

Empowering Adolescents and Youth to Ensure a Sustainable Future for All

The case for a standalone Post-2015 goal on Adolescents and Youth

The success of the post-2015 development agenda depends on protecting the human rights and meeting the development requirements of all adolescents and youth¹, who comprise one quarter of the world's population.² Many of these young people everywhere, especially those who live in poverty and are discriminated against, particularly girls and young women, have been left out, or poorly served, by development efforts.³

By prioritizing investments in this generation, the post 2015 global agenda will ensure that the human rights of all adolescents and youth are protected and fulfilled, and that they are well prepared to help create and to lead the world that they inherit. The post-2015 agenda, including its implementation and its monitoring framework, should include systematic attention to adolescents and youth throughout. In addition, a standalone goal will provide visibility and coherence for national and global investments in this pivotal generation.

This document, a companion to UNFPA's Post-2015 position paper⁴, sets out the rationale for a standalone goal on adolescents and youth, illustrates how it can be translated into targets and provides suggestions for their measurement. It is a living document, which will be modified as discussions on the post-2105 agenda progress.

I. Rationale

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.

Governments, researchers and civil society have increasingly recognized that quality education, training, health information and services, as well as human rights protections and opportunities to participate in decision-making, are necessary for this stage of life. With these investments, adolescents and youth are able to thrive, contribute fully to their societies, and develop the judgment, values, behaviors, and resilience they need to be safe, to end discrimination and violence, especially against girls and women, and to help create and sustain national and global peace.⁵ In turn, this generation will nurture the next so that they can reach their full potential and participate effectively in a rapidly changing globalized world.

On this basis, numerous countries have adopted, or are considering, policies and programs to optimize investments in adolescents ages 10-14 and 15-19, as well as youth aged 20-24.⁶

Because puberty occurs early in adolescence, social exposure begins to expand, and various pressures, including to try new things and to take risks, intensify throughout this life stage, governments have recognized that sexual and reproductive health and rights⁷ significantly affect adolescents' development and, ultimately the course of their entire lives. During this life stage, each person develops agency and many begin to be leaders. The choices and decisions that today's adolescents and youth make, or that they are forced to make by others, about their sexuality, intimate relationships, marriage and childbearing critically influence whether or not

they are healthy and can take full advantage of opportunities for education, employment and political participation,⁸ and, to a large extent, the adults they will become.

Nonetheless, most countries have yet to adopt holistic policies for adolescents and youth that include programs to educate them about, and help them build judgment and skills for, sexual and reproductive health, prevention of non-communicable diseases (NCDs), and other pivotal aspects of physical and mental health and development. Nor do many countries yet enable these young people to access health services, especially sexual and reproductive health services, easily and effectively.

Numerous recent global and regional discussions and their outcomes recognize the urgent need to invest in adolescents and youth.

Member States and the international community have already made many clear commitments to act in the interests of adolescents and youth.^{9,10} The Open Working Group on Sustainable Development Goals has indicated that '[y]outh concerns need to be reflected across goals, especially in relation to education, health and employment.'¹¹ Government responses to the ICPD beyond 2014 Global Survey and its intergovernmental regional review meetings express this same view and specifically recognize the importance of adolescents' and youth sexual and reproductive health and rights.^{12,13} Further, post-2015 consultations with civil society, including young people and respondents from 194 countries to the 'My World' Survey, indicate similar priorities, drawing attention to the particular importance of non-discriminatory sexual and reproductive health services and information, comprehensive sexuality education, protection of the human rights of girls and young women, and gender equality.¹⁴

Moreover, it is now widely recognized by experts and increasingly by governments, that countries with large proportions of adolescents and youth can reap a "demographic dividend" for national development, resilience and sustainability, by investing fully in these young people. At the same time, countries whose populations have smaller proportions of young people also benefit from supporting and empowering their adolescents and youth, who face the substantial challenges posed by rapidly aging societies.¹⁵

Development plans and investments must address holistically every young person's education, health, social development and human rights.

Much can be accomplished by ensuring that the post-2015 agenda's narrative and framework address the particular requirements and fulfill the human rights of this age group, by including specific targets and indicators under each goal; and by mandating systematic disaggregation and analysis of data by distinct age groups (10-14, 15-19, 20-24), sex, wealth quintile and residence (e.g. rural or urban). In addition, as noted above, gathering these under a stand-alone goal for adolescents and youth would assist all countries and the international community to prioritize and provide sustained attention to this pivotal quarter of the world's population.

At least six closely related areas must be addressed for all adolescents and youth, with particular priority given to those who are living in poverty or who are otherwise disadvantaged:

1. Quality education, at least through secondary level;
2. Training and entrepreneurship skills development, in addition to schooling, that qualify adolescents and youth of legal age for decent employment and for self-employment;
3. Comprehensive sexuality education on health, sexuality, gender equality and human rights for all adolescents and youth, both in and out of school.¹⁶
4. Access to quality health care services, in particular to sexual and reproductive health services and information, especially for adolescent girls, that respect confidentiality and privacy, and are supportive and non-judgmental;
5. Public safety for girls, including programs for the most disadvantaged and at risk girls;
6. Participation of young people in decision-making that affects them.

II. Proposals for a standalone goal and formulation of targets and indicators

Keeping in mind all the work toward the post-2015 agenda to date, as well as closely related processes, especially the reviews of implementation of the ICPD Programme of Action and of the achievements and lessons under the MDGs, this section illustrates how a stand-alone goal, and measurable targets and indicators, can be framed.

The targets suggested below, while not fully comprehensive, comprise a holistic package needed to achieve the proposed standalone goal. All of these targets can and should be encompassed under whatever post-2015 goals are ultimately formulated. Areas for measurement, rather than fully framed indicators, are provided for each target to illustrate how it could be tracked. The endnotes indicate where the target or area for measurement has already been agreed, discussed or proposed. Areas of UNFPA's expertise and mandate are more elaborated than others.

For the sake of clarity and simplicity at this early stage, the suggestions below do not yet include the disaggregation by sex, age groups (10-14, 15-19, 20-24), wealth quintile, rural/urban residence, indigenous or other marginalized status which should be undertaken for every area of measurement. (Additional disaggregation can be done at national level to reflect specific circumstances.)

Goal:

Every adolescent and youth has the knowledge, skills, and opportunities for a healthy, productive life and enjoyment of all human rights

Targets and Areas for Measurement:¹⁷

Target 1:

All adolescent girls and boys complete at least secondary education, with recognized and measurable learning outcomes¹⁸

Areas of measurement:

- Secondary school enrollment and completion rates by sex and age¹⁹
- Measure(s) for improved quality and learning outcomes²⁰

Target 2:

Adolescents and youth, ages 15–24 who have left school, have basic competencies, as well as technical or vocational skills, sufficient to qualify for paid employment or self-employment.

Areas of Measurement²¹:

- Young people not in education or employment
- Youth unemployment rate

Target 3:

All adolescent girls and boys (10-19 years) complete comprehensive sexuality education²²

Areas of Measurement:

- Inclusion of comprehensive sexuality education, designed in line with UNESCO/UNFPA guidance, in core school curricula;²³
- Completion of at least one year of comprehensive sexuality education, designed in line with UNESCO/UNFPA guidance, distinguishing school and non-school providers and participants;
- Condom use by these age groups²⁴
- Attitudes among these age groups toward gender equality²⁵
- Experience of forced first sex.²⁶

Target 4:

Every adolescent enters adulthood in good health.²⁷

Areas of Measurement:

- Maternal mortality and morbidity²⁸
- Adolescent births²⁹
- Contraceptive use, by method, by adolescents and youth³⁰
- HIV infection in adolescents and youth³¹
- Sexually transmitted infections in adolescents and youth³²
- Current tobacco use by adolescents³³
- Adolescents and youth considered overweight (Body Mass Index)³⁴
- Mental health status and services available³⁵

Target 5:

All forms of violence and harmful practices against adolescent girls and young women have been eliminated.

Areas of Measurement:

- Intimate partner violence³⁶
- Child marriage³⁷
- Female genital mutilation/cutting³⁸
- Provision of specialized health and referral services for those subjected to violence³⁹
- Access to security, support services and justice^{40 41 42}

**Target 6:
Adolescents and youth participate in decision-making about policies and programs that affect them⁴³**

Areas of Measurement:

- Government procedures to include adolescents and youth in decision-making⁴⁴
- Political and civic participation of young people at national and local levels⁴⁵

The proposed targets and indicators take into account what UNESCO and UNICEF have proposed on education, ILO on employment and UN Women on gender. Where possible, the areas of measurement include existing indicators like the MDG indicators and those used by the WHO.

Annex

Key facts on Adolescents and Youth

Poverty:

An estimated 515 million adolescents and youth aged 15 to 24 live on less than 2 USD a day.⁴⁶ Millions face increased deprivation because of gender discrimination, disability, and other forms of marginalization. **Yet, two out of three countries do not consult young people as a part of the process of preparing poverty reduction strategies or national development plans.**⁴⁷

Education:

Worldwide, 71 million adolescents of lower secondary school age currently remain out of school. Those who stay in school may not receive good quality education. In the least developed countries, one quarter of young men aged 15 to 24 and one third of young women aged 15 to 24 are illiterate.⁴⁸

While the largest gains in primary school completion over the past decade were observed among girls, secondary education remains a challenge for adolescent girls in many regions, especially in sub-Saharan Africa and South and West Asia. **The disproportionate exclusion of girls from access to education is not only greater at the secondary than at primary level, it increases from lower to upper secondary levels.**⁴⁹ For many adolescents, particularly girls, school may be an unsafe place due to school-based gender-based violence (see below).

Health:

Coerced sex, reported by 10% of girls who first had sex before age 15 years, contributes to unwanted adolescent pregnancies.⁵⁰

Worldwide, more than 15 million girls age 15 to 19 give birth every year. Nine out of 10 adolescent pregnancies take place in the context of early marriage. While adolescent birth rates are highest in poor countries, in all countries they are clustered among the poorest and least educated, compounding the risk of poor health outcomes for both mother and child. Pregnancy and childbirth are the leading cause of death among adolescent girls 15-19 in low- and middle-income countries.⁵¹ Fourteen per cent of all unsafe abortions in low- and middle-income countries are among women aged 15-19 years. About 2.5 million adolescents have unsafe abortions every year.⁵² Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.⁵³

More than two million adolescents between the ages of 10 and 19 years are living with HIV. About one-seventh of all new HIV infections occur during adolescence.⁵⁴ In the East and Southern Africa Region 50 young people are infected with HIV every hour, while HIV knowledge levels among young people in this region remain below 40%.⁵⁵ As UNAIDS notes: 'Inadequate access to comprehensive sex education, shown to be effective in delaying sexual debut and increasing condom use among young people who are sexually active, also undermines efforts to protect young people from acquiring HIV.'^{56,57}

The WHO notes that **nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviors that began in**

youth, including tobacco use, a lack of physical activity, unprotected sex or exposure to violence.⁵⁸

Child marriage:

Despite near-universal commitments to end child marriage, one in three girls in developing countries (excluding China) will probably be married before they are 18. One out of nine girls will be married before their 15th birthday. Most of these girls are poor, less-educated, and living in rural areas. Over 67 million women 20-24 year old in 2010 had been married as girls. Half were in Asia, one-fifth in Africa. In the next decade 14.2 million girls under 18 will be married every year; this translates into 39,000 girls married each day. This will rise to an average of 15.1 million girls a year, starting in 2021 until 2030, if present trends continue. While child marriages are declining among girls under age 15, 50 million girls could still be at risk of being married before their 15th birthday in this decade.⁵⁹

Female genital mutilation/cutting:

Prevalence in the 29 countries in Africa and the Middle East where the practice is concentrated, has declined from an estimated 53 per cent of women aged 45- 49 being cut to **an average of 36 per cent of adolescents and young women aged 15-19** being cut, but this is still a significant proportion of the young generation going through FGM/C.⁶⁰

Youth unemployment:

Of the estimated 197 million unemployed people in 2012, nearly 40% were aged 15 to 24. The creation of 600 million productive jobs over the next decade is required to absorb current unemployment levels and to provide employment opportunities to the 40 million labor market entrants each year. The unemployment scenario is further aggravated by the work of large numbers of young people in poor quality and low paid jobs with intermittent and insecure work arrangements. As many as 60% of young persons in developing regions are either without work, not studying, or engaged in irregular employment.⁶¹

The ILO notes that **economic and social costs of unemployment, long-term unemployment, discouragement and widespread low-quality jobs for young people continue to rise and undermine economies' growth potential.**⁶²

Violence, death and injury:

Worldwide, up to 50% of sexual assaults are committed against girls under the age of 16.⁶³ Sexual assault and other forms of gender-based violence in schools (so-called school-related gender based violence, SRGBV⁶⁴) are significant factors in low enrolment and drop-out rates for girls.⁶⁵

Among 15-19 year olds, suicide is the second leading cause of death, followed by violence in the community and family.⁶⁶

Unintentional injuries are a leading cause of death and disability in adolescents; and road traffic injuries, drowning and burns are the most common types. Injury rates among adolescents are highest in developing countries, and within countries, they are more likely to occur among adolescents from poorer families.⁶⁷

Globally the risk of becoming a victim of homicide is highest for young men in the 15-29 age group and declines steeply with age thereafter. In fact, the age-specific global homicide rate of 21.2 per 100,000 for young men aged 15-29 is roughly double the age-specific global homicide rate of 10.5 for men in the 60-69 age group.⁶⁸

More than 140 million girls live in fragile states affected by armed conflict. Of the 42 million people who have had to flee their homes because of war, 80 percent are women, children and young people. At least 10 million are estimated to be girls and young women.⁶⁹ **Adolescents face multiple risks during armed conflict and may be targeted for violence, abuse and exploitation.** They are the age group most often recruited by armed forces or groups for use as child soldiers, and they are most likely to be trafficked for exploitative labour or commercial sex. They are the primary target for sexual violence and run a high risk of HIV/AIDS infection. **Despite these evident vulnerabilities, the adolescent age group is the least likely to receive assistance or protection during conflict.** This is because humanitarian assistance has typically focused on the urgent health and nutrition needs of under-five and primary school-age children.⁷⁰

Migration:

According to the latest United Nations estimates, there are 232 million international migrants worldwide, representing 3.2 per cent of the world's total population of 7.2 billion. **There are 35 million international migrants under the age of 20, up from 31 million in 2000,** and another 40 million between the ages of 20 and 29. Together, they account for more than 30 per cent of all migrants. Females account for approximately half of the international youth migrant population.⁷¹

The experiences of migrant youth in destination societies vary greatly owing to differences in migration motives, gender and migration status.⁷²

Large numbers of young female migrants from developing countries are engaged in domestic work. While some will end up empowered by the migration experience, many of them—particularly those in irregular situations—endure abuse, violence, and physical and financial exploitation. Some migrants seem to be 'stuck' in the destination country, often because their passports have been seized by employers, debt collectors or human traffickers.⁷³

The majority of migrants stay in their own countries as internal migrants. **Although data on young internal migrants are limited, estimates place their number at approximately 740 million.**⁷⁴

¹ The United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15-25 years for statistical purposes without prejudice to other definitions by Member States (source: Report of the Advisory Committee for the International Youth Year (a/36/215 annex), quoted in Factsheet Adolescent and Youth Demographics: A brief overview, UNFPA

² In 2010, the proportion of the global population between ages 10 and 24 is more than 25 per cent, and more than 30 per cent of the population in Africa. United Nations, Department of Economic and Social Affairs, Population Division, 2013; World Population Prospects: The 2012 Revision, DVD Edition, retrieved from <http://esa.un.org/undp/wpp/index.htm>, November 2013; quoted in UNFPA, Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014, Adolescents and Youth chapter (2014)

³ Key facts about adolescents and youth are listed in the Appendix.

⁴ UNFPA Empowering People to Ensure a Sustainable Future for All <http://www.unfpa.org/public/home/news/pid/15466>

⁵ Examples: Regarding young people's engagement and participation in the political process, including in the post-conflict phase: UNSCR 1780 on Haiti, UNSCR 2095 on Yemen, UNSCR 2095 on Libya

⁶ For examples, see United Nations Commission for Social Development E/CN.5/2014/5 Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: review of relevant United Nations plans and programmes of action pertaining to the situation of social groups: World Programme of Action for Youth Policies and programmes involving youth, Report of the Secretary-General

⁷ International Conference on Population and Development –ICPD– Programme of Action, A/CONF.171/13.Rev.1 Report of the International Conference on Population and Development, 1995; Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, A/RES/S-21/2, 1999; Commission on Population and Development 2012, Resolution 2012/1 Adolescents and Youth

⁸ UNFPA Towards realizing the full potential of Adolescents and Youth, November 2012

⁹ Examples include ICPD Programme of Action A/CONF.171/13/Rev.1 (1994); World Programme of Action for Youth (1995); Beijing Declaration and Platform for Action A/CONF.171/20/Rev.1.; legally binding conventions such as the Convention on the Rights of the Child (1990); more recently resolution 2012/1 of the Committee on Population and Development 2012

¹⁰ Examples: Regarding young people’s engagement and participation in the political process, including in the post-conflict phase: UNSCR 1780 on Haiti, UNSCR 2095 on Yemen, UNSCR 2095 on Libya

¹¹ Open Working Group on Sustainable Development Goals, Co-Chairs’ Summary bullet points from OWG 4 (June 2013) <http://sustainabledevelopment.un.org/content/documents/1871cochairsummary.pdf>

¹² UNESCWA-LAS: Cairo declaration beyond 2014, Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014), 24-26 June 2013; UNECE: Report of the UNECE Regional Conference on ICPD Beyond 2014, Enabling Choices: Population Priorities for the 21st Century, 1-2 July 2013; UNECLAC: Montevideo Consensus on Population and Development, 12-15 August 2013; UNECA/AU: Addis Ababa Declaration on Population and Development in Africa Beyond 2014, 30 September – 2 October 2013; UNESCAP: Asian and Pacific Ministerial Declaration on Population and Development, including the Asia-Pacific regional input for the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014, Bangkok, 16-20 September 2013; all in UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014)

¹³ UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014). In addition, SRH services for adolescents and youth tops the list of governments’ responses regarding Global SRH priorities.

¹⁴ Global Thematic Consultation on Addressing Inequalities, Young People and Inequalities Online discussion synopsis, key recommendations; Global Thematic Consultation on Addressing Inequalities, Girls and Young Women and Inequalities Online discussion synopsis, key recommendations; Outcome document of the CSOs Monrovia Consultation for the Post 2015 Development Agenda; Bali Declaration, ICPD Global Youth Forum

¹⁵ On the heterogeneity of population dynamics, see the UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014)

¹⁶ Consistent with UNESCO, UNAIDS, UNFPA, UNICEF and WHO International technical guidance on sexuality education, volume 1, 2009

¹⁷ Most of the proposed indicators can be measured using sources like DHS surveys, specialized surveys and official administrative records. In addition, part of the so-called ‘data revolution’ as recommended in the High Level Panel report would include the need to strengthen national capabilities to collect and analyze disaggregation of data by age to be able to analyze the particular situation of adolescents and youth.

¹⁸ References to proposals including in UNESCO, UNICEF e.a. TST Issues Brief on Education and Culture, prepared for Open Working Group on Sustainable Development Goals, Session 4, June 2013; UNESCO, UNICEF Making Education a Priority: Report of the Global Thematic Consultation on Education in the Post 2015 Development Agenda, September 2013

¹⁹ References to key indicators for Education for All Goal 3; see UNESCO Education For All Global Monitoring Report 2012: Youth and Skills: Putting education to work

²⁰ References to proposals including in Education For All Global Monitoring Reports 2012 and 2013/4, UNESCO, UNICEF Making Education a Priority: Report of the Global Thematic Consultation on Education in the Post 2015 Development Agenda, September 2013; UNESCO, UNICEF e.a. TST Issues Brief on Education and Culture, prepared for Open Working Group on Sustainable Development Goals, Session 4, June 2013; see also UNESCO Institute for Statistics, Center for Universal Education at Brookings, Toward Universal Learning: What every child should learn, Report no. 1 of 3, Learning Metrics Task Force, February 2013

²¹ Suggested as possible indicator and additional indicator respectively in ILO, Post 2015, concept note #2: Jobs and livelihoods http://www.ilo.org/global/topics/post-2015/documents/WCMS_213209/lang-en/index.htm

²² Comprehensive sexuality education as consistent with UNESCO International Technical Guidance on Sexuality Education, volume 2 (2009)

²³ UNESCO International Technical Guidance on Sexuality Education, volume 2 (2009)

²⁴ Contraceptive prevalence rate is an existing MDG indicator (5.3) which includes measurement of condom use. The Core indicators for Global AIDS Response Progress Reporting (GAPR) include indicators 1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15, and 1.4 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse (UNAIDS, UNICEF, WHO Global Aids Response Progress Reporting (GAPR) guidelines 2014). The latter is also an MDG indicator (6.2 Condom use at last high risk sex). We propose to widen monitoring beyond high risk sex.

²⁵ Values, attitudes and social norms, including regarding gender equality, are part of the components of learning of the UNESCO/UNFPA guidance; see Chapter 3 of UNESCO International Technical Guidance on Sexuality Education, volume 2 (2009)

²⁶ The DHS Domestic Violence Module collects information on this indicator, among others. See UNWomen Virtual Knowledge Centre to End Violence Against Women and Girls <http://www.endvawnow.org/en/articles/170-indicators.html> accessed 11 Feb 2014

²⁷ WHO Definition of Health. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. <http://www.who.int/about/definition/en/print.html> accessed 4 Feb 2014.

²⁸ For every woman who dies of pregnancy related causes, an estimated 20 others experience a maternal morbidity, including severe and long-lasting complications. These include obstetric fistula. An estimated 2-3.5 million women live with obstetric fistula in the developing world, mostly in sub-Saharan Africa and Asia where adolescent births are highest and access to emergency obstetric care is low, and between 50,000 and 100,000 new cases develop each year. All but eliminated from the developed world, obstetric fistula continues to affect the poorest of the poor: women and girls living in some of the most under-resourced regions in the world. See: UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014), p.p. 24-25

²⁹ Adolescent birth rate is MDG indicator 5.4

³⁰ Contraceptive prevalence rate is MDG indicator 5.3

³¹ HIV prevalence among population aged 15-24 years is MDG indicator 6.1

³² WHO gathers data on STIs. For methodology see WHO, Prevalence and incidence of selected sexually transmitted infections, Chlamydia trachomatis, Neisseria gonorrhoeae, syphilis and Trichomonas vaginalis: methods and results used by WHO to generate 2005 estimates (2011)

³³ WHO measures tobacco use, including among young people. The Global Youth Tobacco Survey (GYTS) is a school based survey designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programs; from: WHO factsheet on global youth tobacco survey

<http://www.who.int/tobacco/surveillance/gyts/en/> GYTS includes indicators on prevalence, knowledge, access and cessation.

Tobacco use is identified as risk factor to be monitored under the Global Monitoring Framework for NCDs as proposed by the WHO.

³⁴ WHO is compiling a Global Database on BMI. Overweight and obesity are identified as risk factors to be monitored under the Global Monitoring Framework for NCDs as proposed by the WHO.

³⁵ WHO Comprehensive Mental Health Action Plan 2013 – 2020 includes proposed global target 3.1: 80% of countries will have at least two functioning national, multisectoral promotion and prevention programmes in mental health (by the year 2020), and proposed global target 3.2: The rate of suicide in countries will be reduced by 10% (by the year 2020). The recently launched WHO MiNDbank brings together country and international resources including on mental health.

³⁶ UNWomen's proposal for a stand-alone Gender goal includes a target Prevent and respond to violence against women and girls. Proposed indicators include: Total and age-specific rate of ever-partnered women subjected to sexual and/or physical violence by a current or former intimate partner in the last 12 months, by frequency; Total and age-specific rate of ever-partnered women subjected to sexual and/or physical violence by a current or former intimate partner during lifetime, by frequency.

³⁷ UNWomen's proposal for a stand-alone Gender goal includes a target Prevent and respond to violence against women and girls. Proposed indicators include: Percentage of women aged 20-24 who were married or in a union before age 18.

³⁸ UNWomen's proposal for a stand-alone Gender goal includes a target Prevent and respond to violence against women and girls. Reference to proposed indicator: Rates of female genital mutilation and other harmful practices.

³⁹ Women-centered care, Clinical care for survivors of sexual violence, and Training of health-care providers on intimate partner violence and sexual violence are among the recommendations in WHO Violence against women: guidelines for health sector response, 2013 http://www.who.int/reproductivehealth/publications/violence/VAW_WHO_Guidelines.jpeg Furthermore, the Commission on the Status of Women 2013 Agreed Conclusions include C. Strengthening multisectoral services, programmes and responses to violence against women and girls

[http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_\(CSW_report_excerpt\).pdf](http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_(CSW_report_excerpt).pdf)

⁴⁰ UN Women's proposal for a stand-alone Gender goal includes a target Ensure security, support services and justice for women and girls. Proposed indicators: Proportion of women over 15 years-old subjected to physical or sexual violence in the past 12 months who reported it to the justice system; Proportion of the population who feel safe walking alone at night in the area where they live, by sex; Proportion of national budgets allocated to the prevention of, and the response to, violence against women; Proportion of law enforcement professionals who are women (including judges and the police).

⁴¹ One area that could be included here could be Policies and regulations to prevent violence against girls and women in educational institutions and to hold perpetrators accountable. For proposals see UNESCO Education, Gender Based Violence

<http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/gender-and-education/gender-based-violence-gbv/> accessed 1 Feb 2014; see also Education for All Global Monitoring Report 2013/4 Teaching and Learning: Achieving quality for all, Strengthening legislation to address teacher misconduct and gender violence, p. 269, and UNESCO Stopping Violence in Schools: A guide for teachers <http://unesdoc.unesco.org/images/0018/001841/184162e.pdf>

⁴² One other area to consider here could be Programs for girls at high risk of child marriage, sexual exploitation, violence. Circumstances like living in deep poverty and insecurity, without adequate parental protection or on the street may render adolescents and youth, particularly girls, especially vulnerable.

⁴³ Full and effective participation of youth in the life of society and in decision-making is one of the areas of Implementation of the World Programme of Action for Youth by Member States and United Nations entities in United Nations Commission for Social Development E/CN.5/2014/5 Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: review of relevant United Nations plans and programmes of action pertaining to the situation of social groups: World Programme of Action for Youth Policies and programmes involving youth, Report of the Secretary-General

⁴⁴ One example can be governments entering into a 'covenant' with adolescents and youth, and measures to encourage an inter-generational dialogue. See also examples from countries in United Nations Commission for Social Development E/CN.5/2014/5 Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: review of relevant United Nations plans and programmes of action pertaining to the situation of social groups: World Programme of Action for Youth Policies and programmes involving youth, Report of the Secretary-General

⁴⁵ Examples could include national parliaments and local councils. See also examples from countries in United Nations Commission for Social Development E/CN.5/2014/5 Follow-up to the World Summit for Social Development and the twenty-fourth special session

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- of the General Assembly: review of relevant United Nations plans and programmes of action pertaining to the situation of social groups: World Programme of Action for Youth Policies and programmes involving youth, Report of the Secretary-General
- ⁴⁶ UNESCO, Alleviating Youth Poverty, Social and Human Sciences <http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/inter-agency-cooperation/alleviating-youth-poverty/>
- ⁴⁷ UNFPA The Case for Investing in Youth, second edition, 2010
- ⁴⁸ United Nations Technical Support Team Issues Brief: Education and Culture (prepared for the Open Working Group on Sustainable Development Goals, session 4, June 2013)
- ⁴⁹ UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014)
- ⁵⁰ WHO Maternal, newborn, child and adolescent health, Adolescent pregnancy http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ accessed 31 Jan 2014
- ⁵¹ UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014)
- ⁵² WHO Maternal, newborn, child and adolescent health, Adolescent pregnancy http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ accessed 31 Jan 2014
- ⁵³ WHO Maternal, newborn, child and adolescent health, Adolescent pregnancy http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ accessed 31 Jan 2014. See also note 28
- ⁵⁴ WHO, UNICEF Adolescents falling through cracks in HIV services, joint press release 25 November 2013 <http://www.who.int/mediacentre/news/releases/2013/hiv-adolescents-20131125/en/index.html>
- ⁵⁵ UNESCO Factsheet Young People Today. Time to Act Now. Oct 2013 <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/pdf/ESAFactSheetcorrectedFinal.pdf>
- ⁵⁶ UNAIDS Global Report 2013 http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf
- ⁵⁷ UNESCO Education For All 2012 Global Monitoring Report: Youth and Skills, makes a similar point. 'One reason for reluctance to teach these topics [education on health, sexuality, HIV/AIDS/ed.] is the perception that doing so encourages promiscuity. It is vital to let everyone involved in such programmes know that the evidence does not support this belief. Rather, well-designed sexuality education programmes tend to delay the onset or frequency of sexual activity and increase condom use. A review of fifty-two studies of sex and HIV education programmes, focusing on children and young people aged 9 to 24 in both developed and developing countries, showed that only one led to significantly earlier onset of sexual activity (Kirby et al., 2007). In South Africa, a life skills education programme in KwaZulu-Natal province increased condom use at first sex by ten to twelve percentage points for 14- to 18-year-olds (Magnani et al., 2005). Messages need to be adapted to different age groups, including young people who are already sexually active. The power structures that govern personal relationships also need to be recognized.'
- ⁵⁸ WHO 10 facts on adolescent health http://www.who.int/features/factfiles/adolescent_health/facts/en/index.html accessed 31 Jan 2014; includes also: 'The vast majority of tobacco users worldwide begin during adolescence. Today more than 150 million adolescents use tobacco, and this number is increasing globally.'
- ⁵⁹ UNFPA Marrying Too Young 2012
- ⁶⁰ UNICEF, UN Women, UNFPA, ILO, OSRSG/VAC Breaking the silence on violence against indigenous girls, adolescents and young women, May 2013
- ⁶¹ UNFPA Framework of Actions for the follow up to the Programme of Action of the International Conference on Population and Development Beyond 2014 (2014)
- ⁶² ILO Global Employment Trends for Youth 2013 (the report focuses on those aged 15-24)
- ⁶³ United Nations Secretary General's Campaign to End Violence Against Women (UNITE), A Promise is a Promise <https://www.un.org/en/events/endviolenceday/pdf/Brochure%20UNITE%20A%20Promise%20is%20a%20Promise.pdf> accessed 31 Jan 2014
- ⁶⁴ UNESCO Education, Gender Based Violence <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/gender-and-education/gender-based-violence-gbv/> accessed 1 Feb 2014; see also Education for All Global Monitoring Report 2013/4 Teaching and Learning: Achieving quality for all, Strengthening legislation to address teacher misconduct and gender violence, p. 269
- ⁶⁵ UNESCO Stopping Violence in Schools: A guide for teachers <http://unesdoc.unesco.org/images/0018/001841/184162E.pdf> accessed 1 Feb 2014; See also Plan International A Girl's Right to Learn Without Fear: Working to end gender-based violence at school, 2013 <https://plan-international.org/files/global/publications/campaigns/a-girls-right-to-learn-without-fear-english.pdf>
- ⁶⁶ WHO 10 facts on adolescent health http://www.who.int/features/factfiles/adolescent_health/facts/en/index.html accessed 31 Jan 2014
- ⁶⁷ WHO 10 facts on adolescent health http://www.who.int/features/factfiles/adolescent_health/facts/en/index.html accessed 31 Jan 2014
- ⁶⁸ UNODC Global Study on Homicide 2011
- ⁶⁹ Women's refugee commission, Refugee girls, an invisible population, 2009
- ⁷⁰ UNICEF Adolescent programming experiences during conflict and post conflict, case studies 2004
- ⁷¹ United Nations 2013 World Youth Report: Youth and Migration
- ⁷² United Nations 2013 World Youth Report: Youth and Migration
- ⁷³ United Nations 2013 World Youth Report: Youth and Migration
- ⁷⁴ United Nations 2013 World Youth Report: Youth and Migration