



General Assembly Third Committee

Topic A: Youth and the Achievement of SDG 3

Introduction

The World Programme of Action for Youth, one of the defining United Nations (UN) documents that kickstarted the global youth agenda, will be celebrating its 30th anniversary in 2025.¹ This precedent outlined fifteen points of action on how to best improve the situation and wellbeing of young people around the world, including a call to address the specific needs of youth health.² Since then, the discussion of youth and their health care needs have significantly increased within the UN and in global health governance. When the UN General Assembly unanimously adopted the 2030 Agenda in 2015, Member States made a promise to leave no one behind in the pursuit of achieving all 17 Sustainable Development Goals (SDGs).³ The international community has taken considerable steps in including and considering younger generations as they move forward with the 2030 Agenda, especially SDG 3 which aims to ensure healthy lives and promote well-being for all.⁴

So far, there have been a few major successes in this regard. The spread and infection rate of HIV/AIDS has been decreasing significantly over the past decade, and “HIV incidence has fallen in many of the most severely affected countries because adolescents and young people are adopting safer sexual practices and more young people living with HIV are accessing treatment to lower their viral load.”⁵ Additionally, infant and child mortality hit a historic low in 2022 and trends show a continuous decline, allowing for a larger generation of youth to pursue livelihoods and dreams.⁶ The number of girls which have been subject to female genital mutilation (FGM) has decreased significantly.⁷ These successes are attributed to the countless partnerships and collaboration amongst actors in global health governance, including General Assembly Third Committee which helps address the social concerns of vulnerable populations such as youth.

However, while there has been some progress, the world is not yet on track to achieve the majority of SDG 3’s targets by 2030. There are significant gaps in data, even for HIV/AIDS reporting which has received the biggest boost in funding of any communicable disease.⁸ Youths with disabilities continue to face barriers to healthcare

¹ UN. “Global Issues: Youth.” N.d.

² Ibid.

³ UN General Assembly. A/RES/70/1 Transforming Our World: The 2030 Agenda for Sustainable Development. 2015.

⁴ The Global Goals. “SDG 3: Good Health and Well-Being.” Nd.

⁵ UNICEF. “Adolescent HIV prevention.” 2024.

⁶ UNICEF. “Levels and trends in child mortality.” 2024.

⁷ UNFPA and UNICEF. 2023 Annual Report of FGM Joint Programme: Addressing global challenges with local solutions to eliminate female genital mutilation.” 2024.

⁸ UNAIDS. “Global AIDS Monitoring 2024.” 2023.

access including cost, stigma, transportation, or limited access to specialists.⁹ Millions of girls are still subjected to FGM across the world every year, even with the call for the practice to be eliminated.¹⁰ Around 70% of the population lack access to quality mental healthcare and where it is accessible, there are wide social-economic treatment gaps.¹¹ Despite these setbacks, the international community has demonstrated an ongoing commitment to addressing these issues.

Background

While the definition of “youth” is still not strictly internationally defined, the UN refers to youth as persons between the ages of 15-24 for statistical purposes.¹² Some outside organizations, regional bodies, or individual countries consider more subjective views and have either expanded or shifted this range. Since the World Health Organization (WHO) is UN-based, the 15-24 age range is their definition as well, but also identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood from the ages of 10-19.¹³ Because of this, international resolutions and coordination efforts at expansion of healthcare access for the youth centers around these particular age groups.

The Progress of Youth Healthcare Advances

Access to services for young adults, youth, and children has long been a push among the efforts of the international community, from early vaccination efforts to the push to ensure rights and protections for this vulnerable population. The international community has long acknowledged that children and youth are in need of certain rights and protections, as evident in the *Convention on the Right of the Child* which outlines the rights of children in several different areas related to governance, providing foundational social and political rights for minors.¹⁴ Article 24 specifically emphasizes a child’s right to “the highest attainable standard of health” and access to health care, while also providing special protections for children with disabilities in Article 23.¹⁵ Later on, UN bodies started to increase discussion on these topics such as through WHO’s World Report on Child Injury Prevention¹⁶ and the Guidelines for Alternative Care of Children,¹⁷ advocate for safeguarding children’s access rights in healthcare and related areas.

In the mid 1900’s, broader discussion that focused on the needs of young people and youth started to emerge at the UN. First, in 1965, Member States endorsed the

⁹ Shakespeare, Tom et al. “Access to Health for Persons with Disabilities.” 2018.

¹⁰ UNFPA and UNICEF. 2023 Annual Report of FGM Joint Programme: Addressing global challenges with local solutions to eliminate female genital mutilation.” 2024.

¹¹ Project Hope. “The Global Mental Health Crisis: 10 Numbers to Note.”

¹² UN. “Global Issues: Youth.” N.d.

¹³ Ibid.

¹⁴ UN General Assembly. A/RES/44/25: Convention on the Rights of the Child. 1989.

¹⁵ Ibid.

¹⁶ WHO. World Report on Child Injury Prevention. 2008.

¹⁷ UN General Assembly. Guidelines for the Alternative Care of Children. 2009.

Declaration on the Promotion among Youth of the Ideals of Peace, Mutual Respect and Understanding between Peoples which aimed to increase opportunities for youth to achieve fulfilling livelihoods as well as preventing discrimination on an international level.¹⁸ International Youth Year: Participation, Development and Peace was observed in 1985 to highlight the essential role of youth in policy and development plans.¹⁹ A decade later, the aforementioned *World Programme of Action for Youth* was adopted, jumpstarting a greater mobilization of resources to specifically address the needs of youth across the globe, including health access. More recently, the UN Security Council passed *S/RES/2535* in 2020 to emphasize the integral role of young people in preventing and resolving conflicts, as well as guidelines to keep youth safe when their physical security is threatened.²⁰

The Role of WHO in Youth and Adolescent Healthcare

Youth healthcare and access has improved significantly over the last few years. The 2003 *Strategy for Child and Adolescent Health and Development* and the 2011 *Youth and Health Risk* documents adopted at the World Health Assembly play critical roles in strengthening efforts at access to care. The first encouraged Member States to review health policies, develop inclusive health systems, and increase responsiveness to ensure an improvement in access to healthcare.²¹ The latter serves as a foundational document in the ongoing efforts to increase health service access to youths and empower Member States in their efforts to address the social determinants associated with a lack of healthcare access.²²

WHO has also worked with regional organizations to pinpoint specific needs of Member States in order to grant further access to health services for young people. The WHO Regional Committee for Africa resolution *AFR/RC51/R3*²³, Regional Committee for Europe resolution *EUR/RC55/R6*²⁴, and the joint Pan American Health Organization and WHO resolution *CD 48.R5*²⁵ are all examples of more localized coordination efforts attempting to establish goals for the expansion of adolescent health development and access and serve as foundational to future efforts to address both regional and international healthcare access.

Current Situation

Many actors within global health governance have made a concerted effort youth healthcare expansion over the past decade. Some of these entities include WHO, the

¹⁸ UN General Assembly. *Declaration on the Promotion among Youth of the Ideals of Peace, Mutual Respect and Understanding between Peoples*. 1965.

¹⁹ UN. "Global Issues: Youth." N.d.

²⁰ UN Security Council. *S/RES/2535*. 2020

²¹ WHO. *Strategy for child and adolescent health and development*. 2003.

²² WHO. *Youth and health risks*. 2011.

²³ WHO: Regional Office for Africa. *Adolescent Health: A Strategy for the African Region*. 2001.

²⁴ WHO. *European strategy for child and adolescent health and development*. 2005.

²⁵ WHO: The Pan American Health Organization. *Regional Strategy for Improving Adolescent and Youth Health*. 2008.

UN Educational, Scientific and Cultural Organization (UNESCO), the UN Economic and Social Committee, and UN International Children’s Emergency Fund (UNICEF), the UN High Commissioner for Refugees, the UN Population Fund, UNAIDS, not to mention regional organizations and countless non-governmental organizations. All UN Member States have pledged to achieve the targets set out in SDG 3 by 2030, and these groups are working to mobilize the resources necessary to equip countries with the tools to do so.

Although progress has been made regarding SDG 3, the COVID pandemic, increasing conflicts, and a weak global economy has contributed to a multitude of setbacks that many countries and young people are struggling to combat.²⁶ Childhood vaccinations are in significant decline, giving rise to the spread of increased communicable diseases, maternal mortality has not significantly improved, and universal health coverage has been put on the backburner for many economies in decline.²⁷

Youth Mental Health

SDG target 3.4 aims to reduce mortality from non-communicable diseases and promote mental health.²⁸ Roughly, 1 in 7 adolescents and youth are affected by a mental health condition, with most unable or unwilling to access adequate care due to systemic barriers such as “low service ability, unaffordable costs” or due to stigma, shame, or irrational fears about individuals with mental health conditions.²⁹

Early efforts to address this SDG 3 target include *the Comprehensive Mental Health Action Plan 2013-2020*³⁰ and *the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*³¹, along with more specific efforts such as the *Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorder*.³² All of which have called for partnerships and collaboration to achieve an expansion of mental and disability health efforts through policy support, health-related capacity building, and the sharing of best practices.³³ The first *Comprehensive Action Plan* specifically outlines four major objectives to increase mental health access: “more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research.”³⁴

Beyond these efforts for increased access to mental health services for youth, such work represents a potential groundwork for a systematic reorientation to mental health services in a post-COVID world. There is a need for a reinvestment back into these

²⁶ UN. The Sustainable Development Goals Report 2023: Special Edition. 2023.

²⁷ Ibid.

²⁸ The Global Goals. “SDG 3: Good Health and Well-Being.” Nd.

²⁹ UN News. “1 in 7 children and teens impacted by mental health conditions.” 2024.

³⁰ WHO. Mental Health Action Plan 2013-2020. 2013.

³¹ WHO. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. 2013.

³² WHO. Comprehensive and coordinated efforts for the management of autism spectrum disorders. 2013.

³³ Ibid.

³⁴ WHO. Mental Health Action Plan 2013-2020. 2013.

services to get them not only back to their pre-pandemic levels but also beyond their former capacity.³⁵ Emergency concerns and long-term planning of health services should also be considered while encouraging the input of youth themselves.³⁶ The pandemic caused UN leadership as well as independent research to call for reinvigorated efforts to keep up with mental health access across all regions, particularly for youth.³⁷ A recent review of the UN system acknowledges that agencies should consider incorporating such approaches within their own organization, addressing mental health issues on a more of a case-by-case basis.³⁸

UN agencies are also providing on the ground assistance to Member States to strengthen their capacity in achieving SDG 3, including through noncommunicable disease prevention and mental health awareness. UNICEF and WHO have a Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents which aims to help Member States “implement evidence-informed and human-rights based multisectoral strategies to deliver opportunities, support and services” as well as “advance visibility, awareness and investment at the national and global level through joint action.”³⁹

Increasing Access for the Most Vulnerable

SDG target 3.8 aims to achieve universal health coverage for all, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines.⁴⁰ The most vulnerable youth, such as women and girls, young people with stigmatized illness like HIV/AIDS or mental health conditions, and persons with disabilities may require increased international and national protections and support to achieve this target.

Young women and girls are facing challenges in achieving SDG 3 targets 1 and 7 across the globe, particularly in developing countries where resources can often be limited.⁴¹ There are a variety of social limiters including child marriage, teenage pregnancy, the continued prevalence of FGM, and the spread of sexual transmitted infections.⁴² Many young people also see their right to health care limited by social norms, cultural attitudes, and institutional barriers which has been established.⁴³ From 2016-2018, girls aged 15-19 accounted for 11 percent of all births and 14 percent of all maternal deaths with around 50,000 girls dying from materials causes each year.⁴⁴ Concerningly, in that same time period, one in four adolescent girls were not able to

³⁵ UN News. “Child mental health crisis ‘magnified’ by COVID, warns UN chief.” 2021.

³⁶ Ibid

³⁷ Michele Nealon. “The Pandemic Accelerant: How COVID-19 Advanced Our Mental Health Priorities.” 2021.

³⁸ UN. UN System Mental Health and Well-being Strategy for 2024 and Beyond. 2024.

³⁹ WHO. “Mental Health, Brain Health and Substance Use.” 2024.

⁴⁰ The Global Goals. “SDG 3: Good Health and Well-Being.” Nd.

⁴¹ UNFPA. “Interwoven Lives, Thread of Hope: Ending Inequalities in Sexual and Reproductive Health and Rights.” 2024.

⁴² OHCHR. “Sexual and Reproductive Health: Young people need their sexual and reproductive health and rights.” 2021.

⁴³ Ibid.

⁴⁴ Ibid.

obtain contraceptives, with about 3.9 million girls aged 15-19 under unsafe abortions with increased overall material death and caused lasting health problems.⁴⁵ UN-Women assists Member States in policy research, best practices, as well as technical support to promote gender equality in health systems.⁴⁶ However, specific initiatives and programmes are needed to more acutely identify the needs of youth in this regard.

Education, training, and adequate data collection are essential in order to uplift the most vulnerable youth to stop spreads of infection, increase tolerance, and achieve SDG 3. There are several internationally established guidelines to assist Member States in incorporating this type of health education into national curriculum plans such as *The Global Guidance Briefs on HIV intentions for Young People*,⁴⁷ *International Technical Guidance on Sexuality Education*⁴⁸ and UNICEF's report on *Inclusive Education*.⁴⁹ UNESCO has a variety of programmes that work to establish and support "youth-led initiatives and networks, [strengthen] youth capacities, [foster] knowledge production, and [create dialogue spaces between youth, policymakers and other partners."⁵⁰

Future Outlook

Youth account for 16 percent of the global population with about 1.2 billion individuals.⁵¹ It is vital to the achievement of the SDGs to keep youth included in these discussions while providing sufficient support to uplift their health and well-being. In order to overcome setbacks presented by the COVID pandemic, growing income inequalities among individuals and Member States, and increased and protracted conflicts, increased investment in health systems to support youth will help build resilience for everyone and aid in the achievement of SDG 3.⁵²

⁴⁵ Ibid.

⁴⁶ UN-Women. Promoting gender equality in sexual, reproductive, maternal, newborn, child and adolescent health: Programming guide. 2019.

⁴⁷ WHO. The Global Guidance Briefs on HIV intentions for Young People. 2008.

⁴⁸ UNFPA. International Technical Guidance on Sexuality Education. 2018.

⁴⁹ UNICEF. Inclusive Education: Understanding Article 24 of the Convention on the Rights of Persons with Disabilities. 2017.

⁵⁰ UNESCO. "Youth." N.d.

⁵¹ Ibid.

⁵² Ibid.

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