

The Global Strategy for Women's, Children's and Adolescent Health 2.0



Realizing the health and wellbeing of adolescents¹

Abstract

The inclusion of adolescent health in the Global Strategy of the UN Secretary General on Women's and Children's Health represents an unprecedented opportunity to increase efforts to ensure that every adolescent has the knowledge, skills, and opportunities for a healthy and productive life, and enjoyment of all human rights. While many aspects of adolescent health are important, the priority of the Every Woman Every Child (EWEC) Global Strategy needs to lie on giving adolescents voice, choice and control over their own bodies.

Although adolescents are in general a healthy population group, they have specific needs and pose different challenges for the health-care system than adults or children, due to their rapid biological, emotional and social development. Adolescents are diverse and not all face the same risks, constraints, and deprivations. Ensuring their healthy development requires making the health services and system work for adolescents - but also addressing risk factors in the social environment and focusing on factors that are protective across various health outcomes including the enabling legal and policy environment.

This paper suggests that in order to realize the health and wellbeing of adolescents, countries will need to adopt holistic health policies for adolescents and include programs to educate them about, and help them build judgment and skills for preventing injuries, violence and self-harm, good sexual and reproductive health outcomes, preventing non-communicable diseases (NCDs), and other pivotal aspects of physical and mental health and development. A global, participatory movement to improve the health of the world's adolescents is needed as part of a broader agenda to improve the well-being and uphold the rights of adolescents everywhere. The EWEC Global Strategy presents such a unified platform that allows countries to come together and pursue a contextually-relevant yet common adolescent health agenda.

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1. Background and Introduction

As the world community debates the framework for a transformational development agenda, there is an increasing consensus that investing intensively in adolescents' health and development is key for improving their survival and wellbeing and critical for the success of the post 2015 development agenda².

The inclusion of adolescent health in the **Global Strategy of the Secretary General on Women's and Children's Health**, represents an unprecedented opportunity to place adolescent girls and boys in the political map beyond 2015. Ensuring that **every adolescent has the knowledge, skills, and opportunities for a healthy, productive life and enjoyment of all human rights** is essential for achieving improved health, social justice, gender equality and other development goals.

Adolescence is a critical life stage characterized by rapid biological, emotional and social development, and during which every person develops the capabilities required for a productive, healthy and satisfying life.

To facilitate a healthy transition from adolescence into adulthood, two key interventions are vitally important: 1) Health Education, including comprehensive sexuality education³ with a focus on gender equality and human rights and 2) Access to health services, including sexual and reproductive health.

This paper⁴ argues that, while many aspects of adolescent health are important to address, the priority of the Every Woman Every Child Global Strategy needs to be on giving adolescents **voice, choice and control over their own bodies** enabling them to develop the capabilities required for a productive, healthy and satisfying life. The paper further calls for a global, participatory movement to improve the health of the world's adolescents as part of a broader agenda to improve the well-being and uphold the rights of adolescents everywhere.

2. Problem: Health challenges faced by adolescents today

While adolescents are in general a healthy population group, this period poses major challenges to health and development⁵. Indeed adolescents have benefited less than younger children from the

Investing in adolescents:

- Saves lives and reduces ill-health.
- Provides catalytic input at a critical stage of life laying the ground work for healthy behaviors
- Enables the realization of human rights and gender equality
- Stimulates economic growth, improves well being and reduces poverty for countries that have yet to benefit from the demographic dividend by, among other things, building human capital.

² Global Investment Framework (GIF, Lancet 2014) and the High Level Taskforce on Innovative Financing (2009).

³ UNFPA defines "comprehensive sexuality education" as a right-based and gender-focused approach to sexuality education, whether in school or out of school. CSE aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development.

⁴ This paper was developed as a result of a consultative process that included several meetings with experts from Governments, civil society organizations, UN agencies (including H4+ partners), donors, academics and other researchers, private sector organizations and young people

⁵ <http://www.who.int/mediacentre/factsheets/fs345/en/>

'epidemiological transition' that has reduced all causes of mortality among children⁶. In 2012, an estimated 1.3 million adolescents died mostly from preventable or treatable causes⁷ displaying wide regional differences⁸.

The following section delineates the major health problems⁹ that the Global Strategy will have to consider when addressing the health of adolescents especially among those sub populations likely to be most vulnerable.

Injuries and violence. Unintentional injuries are a leading cause of mortality and morbidity during the second decade of life. Road traffic injuries are the top cause of death among adolescents with some 330 adolescents dying every day. It has been estimated that 180 adolescents die every day as a result of interpersonal violence¹⁰.

At least one in four adolescent boys aged 15 to 19 said they experienced physical violence since age 15¹¹. Worldwide, up to 50 % of sexual assaults are committed against girls under 16 and some 30% of girls aged 15 to 19 experience violence by a partner.¹²

Mental Health and self-harm. While half of all mental health disorders in adulthood start by age 14, most cases appear to be undetected and untreated. Depression is the top cause of illness and disability among adolescents and suicide is the leading cause of death among adolescent girls aged 15-19 and third cause of death among all adolescents 10-19 globally¹³.

Communicable and non-communicable diseases. Although childhood immunization brought down adolescent deaths and disability significantly¹⁴, common infectious diseases that have been a focus for action in young children are still killing adolescents. For example, diarrhoea and lower respiratory tract infections are estimated to rank second and fourth among causes of death in 10 to 14-year-olds globally.

The health-related behaviours that underlie the major non-communicable diseases usually start during adolescence: tobacco and alcohol use, diet and exercise patterns, overweight and obesity. These habits could impact the morbidity and mortality prospects of adolescents later in their adult lives. Anaemia, resulting from a lack of iron, affects girls and boys and is the third cause of years lost to death and disability¹⁵.

⁶Viner RM et al 50-year mortality trends in children and young people: a study of 50 low-income, middle income and high-income countries *The Lancet*, Published online March 29, 2011 DOI:10.1016/S0140-6736(11)60 - Analysis of the changes in mortality from data for 50 countries showed that while childhood mortality has declined by more than 80% in the past 50 years, adolescent mortality has only marginally improved

⁷ World Health Organization, *Health for the World's Adolescents*, 2014

⁸ "In high income countries, most deaths in young people occurred in the 20-24 year age band with a substantial male predominance. In low-to-middle income countries, reasons for the rise in mortality between early adolescence and young adulthood varied between regions and sexes. In Africa and South-East Asia maternal deaths accounted for a major portion of the female rise in mortality with age, with further contributions from HIV/AIDS, TB and injury." Patton et al 2009, *Global patterns of mortality in young people: a systematic analysis of population health data*, *The Lancet*, September 2009 (p881–892)

⁹ WHO, *Adolescents: health risks and solutions*, Fact sheet N°345, Updated May 2014

¹⁰World Health Organization, *Adolescents: health risks and solutions*, Fact sheet N°345, Updated May 2014

¹¹ UNICEF, *Hidden in Plain Sight*, 2014

¹² World Health Organization, *Health for the World's Adolescents*, 2014

¹³ World Health Organization, *Health for the World's Adolescents*, 2014

¹⁴ Mortality and disability from measles have fallen markedly—by 90% in the African Region between 2000 and 2012. (World Health Organization, *Health for the World's Adolescents*, 2014)

¹⁵ World Health Organization, *Health for the World's Adolescents*, 2014

Maternal mortality and morbidity. In low and middle-income countries high adolescent birth rates reflects both lack of opportunities available to girls and vulnerabilities they experience during adolescence and beyond. Every day in developing countries, 20,000 girls under age 18 give birth. Girls under 15 account for 2 million of the annual total of 7.3 million new adolescent mothers; if current trends continue, the number of birth to girls under 15 could rise to 3 million a year in 2030.¹⁶

Pregnancy, often unintended, puts adolescents at risk of death and injury-including conditions such as obstetric fistula. Indeed, maternal mortality is the second leading cause of death amongst adolescent girls aged 15-19 years¹⁷. Around 11 per cent of all births worldwide, or an estimated 16 million, are to girls aged 15–19^{18 19}, and the very young mothers are the most likely to experience complications and die of pregnancy related causes²⁰. Adolescent girls have high rates of complications from pregnancy, delivery and unsafe abortion. The consequences have implications for future generations, as newborns and infants of adolescent mothers are at higher risk of low birth weight and mortality²¹. Gaps and shortfalls in the fulfillment of sexual and reproductive health undermine the achievement of gender equality, drain household incomes and public budgets, lead to poor health and educational outcomes, lower productivity and labour force participation, and result in missed opportunities for economic growth²²

HIV-AIDS. In 2013, an estimated 2.1 million adolescents between the ages of 10 and 19 years were living with HIV. In 2014 HIV/AIDS was estimated to be the second leading cause of death globally and the second leading cause of death among adolescents in Africa.²³ In fact, adolescents are the only population group among whom AIDS related deaths are not declining.²⁴

Social and economic determinants of adolescent health and well-being.

Numerous factors protect or undermine the health of adolescents. Economic (poverty social (gender inequality), biological (e.g. prevalence of malaria, water-borne helminths or HIV) and physical, environmental (e.g. road conditions, housing and pollution) legal and policy related , factors have the potential to modify adolescents' trajectories towards health and wellbeing by affecting the initiation of health-compromising behaviours and by exposing them to risks with both immediate and long-term effects. An understanding of the key determinants of adolescent health is important both to identify those adolescents who are vulnerable and to facilitate the involvement of non-health sectors.

One of the strongest determinants of adolescent health is quality education:

¹⁶ UNFPA, 2013 State of the World Population : Motherhood in Childhood

¹⁷ World Health Organization, Health for the World's Adolescents, 2014

¹⁸ Committee on the Rights of the child 33rd session: General Comment No. 4 (2003) CRC/GC/2003/4

¹⁹ World Health Organization, WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries, WHO, Geneva, 2011, pp. ix, 130

²⁰ World Health Organization, '10 Facts on Adolescent Health', Slide 3, WHO, Geneva, 2008, <www.who.int/features/factfiles/adolescent_health/facts/en/index2.html>, accessed 12 February 2012.

²¹ UNFPA, Population Dynamics in the Least Developed Countries: Challenges and Opportunities for Development and Poverty Reduction

²² <http://icpdtaskforce.org/wp-content/uploads/2015/01/FinancingBriefSmartInvestments2015.pdf>

²³ WHO, Health for the world's adolescents: a second chance in the second decade. 2014 (available online from www.who.int/adolescent/second-decade, accessed 5 February 2015).

²⁴ UNICEF, Children and AIDS: Sixth Stocktaking Report 2013.

A good education gives young people the skills and knowledge that will enable them to mitigate health risks and exercise their rights. The longer a girl stays in school, the greater the chances that she uses modern contraception if she does have sex, and the lower her chances of giving birth as an adolescent²⁵

Early marriage and early adolescent pregnancy is denial of the rights and health of adolescent girls. To date, there are 51 countries that have early marriage prevalence of more than 25 percent. Early marriage is a direct determinant of adolescent pregnancy: nine out of ten adolescent births take place in the context of early marriage.

Access to healthcare for adolescents is also influenced by socio-political factors. Currently, few countries systematically facilitate adolescents' access to health services effectively. In some countries, governments restrict access to services, especially to sexual and reproductive health services for non-married adolescents by requiring the consent of parents. In the case of married adolescents the consent of husbands is generally necessary. Stigma, discrimination, judgmental treatment, lack of confidentiality, and inability to physically access services pose significant barriers too.²⁶

Ensuring and improving healthy development of adolescents "requires *improving young people's daily life with families and in schools, addressing risk and protective factors in the social environment at a population level, and focusing on factors that are protective across various health outcomes*"²⁷.

3. Response: effectively protecting and promoting the health of adolescents

In the last 20 years, governments and the international community have made clear commitments in the interest of adolescents and their health. Moreover, priorities for promoting and protecting adolescent health have been the topic of numerous efforts and publications^{28 29 30 31 32 33 34 35 36} and evidence shows that positive health outcomes for adolescents are a function of both interventions by the health sector itself as well as by other sectors which are able to address both the risks and protective factors. The Global Strategy should strive to 1) reduce adolescent deaths, 2) reduce adolescent morbidity, and 3) increase supportive laws and policies for positive adolescent development. Key interventions need to span from the health sector to social determinants of health, to other actors such as parents and create an enabling legal and policy environment.

3.1. Priority health interventions for adolescents

²⁵ UNFPA, 2014 State of the World Population :The Power of 1.8 billion : Adolescents, Youth and the transformation of the future.

²⁶ IPPF and CORAM 2014: Over-protected and under-served A multi-country study on legal barriers to young people's access to sexual and reproductive health service

²⁷ 2012 : Adolescence and the social determinants of health Prof Russell M Viner, PhD correspondence email, Elizabeth M Ozer, PhD, Simon Denny, PhD, Prof Michael Marmot, PhD, Prof Michael Resnick, PhD, Adesegun Fatusi, PhD, Prof Candace Currie, PhD, The Lancet 25 April 2012

²⁸ 2012 UN Commission on Population and Development

²⁹ 2014 WHO Health for the world's adolescents

³⁰ 2011 WHO Guidance on Preventing Early Pregnancy and Poor Reproductive Health Outcomes among Adolescents in Developing Countries

³¹ 2011 UNICEF State of the World's Children

³² UNAIDS CrowdOutAIDS

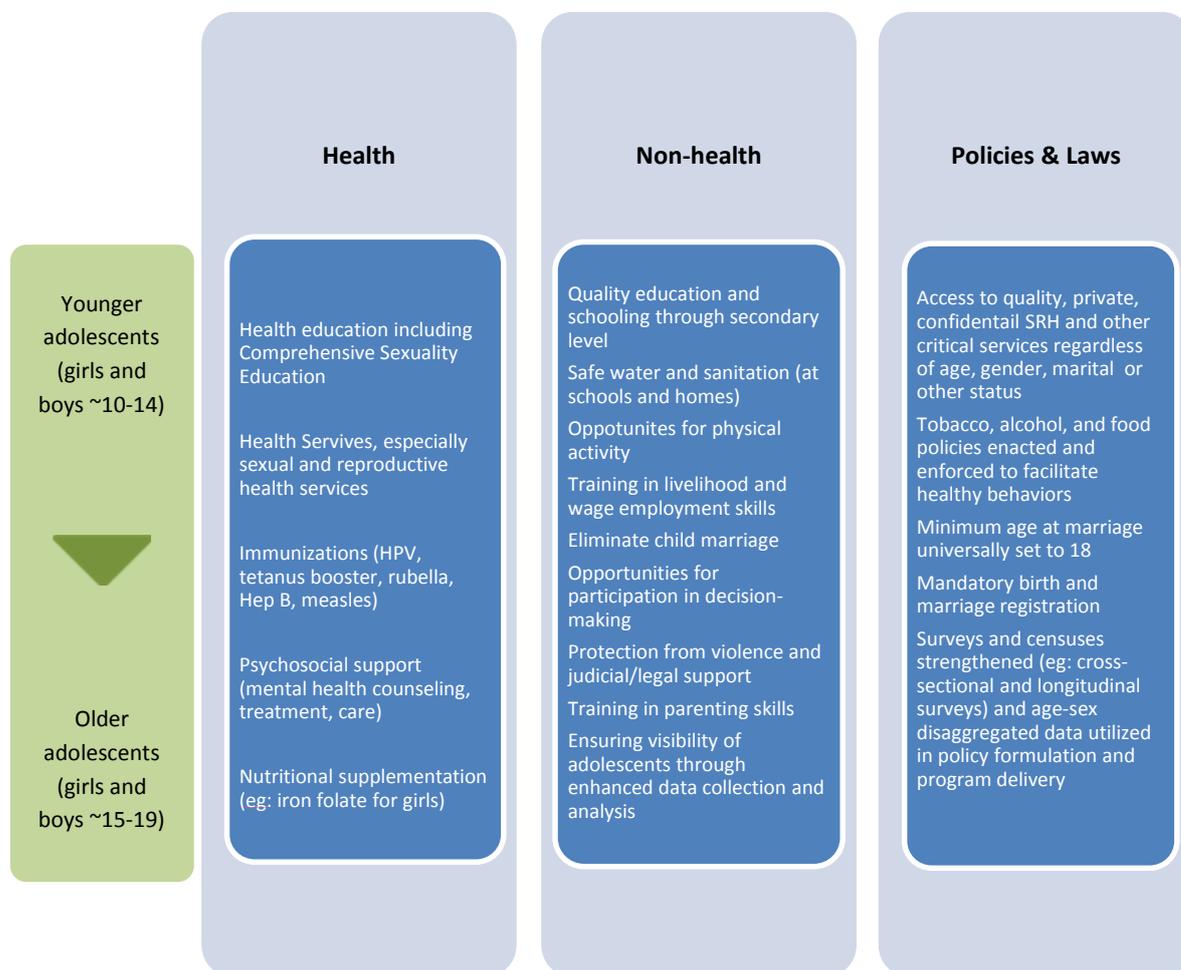
³³ ACT2015

³⁴ ALL IN!

³⁵ 2014 Girls Summit

³⁶ 2012 Bali Global Youth Forum

Vision: Adolescents are surviving, growing, thriving, resilient, empowered, connected, central, and visible



Delivered by : Government, Private Sector, CSO, Researchers

At: Health Facilities, Schools, Mobile clinics, community centers, online

In partnership with: Adolescent, Parents, Teachers, Other community members/ leaders

Based on an analysis of problems and opportunities faced by adolescents to be and stay healthy throughout their adult lives, the following priority actions are suggested:

- **Health Education including Comprehensive Sexuality Education:** Adolescence is an appropriate time to learn about healthy diets, the consequences of alcohol abuse and substance use, resisting peer pressure and bullying³⁷; healthy sexuality, respect for human rights and promotion of gender equality³⁸.

³⁷ Durlak and others 2011; Lister-Sharp and others 1999; NICE 2009; Tennant and others 2007; Weare and Nind 2011; Wells, Barlow, and Stewart-Brown 2003 from final draft Disease Control Priorities chapter 10

³⁸ including information about contraception, HIV prevention, testing and treatment as well as maternity care, gender equality, power dynamics, mutual respect, and non-violence, and human rights

- **Access and utilization of health services especially sexual and reproductive health services:** As adolescents become sexually active, they require an integrated package of services especially sexual and reproductive health services including contraceptives, safe abortion where it is not against the law and management of the consequences of unsafe abortion, maternity care, STI and HIV testing, diagnosis and counseling, care, support and treatment, post-exposure prophylaxis.
- **Immunization:** For the 10-14 year-olds, the HPV vaccine for girls and boys is an important protecting asset for adolescents. While tackling cervical cancer, HPV vaccination is also an opportunity to reach adolescents for other health interventions e.g menstrual hygiene, deworming, malaria prevention. Other vaccines relevant for adolescent boys and girls include Tetanus booster; rubella and hepatitis B (if not previously vaccinated); measles & meningococcal (depending on epidemiology).
- **Nutrition:** Developing healthy eating and exercise habits at this age are foundations for good health in adulthood and protect against overweight and obesity. Nutritional supplementation, particularly iron and folic acid, is important for both boys and girls to address anemia. In addition as adolescent girls enter their reproductive years, iron folate is an important intervention for both their health and the health of their future offspring.
- **Psychosocial support:** Mental health issues in adolescence should be detected and managed by competent health workers.³⁹ Schools and other community settings can also help in promoting good mental health.

3.2. Health Systems suited for Adolescents

The quality of care provided and the availability of health care workers able to welcome adolescents to health services are critical aspects for delivering effective health interventions.

- **Quality standards for health care:** Efforts to improve adolescent health require adolescent-responsive health systems (WHO, 2014). Evidence from both high and low income countries shows that services for adolescents are highly fragmented, poorly coordinated and uneven in quality (WHO, 2014). Outreach and non-facility based services are important to reach adolescents that otherwise will not come to the services. Setting standards of quality and supporting their achievement is a way to minimize variability and help ensure that care is up to technical standards, protects and fulfills adolescents' rights and adolescents are treated with respect.
- **Human resource capacity:** Individual, interpersonal, community, organizational and structural factors affect how adolescents access care, how they understand information, what information they receive, which channels of information influence their behaviours, and how they think about the future and make decisions in the present. Health-care providers, alongside technical skills, must have competencies in protecting and fulfilling adolescents' right to information, privacy, confidentiality and non-discrimination. Moreover, adolescents must be treated with a non-judgmental attitude and respect. To improve acceptability and quality, health workers, particularly

³⁹ WHO (2014): Adolescents: health risks and solutions, Fact sheet N°345, Updated May 2014

primary care workers, need to be trained and well supported in protecting adolescents privacy and confidentiality.

- **Financing:** Adolescent health care brings additional challenges, since adolescents may not have the ability to cover out-of-pocket expenses. It will be important to offer financial protection by including preventive services such as those required by adolescents into the Universal Health Coverage, effectively including adolescents in health coverage schemes.

3.3. Addressing Determinants: a focus on non-health sector interventions

Given the diversity of adolescents, not all have the same needs, face the same risks, constraints, and deprivations and require the same services. For example, as they enter their adolescent years, in many settings very young adolescents are often compelled to absorb social and gender norms that often force them to marry, a sure path to poor health and exclusion. Interventions that help girls stay in school, and equip them with agency and capabilities early in their adolescence have been shown to be critical.

- **Quality education and schooling at least through secondary level:** Younger adolescent girls in particular may need extra support to stay in school, and all adolescents need a range of economic and social assets such as financial literacy, life skills, safe spaces, social networks, economic capital and more. Schools must become a safe place for girls,
- **WASH:** Providing communities and school with safe water and sanitation promotes hygiene and addressing particular challenges for menstruating girls can help reduce undue stress and enhance their full participation in school,
- **Physical activity:** safe and appropriate spaces and facilities for physical activity promote safe and healthy exercise practices,
- **Training and other investments:** In addition to schooling additional training that qualify adolescents of legal age for decent paid employment and for self-employment,
- **Eliminate child marriage:** In the next 5 years, there is an absolute need to prioritize a key set of interventions in places where child, early, and forced marriage is prevalent,
- **Participation of adolescents in decision-making that affects them** and as they reach the age of 18 participation as citizens in political processes,
- **Social protection:** judicial/legal as well as other forms of support to adolescents affected by violence and harmful traditional practices,
- **Training in parenting skills for parents of adolescents :** Parents or tutors are critical for raising healthy children. Investments in programs for them is key to the prevention of interpersonal violence and mental health in adolescence as well as for the promotion of sexual health.

3.4. Policies and laws protecting the health of adolescents

Adolescents are neither children nor adults; two groups that health systems clearly distinguish. Their needs therefore risk falling into a policy gap and can be easily overlooked⁴⁰. Health interventions for adolescents can neither be implemented nor be as effective as they could be, without the appropriate policy and legal environment and its effective application. In this regard countries need to:

⁴⁰ Waddington C. Sambo . 2015; Financing health care for adolescents: a necessary part of universal health coverage, Bulletin of the World Health Organization 2015;93:57-59. doi:<http://dx.doi.org/10.2471/BLT.14.139741>

- **Examine and potentially revise current policies** to remove mandatory third party authorization for Sexual and Reproductive Health including HIV and other critical services that deprive adolescents of their right to privacy and confidentiality, and adopt flexible policies to allow adolescents in specific groups or situations to be considered “mature minors”.
- **Enact and enforce tobacco, alcohol, and food policies** to reduce exposure of dangerous and unhealthy substances to adolescents (such as raising taxes on tobacco and alcohol, prohibition of sale to minors/persons below appropriate minimum age, prohibiting smoking in public spaces, setting lower maximum blood alcohol concentration levels for young drivers, regulating marketing of foods high in saturated fats, trans-fatty acids, sugar-free, or salt).
- **Revise and implement laws on child marriage.** The minimum age at marriage should be universally be set at 18 both for boys and for girls. Exceptions to marry with consent from parents should not be included in marriage laws. As part of civil registration and vital statistics efforts, birth and marriage registration should be made mandatory.
- **Make adolescents visible for policy formulation, program planning and monitoring** Use existing data on adolescents from censuses, DHS, and MICS in policy formulation and program delivery. Dedicated surveys such as the Global School-based Student Health Surveys and other representative cross-sectional and longitudinal surveys are needed to fully address the paucity of data, especially on younger adolescents and other smaller, sub-populations of adolescents. .

3.5. Building a new monitoring and accountability framework for adolescents

What the field of adolescent health today needs crucially is a unified platform that allows countries to come together and pursue a contextually-relevant yet common agenda on adolescent health. The Global Strategy presents just such a platform, convening and leading countries in a global call to action to deliver against all the adolescent health-related indicators in the emerging Sustainable Development Goals accountability framework. There are four SDGs which include clearly stated adolescent health targets, SDGs 3 (target 3.1, 3.3, 3.7, 3.8), 4 (target 4.7), 5 (targets 5.1, 5.2, 5.3, 5.6) and 16 (targets 16.1, 16.2). See Annex 1 for full listing.

Given the extent of change across adolescence, it will be critical that these health targets are specifically measured distinctly in relation to adolescents aged 10-14 and 15-19 years in order to monitor countries against these indicators.

In pursuing success against these indicators, we can draw upon decades of experience and evidence-building to advocate for certain programmatic principles.

Key programmatic principles for promoting and protecting the health of adolescents

Many years of programmatic interventions inform what needs to be done immediately. This includes:

- Protect the human rights of all adolescents and promote gender equality

- Recognize the diversity of adolescents and their different vulnerabilities, including by age, sex, marital status, residence, living arrangements, educational attainment, gender identity, race, ethnicity, disability, etc.
- Distinguish very young adolescents from older adolescents – while recognizing that there is a continuum of capacity with increasing age and maturation across the adolescent years, intervene early in adolescence,
- Support adolescents into the key transitions to education and work, citizenship, relationships, marriage, child-bearing
- Ensure services and policies are evidence-based, responsive to the developmental needs and capabilities of adolescents across the life course
- Promote “positive adolescent development” within all interventions, whether at the level of policies, programs or health services
- Within health services, expand from a “disease-centric model” to one which is inclusive of prevention and health promotion
- Respect for the evolving capacities of adolescents in relation to age of consent, parental guidance and authority
- Go beyond mortality and morbidity measurement in data collection, analysis and use; develop new measures and new methods for measuring success in the health of adolescents
- Embark on a serious learning agenda on adolescent health

In countries: Even as opportunities to place adolescent health in the global agenda increase, alignment and coordination of multiple stakeholders at all levels is required not only in the health sector but also among other sectors including education, labour, youth, gender, and the environment. Governments, civil society including youth organizations, adolescents, private sector, researchers in the academia, media, parents, community leaders, and health workers are all called upon to take action. In this context, accountability mechanisms will must be strengthened or built at national levels to ensure that governments implement what they have committed to do.

At the global level: In order to ensure that the adolescent agenda succeeds, a well-coordinated and aligned global platform requires the participation of Governments, UN agencies, private sector, CSOs, young leaders, researchers, and donors. The platform, while being linked to EWEC 2.0, should be broader than health, involving other sectors such as education, social protection, and labour since they are critical to adolescent health, rights, and well-being. Most importantly the coordinating platform should benefit from the drive and energy for change brought about by global youth leaders and activists, and become a platform to uphold our commitment to the rights of adolescents.

4. Conclusions

The inclusion of adolescent health in the Global Strategy of the UN Secretary General on Women’s and Children’s Health and targets directly linked to adolescent health in the post 2015 Sustainable Development Goals Agenda represents an unprecedented opportunity for most countries that have yet to adopt policies for adolescents and include programs to educate them about, and help them build judgment and skills for preventing injuries, violence and self-harm, good sexual and reproductive health outcomes, preventing non-communicable diseases (NCDs), and other pivotal aspects of physical and mental health and development. With these investments, adolescents will not only be able to be healthy, but they will also contribute fully to their societies, and develop the judgment, values, behaviors, and resilience they need to be safe, to end discrimination and violence, and to help create and sustain national and global peace. In turn, this healthy generation will nurture the next so that they can reach their full potential and participate effectively in a rapidly changing globalized world.

Annex 1: SDG goals and targets relevant to adolescent health

SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target	Proposed Indicators
Target 3.1 Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.	<ul style="list-style-type: none"> • MMR • Skilled Birth Attendance
Target 3.3: “by 2030, globally we should aim to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”.	<ul style="list-style-type: none"> • HIV incidence per 100 susceptible person years (adults, key populations, children, adolescents) • HIV/AIDS deaths per 100,000 population • TB incidence per 1,000 person year • Number of TB deaths • Malaria incident cases per 1,000 person years • Malaria deaths per 100,000 population
Target 3.7 Ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030”.	<ul style="list-style-type: none"> • Fraction of the population protected against impoverishment by out-of-pocket health expenditures • Fraction of households protected from incurring catastrophic out-of-pocket health expenditure
Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	<ul style="list-style-type: none"> • Adolescent birth rate – disaggregated by age (10-14, 15-19) • % of family planning demand met with modern contraceptives (benchmark: 75%) • SRH Knowledge among adolescents – measures sexuality education • Proportion of facilities that provide care for complications related to unsafe abortion, and/or safe abortion when not against the law

SDG4 Ensure inclusive & equitable quality education and promote lifelong learning opportunities for all

Target 4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development	<ul style="list-style-type: none"> • Percentage of youth/adults proficient in literacy and numeracy skills • Youth/adult literacy rate
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SDG 5: Achieve gender equality and empower all women and girls

Target	Proposed Indicators
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<p>Target 5.1 End all forms of discrimination against all women and girls everywhere.</p>	<ul style="list-style-type: none"> • Whether or not legal frameworks discriminate against women and girls, as identified by the CEDAW committee • Whether or not inheritance rights discriminate against women and girls
<p>Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p>	<ul style="list-style-type: none"> • Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months • Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15
<p>Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.</p>	<ul style="list-style-type: none"> • Percentage of women aged 20-24 who were married or in a union before age 18 (i.e. child marriage) • Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age group (for relevant countries only)
<p>Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences.</p>	<ul style="list-style-type: none"> • Percentage of women and girls who make informed decisions about their own sexual and reproductive health and reproductive rights by age • Existence of laws and regulations that guarantee all women and adolescents informed choices regarding their sexual and reproductive health and reproductive rights regardless of marital status.

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Target

Proposed Indicators

<p>Target 16.1 Significantly reduce all forms of violence and related death rates everywhere</p>	<ul style="list-style-type: none"> • Homicide and conflict-related deaths per 100,000 people • Percentage of the adult population aged 18 and older, subjected to violence within the last 12 months, by type (physical, psychological and/or sexual)
<p>Target 16.2 End abuse, exploitations, trafficking and all forms of violence against and torture of children</p>	<ul style="list-style-type: none"> • Percentage of young adults aged 18-24 years who have experienced violence by age 18, by type (physical, psychological and/or sexual) • Number of victims of human trafficking per 100,000 people

