Journal of Adolescent Health 59 (2016) 375–377

ELSEVIE

JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Commentary

From Advocacy to Action in Global Adolescent Health

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Keywords: Adolescent; Young adult; Global health

A B S T R A C T

In May 2016, *The Lancet* published a report titled, “Our Future: A Lancet Commission on Adolescent Health and Wellbeing,” the culmination of three years of work from a geographically diverse interdisciplinary group. The report argued that healthy growth across adolescence and young adulthood shapes life course and intergenerational trajectories so that health investments yield a “triple dividend.” With current global interest in adolescent health at an unprecedented level, it outlines three next steps to advance from advocacy to effective action: (1) there is a pressing need for comprehensive and integrated strategies, inclusive of, but extending beyond, sexual and reproductive health, and HIV; (2) interventions should address both adolescent health service coverage and determinants of health that lie in sectors such as education, justice, transport, and industry and employment, as well as families and local communities; and (3) scale-up of responses will require not only investments in country-level capacities for measuring need and responding with evidence-based practice but also the establishment of processes for accountability and meaningful youth engagement.

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Over the past decade, adolescent health has been the focus of many prominent publications, advocating for the sexual and reproductive rights of girls, and the centrality of 10- to 24-year-olds in global health and international development agendas [1–7]. They have described the significance of adolescent growth and health risks and made strong cases for adolescent health investments in low- and middle-income countries. Yet despite the escalating calls, responses until now have been muted. The reception of “Our Future: A Lancet Commission on Adolescent Health and Wellbeing” signals a welcome change (see An Overview of Adolescents in Global Health). Published in May 2016, together with the most comprehensive article yet on adolescent Global Burden of Disease, the Lancet Commission brought together academic institutions (including University of Melbourne, University College London, London School of Hygiene and Tropical Medicine, Columbia University, Public Health Foundation of India, the American University of Beirut, American University of Beirut, Obafemi Awolowo University, Kunming Medical University, Aga Khan University and Institute of Health Metrics and Evaluation at the University of Washington), international nongovernmental organizations, United Nations (UN) agencies, and young health advocates [8,9].

The Commission report presents adolescence and young adulthood as a time of growth and potential, a period of unique sensitivity to the social, cultural, educational, economic, peer, and media environments beyond an adolescent’s family of origin. Adolescent social contexts ultimately shape growth and health trajectories across the life course. For these reasons, investments in adolescent health have the potential to deliver a “triple dividend” for health during adolescence

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http://dx.doi.org/10.1016/j.jadohealth.2016.08.002

An Overview of Adolescents in Global Health

In September 2015, the United Nations' (UN) Secretary-General announced that the *Every Woman, Every Child* agenda would move forward to 2030 as a *Global Strategy for Women's ldren's and Adolescents' Healt* . This is the first time that adolescent health has been part of a major international development initiative. "Our Future: A Lancet Commission on Adolescent Health and Wellbeing" was published 8 months later. The report was accompanied by comments from the UN Secretary-General, Ban Ki-moon, who stressed the centrality of adolescents in the agenda for sustainable development, and from Melinda Gates, who championed the need for "an ambitious, comprehensive and crosscutting agenda focused solely on adolescents" [14,17]. The global launch events for the commission in London; Copenhagen; Geneva; Kampala; Washington, DC; and Seattle (further events planned for Johannesburg, New Delhi, Islamabad, and Beirut) were supported by The Lancet in association with various groups including the Partnership for Maternal, Newborn and Child Health, the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation, United States Agency for International Development, and the World Bank's Health, Nutrition and Population Global Practice team. In parallel, the major UN agencies involved in adolescent health are developing strategies that promise to shift advocacy into action. The World Health Organization is preparing implementation guidance for accelerated action for the health of adolescents (the Global AA-HA!), the United Nations Children's Fund is leading initiatives for adolescent girls and adolescent rights, and the United Nations Population Fund is extending beyond its traditional focus on adolescent sexual and reproductive health and rights to make a broad investment case for adolescents. Perhaps most significantly, the World Bank has established a Global Financing Facility to resource the implementation of the new global strategy and provide funds for adolescent health programs in some of the poorest and most needy countries [18,19].

itself, across the life course, and because this is the next generation to parent, the healthiest possible start to life for the next generation. The report outlines three essential action steps.

First, actions for adolescent health must extend beyond a predominant focus on sexual and reproductive health and HIV. The Commission report, together with the accompanying Global Burden of Disease article, provides a comprehensive global profile of adolescent health that encompasses diseases of poverty (e.g., undernutrition, infectious diseases, HIV, and major reproductive health problems), injury and violence, and noncommunicable diseases (e.g., chronic physical conditions, mental and substance use disorders) as well as health risks [8,9]. These analyses demonstrate strikingly different profiles of adolescent and young adult health between and within countries. Despite many commonalities, priority actions in any given place will need to reflect these different health profiles.

Second, a broader perspective on interventions is needed. The major determinants of growth, health, and development during adolescence lie well beyond the health service system. These include education, justice and law reform, transport, industry, and employment as well as families and local communities. Actions for adolescent health will necessarily require engagement with these sectors. At the same time, investments and reforms in health services are needed as adolescents remain an age group with low health coverage. Barriers include the skills and attitudes of health care providers, a lack of orientation of health services to emerging health needs, and inadequate financing models. There is ultimately a mismatch between traditional office-based health services and the lived realities of adolescents. The need for flexibility and creativity in health care delivery is clear: school- and community-based health care, digital and social media, as well as mobile services in low-resource settings and for marginalized groups are all likely to be useful platforms in different places. The extension of secondary education and rollout of broadband in many middle- and low-income countries will offer exciting opportunities for interventions. Quality secondary education is arguably the single most effective investment the global community can make in health, particularly for adolescent girls. In addition, secondary schools offer a platform for health actions that range from immunization to the treatment of undernutrition and micronutrient deficiencies, promotion of health literacy including comprehensive sexuality education, provision of contraception and condoms, prevention of violence, and promotion of mental health [8].

A third set of recommendations concerns the pressing need for growing knowledge, systems, and human capacity. In low- and middle-income countries, maternal and early childhood health has been a major focus in recent decades with remarkable progress [10]. In contrast, adolescent health programs remain poorly developed in most places, as reflected in the weak systems for measuring and monitoring adolescent health needs, in poor coverage of essential interventions, and in limited human capacity [11]. The major international surveys collecting data on adolescents were developed for specific health issues. The scope for survey harmonization and the opportunity for more comprehensive data collection on adolescents have had little attention [11]. The best data are available on sexual and reproductive health (e.g., adolescent birth rates, unmet need for contraception) but even here there are striking gaps. Younger adolescents, particularly those out of school, are very poorly covered. In addition, for many important health problems including violence, mental health, and infectious diseases beyond HIV, coverage is minimal.

There are a range of effective and scalable actions for adolescent health including cash transfers to allow girls to continue to attend school, comprehensive sexuality education, provision of youth-friendly sexual and reproductive health services, taxation of unhealthy products and foods, and treatment of nutritional deficiencies [8]. Yet the evidence base for action in adolescent health remains relatively weak. The overwhelming majority of intervention studies derive from high-income countries, particularly the United States [8,12]. Sexual and reproductive health has had most attention, but even here striking gaps persist. There have been few adaptations of effective interventions from high-income countries and few high-quality evaluation studies in low- and middle-income countries, beyond those in sexual and reproductive health. Extending knowledge for action requires more systematic mapping of the evidence gaps, further data

syntheses, trialling new and adapted interventions in low- and middle-income countries and further exploration of the implementation and scalability of those with a sound evidence base. A better understanding of the costs of implementation will allow more compelling cost-effectiveness analyses and ultimately an adolescent investment case similar to that for women and younger children [13].

At a policy level, adolescents are everywhere but nowhere. No single agency is charged with the accountability for adolescent health at global or national levels [8,14]. The Commission report stressed the need for accountability mechanisms that include young people, good technical capabilities for taking action, and independent oversight. The inclusion of young health advocates will require investment in their knowledge and social skills, partnership, and training of adult mentors, as well as the creation of new forums, systems, and processes to support their meaningful engagement.

If the initial positive global response can be sustained, the coming decades will be an exciting time for our field. The major UN and related agencies, including the World Health Organization, the United Nations Children's Fund, the United Nations Population Fund, and the World Bank, are intensifying their efforts. Global donors seem likely to extend investments, inclusive of, but moving beyond, their current focus on sexual and reproductive health. In addition, The Lancet has committed to a Standing Commission on Adolescent Health and Wellbeing for at least 5 years.

The Society for Adolescent Health and Medicine (SAHM) can be pleased that its members were well represented in the leadership of the Lancet Commission. SAHM, through its members, has made many contributions over many decades to international health initiatives and the training of health care professionals and researchers from low- and middle-income countries. The *Journal of Adolescent Health* has increasingly become a forum for international research [15,16]. The Lancet Commission builds on the growing momentum of earlier initiatives. In turn, this momentum presents an outstanding opportunity for the Society to extend its global engagement and leadership. Further steps could include expansion of its international membership, redoubling efforts by this Journal to remain the preeminent specialist source of scientific articles for the international health community, and renewed efforts within the annual scientific meeting to address the geographic diversity of the field. The beneficiaries will be current and future members of SAHM—and most importantly, current and future generations of young people.

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