

Statement by WHO at the 45<sup>th</sup> session of the Commission on Population and Development.  
23-27 April 2012

Mr Chairman,

I am pleased to bring you greetings from Dr Margaret Chan, Director General of the World Health Organization and to make this statement on behalf of WHO.

I would like to table five points for your attention.

1. There are sound public health, economic and human rights reasons for investing in the health and development of adolescents. Firstly, let me address the public health rationale. As Dr George Patton said in his key note address today, investing in adolescents is needed to prevent the more than 1 million deaths that occur every year and to improve the health and wellbeing of tens of millions of adolescents who are experiencing health problems. Further it can prevent the adoption of unhealthy behaviours by hundreds of millions of adolescents, which would lead to disease and early deaths in the years ahead. Secondly, let me address the economic rationale. As Dr Andrew Mason said in his key note address on Monday, investing in adolescents can result in economic and social benefits to individuals, families, communities and societies. And he warned us that there are enormous costs of not doing so. Thirdly, let me address the human rights rationale. As signatories to the Convention on the Rights of the Child, we have a collective responsibility to fulfill the rights of adolescents to survive and to grow and develop to their full potential.

As Secretary General Ban ki-Moon and many other speakers who followed him over the last three days, there is a pressing need to address the sexual and reproductive health of adolescents. The numbers of girls who are married as children, the number of them who become mothers at an early age, the number of them who die because of unsafe abortions or during child birth are unacceptably high. The number of boys and girls who get infected with STIs including HIV is also unacceptably high. As the Secretary General said, we have a collective responsibility to drive these numbers down. The Secretary General's initiative on Women and Children's Health provides us all with a renewed sense of urgency and a sharpened sense of focus to do this.

2. Adolescent Health is higher on the global public health agenda than ever before. Just this week, the prestigious health journal The Lancet has launched a series on adolescent health and UNICEF has published a comprehensive report card on the world's adolescents – copies of which are available for collection. Adolescent Health is high on the agendas of a growing number of international organizations including governmental development agencies such as the United Kingdom's Department for International Development, international NGOs such as the International Planned Parenthood Federation and foundations such as the Packard Foundation. It is also on the agenda of growing numbers of ministries of health.

At the World Health Assembly in 2011, nearly thirty countries made statements of concern and commitment in passing a resolution on youth health – the first such resolution at the World Health Assembly in over 20 years. In the first years of the second decade of the 21<sup>st</sup> century, the questions in their minds was not why should we address adolescents, it was what should we do, and how can we do this well with the limited resources we have.

3. In her key note address yesterday Dr ShireenJejeebhoy described the state of national responses to adolescent sexual and reproductive health. She said that in many countries sound national policies and strategies are in place, as are many impressive pilot projects. But large scale and sustained implementation is occurring only in a handful of countries. We share Dr Jejeebhoy's assessment and her conclusion that all countries need to do much more to fulfill the promises made to the young people of the world 18 years ago in Cairo.
4. WHO is strongly committed to the health and development of adolescents. Different WHO departments address different aspects of adolescent health – nutrition, tobacco use, alcohol and drug use, mental health, HIV and SRH. But we work towards a shared vision - all the adolescents of the world obtain the health information and services they need, grow and develop in a safe and supportive environment, and have opportunities to contribute to their wellbeing and that of those around them.

Over the last three days several speakers have referred to WHO's contributions to the adolescent sexual and reproductive health field – our work in strengthening epidemiology, building the evidence base, developing tools for programme managers and service providers, and building capacity and supporting country level action. WHO's work on Sexual and Reproductive Health is guided by the Global Reproductive Health strategy, which is entirely in line with the International Conference on Population and Development's Programme of Action. We work closely with partners within and outside the UN system in supporting countries to achieve the Millennium Development Goals.

To conclude, I would like to recall one key message of the Millennium Development Goals report published last year: "Reaching adolescents is critical to improving maternal health, and to achieving the other millennium development goals". We in WHO are fully committed doing just this.