⁶⁴ Global School Health Survey Initiative available at <http://www.who.int/chp/gshs/methodology/en/index.html>.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
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CD49/12 (Eng.)
Annex B

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS

1. Agenda item: 4.8. Plan of Action on Adolescent and Youth Health.

2. Responsible unit: FCH

3. Preparing officer: Collaborative effort of PAHO/WHO Working Group, UN Agencies, international experts, and other partners.

4. List of collaborating centers and national institutions linked to this Agenda item:

- Ministries of health, Education, Youth, and Social Affairs at the country level
 - Advocates for Youth, USA
 - Associação Brasileira de Adolescência (ASBRA), Brazil
 - Centers for Disease Control and Prevention (CDC), USA
 - Centro de Medicina Reproductiva y Desarrollo Integral del Adolescente CEMERA, Chile
 - Children's National Medical Center, Washington DC, USA
 - Canadian International Development Agency (CIDA)
 - Confederación de Adolescencia y Juventud de Iberoamérica y El Caribe (CODAJIC)
 - Corporation for the Development and Peace of South-Western Colombia (VALLENPAZ)
 - Georgetown University Hospital, USA
 - The Alan Guttmacher Institute, USA
 - Health Canada
 - Instituto de Nutrición y Tecnología de los Alimentos (INTA) Universidad de Chile
 - International Youth Foundation, USA
 - IPAS, Chapel Hill, NC
 - Johns Hopkins Bloomberg School of Public Health, USA
 - Millennium Villages Project (MVP), USA
 - National Institutes of Health (NIH), USA
 - Pathfinder International, USA
 - Pontificia Universidad Católica de Chile
 - Instituto Promundo, Brazil
 - Public Health Agency of Canada
 - Society of Adolescent Health of Canada and the USA
 - Sexuality Information and Education Council of the United States (SIECUS), USA
 - The Centre for Health and Social Development (HeSo), Norway
 - The George Washington University Medical Center, USA
 - Universidad Autónoma de Nuevo León (UANL), México
 - Universidade do Estado do Rio de Janeiro, Brazil
 - University of Maryland School of Medicine, USA
 - United States Agency for International Development (USAID)

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

Agenda Item 4.8 is linked to the principles and values (paragraphs 8-12 copied below) and the Areas of Action described in the Health Agenda of the Americas.

Principles and Values:

8. Acknowledging that the Region is heterogeneous, and that our nations and their populations have different needs and sociocultural approaches to improving health, this Agenda respects and adheres to the following principles and values found in the Health Agenda of the Americas:

- a. *Human rights, universality, access, and inclusion.* The constitution of the World Health Organization states that: “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition...”. In order to make this right a reality, the countries should work toward achieving universality, access, integrity, quality and inclusion in health systems that are available for individuals, families, and communities. Health systems should be accountable to citizens for the achievement of these conditions.
- b. *Pan American solidarity.* Solidarity, defined as collaboration among the countries of the Americas to advance shared interests and responsibilities in order to attain common targets, is an essential condition to overcome the inequities with regard to health and to enhance Pan American health security during crises, emergencies, and disasters.
- c. *Equity in health.* The search for equity in health is manifested in the effort to eliminate all health inequalities that are avoidable, unjust, and remediable among populations or groups. This search should emphasize the essential need for promoting gender equity in health.
- d. *Social participation.* The opportunity for all of society to participate in defining and carrying out public health policies and assessing their outcomes is an essential factor in the implementation and success of the Health Agenda.

Areas of Action:

Strengthening the National Health Authority

Tackling Health Determinants

Increasing Social Protection and Access to Quality Health Services

Diminishing Health Inequalities among Countries and Inequities within them

Reducing the Risk and Burden of Disease

Strengthening the Management and Development of Health Workers

Harnessing Knowledge, Science, and Technology

6. Link between Agenda item and Strategic Plan 2008-2012:

The Plan of Action is directly linked with Strategic Objective 4: “To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals. More specifically this Plan of Action will contribute to Regional Expected Result 4.6 “Member States supported through technical cooperation for the implementation of policies and strategies on

adolescent health and development". The Plan of Action is also linked to the following Strategic Objectives (SO) and Regional Expected Results (RER)¹: SO: 2, 3, 4, 6, 7, 9, 10, 11, 13, 15. RER: 2.2, 3.2, 3.3, 4.1, 4.2, 4.6, 6.1, 6.4, 6.5, 6.6, 7.2, 7.3, 7.4, 7.5, 7.6, 9.3, 10.1, 10.4, 11.1, 11.2, 13.1, 13.4, 15.3, 15.4.

7. Best practices in this area and examples from countries within the Region of the Americas:

Brazil has improved the strategic information system using new technologies and disaggregating information by age. *Sistema Unico de Saúde* (SUS) has expanded access to health services to adolescent and youth.

Costa Rica has a tradition of national adolescent health programs with an integrated approach with good outcomes and coverage with quality information.

Canada applies determinants of health as a framework with emphasis in promotion & prevention, focusing efforts guided by an excellent strategic information system that uses new technologies.

El Salvador has developed a National Adolescent Health Program with human and financial resources allocated from the National budget and is in the process of integrating HIV and sexual and reproductive health services for adolescents.

8. Financial implications of this Agenda item:

This Plan of Action cannot be addressed by PAHO alone in terms of proposed interventions and budgetary implications; therefore, collaboration with UN agencies and other key stakeholders at the Regional, Subregional and National level is essential.

The estimated cost of implementation of the Plan of Action, integrating all levels (interagency, regional, subregional, national and local) is US\$ 12,000,000.00 per year. This includes maintaining current staff, hiring additional staff, and implementing interprogramatic activities at all levels.

The Newborn, Children and Youth Health Project, of the Area of Family and Community Health will have to mobilize additional resources to move its current annual budget of 1 million USD to 4 millions. To increase the budget, resource mobilization is also needed in other related technical areas and projects of PAHO.²

¹ PAHO Strategic Plan 2008-2012, including Regional Expected Results (RER) is available at: http://intranet.paho.org/DPM/PPS/0_OD_328_post-PASC_strat_Plan_eng_0908.pdf: HIV/AIDS. SO3, Chronic diseases, mental health, violence, road safety. SO4: Maternal, Child, Adolescent and Sexual & Reproductive Health. SO6 healthy lifestyles, sexual health, alcohol, drugs, tobacco, unhealthy diets and physical activity. SO7 gender, human rights, social determinants. SO10, health services and primary health care. SO11 Health Systems, SO13 human resources, SO15, communication.

² Technology, Health Care & Research (THR)/Legal Affairs (LEG), Sustainable Development and Environmental Health (SDE), Emergency Preparedness and Disaster Relief (PED), Health Surveillance and Disease Management (HDM), Gender, Ethnicity and Health (GE), Public Information (PIN), Health Systems Strengthening (HSS)



PAN AMERICAN HEALTH ORGANIZATION
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49th DIRECTING COUNCIL **61st SESSION OF THE REGIONAL COMMITTEE**

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

CD49/12 (Eng.)
Annex C
ORIGINAL: ENGLISH

PROPOSED RESOLUTION

PLAN OF ACTION ON ADOLESCENT AND YOUTH HEALTH

THE 49th DIRECTING COUNCIL,

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

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

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

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

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

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

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

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

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

RESOLVES:

1. To endorse the Plan of Action on Adolescent and Youth Health to effectively and efficiently respond to current and emerging needs in adolescent and youth health with specific consideration of prevailing inequalities in health status, and to strengthen the health system response to develop and implement policies, laws, plans, programs, and services for adolescents and youth.
2. To urge Member States to:
 - (a) prioritize the improvement of adolescent and youth health and the reduction of risk factors, by establishing and/or strengthening national programs and ensuring the appropriate resources, and by improving coordination within the health sector and with partners in other sectors to ensure that actions and initiatives in adolescent and youth health and development are implemented, minimizing duplication of efforts and maximizing the impact of limited resources;

- (b) develop and implement national plans and promote the implementation of public policies guided by the Plan of Action, focusing on the needs of low-income and vulnerable populations;
- (c) coordinate with other countries in the Region implementation of the activities contained in their plans of action and the dissemination and use of tools that promote adolescent and youth health;
- (d) implement the Plan of Action, as appropriate, within an integrated health system approach based on primary health care, emphasizing intersectoral action and monitoring and evaluating program effectiveness and resource allocations;
- (e) promote the collection and use of data on adolescent and youth health disaggregated by age, sex and ethnicity and the use of a gender-based analysis, new technologies (e.g. geographical information systems) and projection models to strengthen the planning, delivery, and monitoring of national plans, policies, programs, laws and interventions related to adolescent and youth health;
- (f) promote and establish enabling environments that foster adolescent and youth health and development;
- (g) scale up the coverage of and access to quality health services—including promotion, prevention, effective treatment, and ongoing care—to increase their demand and utilization by adolescents and youth;
- (h) support capacity building for policymakers, program managers, and health care providers to develop policies and programs that aim to promote community development and provide effective quality health services, addressing the health needs of adolescents and youth and their related determinants of health;
- (i) engage adolescents and youth, their families, communities, schools, and other appropriate institutions and organizations in the provision of culturally sensitive and age-appropriate promotion and prevention programs as part of the comprehensive approach to improving the health and well-being of adolescents and youth;
- (j) establish partnerships with the media to promote positive images of adolescents and youth which promote appropriate behaviors and commitment to health issues;
and

- (k) promote the collection, use, and sharing of data on adolescent and youth health to strengthen the local and Regional planning, delivery, and monitoring of national plans, programs, and public health interventions related to adolescent and youth health.
3. To request the Director to:
- (a) establish a time-limited technical advisory group to provide guidance on topics pertinent to adolescent and youth health and development;
 - (b) encourage coordination and implementation of the Plan of Action through the integration of actions by PAHO programmatic areas in the national, subregional, regional, and interagency levels;
 - (c) work with the Member States in implementing the Plan of Action according to their own national context and priorities and promote the dissemination and use of the products derived from it at the national, subregional, regional and interagency levels;
 - (d) encourage the development of collaborative research initiatives that can provide the evidence base needed to establish and deliver effective and developmentally and age appropriate programs and interventions for adolescents and youth;
 - (e) develop new or strengthen existing partnerships within the international community to identify the human resources, technology, and financial needs to guarantee the implementation of the Plan of Action;
 - (f) encourage technical cooperation among countries, subregions, international and regional organizations, government entities, private organizations, universities, media, civil society, youth organizations, faith-based organizations, and communities, in activities that promote adolescent and youth health;
 - (g) encourage coordination of the Plan of Action through similar initiatives by other international technical cooperation and financing agencies to improve and advocate for adolescent and youth health in the countries; and
 - (h) periodically report to the PAHO Governing Bodies on the progress and constraints evaluated during implementation of the Plan of Action, and consider the adaptation of this Plan to respond to changing contexts and new challenges in the Region.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
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CD49/12 (Eng.)
Annex D

**Report on the Financial and Administrative Implications for the
Secretariat of the Resolution Proposed for Adoption**

1. Agenda item: 4.8. Plan of Action on Adolescent and Youth Health.

2. Linkage to Program Budget 2008-2009:

(a) Area of work:

SO2 To combat HIV/AIDS, tuberculosis and malaria

(b) Expected result:

RER 2.1 Member States supported through technical cooperation for the prevention of, and treatment, support and care for patients with HIV/AIDS, tuberculosis and malaria, including innovative approaches for increasing coverage of the interventions among poor people, hard-to-reach and vulnerable populations.

RER 2.2 Member States supported through technical cooperation to develop and expand gender-sensitive policies and plans for HIV/AIDS, malaria and TB prevention, support, treatment and care.

SO3 To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries

RER 3.1 Member States supported through technical cooperation to increase political, financial and technical commitment to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.

RER 3.2 Member States supported through technical cooperation for the development and implementation of policies, strategies and regulations regarding chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.

RER 3.3 Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries and disabilities.

<p><u>SO4</u> To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals</p> <p>RER 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).</p> <p>RER 4.2 Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.</p> <p>RER 4.6 Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.</p>
<p><u>SO6</u> To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions</p> <p>RER 6.1 Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.</p> <p>RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.</p> <p>RER 6.6 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for promoting safer sex.</p>
<p><u>SO7</u> To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches</p> <p>RER 7.1 Significance of determinants of health and social policies recognized throughout the Organization and incorporated into normative work and technical cooperation with Member States and other partners.</p> <p>RER 7.4 Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional and global levels.</p> <p>RER 7.5 Gender and ethnicity analysis and responsive actions incorporated into PAHO/WHO's normative work and Member States supported through technical cooperation for the formulation of gender and ethnic-sensitive policies and programs.</p>

<p><u>SO10</u> To improve the organization, management and delivery of health services.</p> <p>RER 10.1 Member States supported through technical cooperation for equitable access to quality health care services, with special emphasis on vulnerable population groups.</p>
<p>3. Financial implications</p> <p>(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):</p> <p>This Plan of Action cannot be addressed by PAHO alone in terms of proposed interventions and budgetary implications; therefore, collaboration with UN agencies and other key stakeholders at the Regional, Subregional and National level is essential.</p> <p>The estimated cost of implementation of the Plan of Action is US\$ 12,000,000.00 per year. This includes maintaining current staff, hiring additional staff, and implementing activities at the Regional, Subregional and National levels.</p> <p>The New Born, Children and Youth Health Project, of the Area of Family and Community Health will have to mobilize resources to move its current annual budget of 1 million USD to 4 millions. To increase de budget, resource mobilization is also needed in the related technical areas and projects of PAHO.¹</p> <p>(b) Estimated cost for the biennium 2008-2009 (estimated to the nearest US\$ 10,000, including staff and activities): US\$ 12,000,000 per year.</p> <p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? US\$ 8,000,000 can be subsumed under existing proposed activities (2009).</p>
<p>4. Administrative implications</p> <p>(a) Indicate the levels of the Organization at which the work will be undertaken:</p> <p>The work will be undertaken at the country level, focusing on priority and impact countries. The Caribbean, Central American, and Andean subregions will be prioritized specifically according to the following topics and in accordance with the epidemiological profiles: sexual and reproductive health, violence prevention, NCD prevention, and substance abuse.</p>

¹ Technology, Health Care & Research (THR)/Legal Affairs (LEG), Sustainable Development and Environmental Health (SDE), Emergency Preparedness and Disaster Relief (PED), Health Surveillance and Disease Management (HDM), Gender, Ethnicity and Health (GE), Public Information (PIN), Health Systems Strengthening (HSS)

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

Current staff:

Senior Advisor – US\$ 160,000 / year

Secretary – US\$ 60,000 / year

Four National professionals: (Honduras, Nicaragua, Guatemala, El Salvador)
US\$ 120,000 / year

Additional staffing requirements:

Four subregional coordinators – US\$ 200,000 / year

National level:

Four national professionals in priority country and high-impact countries (Haiti, Bolivia, Guyana, Northern Brazil) – US\$ 120,000/ year

Total staffing cost per year: US\$ 660,000

(c) Time frames (indicate broad time frames for the implementation and evaluation):

2009: Approval of the Plan of Action

2010-2015: Implementation of the Plan in phases

Phase 1 (2010-2012): 5 countries implement, monitor and evaluate the Plan of Action to generate lessons learned

Phase 2 (2012-2014): 15 countries go to scale with the Plan of Action

Mid-term evaluation

Phase 3 (2014-2016): 15 countries go to scale with the Plan of Action

Phase 4 (2016-2018): 4 countries go to scale, emphasis placed on evaluation of implementation in all countries

2018 Final Evaluation of the Strategy and of the Plan of Action on Adolescent and Youth Health.

GLOSSARY

1. Adolescents: individuals between the ages of 10 and 19 years old
2. AHIS: Adolescent Health Information System
3. AIDS: Acquired immune deficiency syndrome
4. AMPES: American Region Planning and Evaluation System
5. CAN: Andean Community of Nations
6. CARICOM: Caribbean Community and Common Market
7. CELAM: Latin American Episcopal Council of the Catholic Church
8. CICAD: Inter-American Drug Abuse Control Commission
9. CLAP: Latin American Center for Perinatology and Human Development
10. COMISCA: Council of Central American Ministers of Health
11. CRC: Convention on the Rights of the Child
12. CVSP: The Virtual Campus of Public Health
13. DALYS: Disability Adjusted Life Years
14. DHS: National demographics and health surveys
15. DMFT: Reduce the rate of decayed/missing/filled teeth
16. DT: Tetanus and diphtheria vaccine
17. ECLAC: Economic Commission for Latin America and the Caribbean
18. FCHA: Family and Community Health Approach
19. GMS: Global monitoring system
20. GSHS: Global School Health Survey
21. HA: Health Information and Analysis Project, Area of Health Surveillance and Disease Management, Pan American Health Organization
22. High impact countries for PAHO's adolescent and youth interventions according to highest population density: Argentina, Brazil, Colombia, Mexico, Peru, and Venezuela
23. HIV: Human Immunodeficiency Virus
24. HMN: Health Metrics Network
25. HPV: Human Papillomavirus Vaccine
26. IACPV: Inter-American Coalition for the prevention of Violence
27. ICD: International classification of diseases
28. IGWG: Internal Gender Working group
29. IMAN: Integrated Management of Adolescent Needs
30. MDG: Millennium development goals
31. MERCOSUR: South American Common Market
32. OAS: Organization of American States
33. OP: Orientation Modules
34. PARLATINO: Latin American Parliament
35. PHC: Primary Health Care
36. Priority countries for PAHO's technical cooperation: Bolivia, Guyana, Haiti, Honduras, and Nicaragua

37. RESSCAD: Meeting of the Health Sector for Central America and the Dominican Republic
38. SICA: Central American Integration System
39. THR: Area of Technology and Health Research
40. UNAIDS: United Nations Joint Programme on HIV/AIDS
41. UNDP: United Nations Development Programme
42. UNEP: United Nations Environment Program
43. UNFPA: United Nations Population Fund
44. UNGASS: United Nations general assembly special session
45. UNICEF: United Nations Children's Fund
46. UNIFEM: United Nations Development Fund for Women
47. Youth: individuals between the age 15 to 24 years old

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