



# THE LANCET

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## Our future: a *Lancet* commission on adolescent health and wellbeing



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### Executive summary

Unprecedented global forces are shaping the health and wellbeing of the largest generation of 10 to 24 year olds in human history. Population mobility, global communications, economic development, and the sustainability of ecosystems are setting the future course for this generation and, in turn, humankind.<sup>1,2</sup> At the same time, we have come to new understandings of adolescence as a critical phase in life for achieving human potential. Adolescence is characterised by dynamic brain development in which the interaction with the social environment shapes the capabilities an individual takes forward into adult life.<sup>3</sup> During adolescence, an individual acquires the physical, cognitive, emotional, social, and economic resources that are the foundation for later life health and wellbeing. These same resources define trajectories into the next generation. Investments in adolescent health and wellbeing bring benefits today, for decades to come, and for the next generation.

Better childhood health and nutrition, extensions to education, delays in family formation, and new technologies offer the possibility of this being the healthiest generation of adolescents ever. But these are also the ages when new and different health problems related to the onset of sexual activity, emotional control, and behaviour typically emerge. Global trends include those promoting unhealthy lifestyles and commodities, the crisis of youth unemployment, less family stability, environmental degradation, armed conflict, and mass migration, all of which pose major threats to adolescent health and wellbeing.

Adolescents and young adults have until recently been overlooked in global health and social policy, one reason why they have had fewer health gains with economic development than other age groups. The UN

Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health initiated, in September, 2015, presents an outstanding opportunity for investment in adolescent health and wellbeing.<sup>4</sup> However, because of limits to resources and technical capacities at both the national and the global level, effective response has many challenges. The question of where to make the most effective investments is now pressing for the international development community. This Commission outlines the opportunities and challenges for investment at both country and global levels (panel 1).

Adolescent health profiles differ greatly between countries and within nation states. These differences usually reflect a country's progress through an epidemiological transition in which reductions in mortality and fertility shift both population structures and predominating patterns of disease. Just over half of adolescents grow up in *multi-burden countries*, characterised by high levels of all types of adolescent health problems, including diseases of poverty (HIV and other infectious diseases, undernutrition, and poor sexual and reproductive health), injury and violence, and non-communicable diseases (NCDs). These countries continue to have high adolescent fecundity and high unmet need for contraception, particularly in unmarried, sexually active adolescents. For these countries, addressing the diseases of poverty is a priority, at the same time as putting in place strategies to avoid sharp rises in injury, mental disorders, and NCD risks. One in eight adolescents grow up in *injury excess countries*, characterised by high persisting levels of unintentional injury or violence and high adolescent birth rates, and have generally made little progress in reducing these problems in recent decades. For this group of countries there is a need to redouble efforts to reduce injury,

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### Panel 1: Messages, opportunities, and challenges

#### Key messages

- Investments in adolescent health and wellbeing bring a triple dividend of benefits now, into future adult life, and for the next generation of children.
- Adolescents are biologically, emotionally, and developmentally primed for engagement beyond their families. We must create the opportunities to meaningfully engage with them in all aspects of their lives.
- Inequities, including those linked to poverty and gender, shape all aspects of adolescent health and wellbeing: strong multisectoral actions are needed to grow the resources for health and wellbeing and offer second chances to the most disadvantaged.
- Adolescents and young adults face unprecedented social, economic, and cultural change. We must transform our health, education, family support, and legal systems to keep pace with these changes.

#### Outstanding opportunities

- Guaranteeing and supporting access to free, quality secondary education for all adolescents presents the single best investment for health and wellbeing.
- Tackling preventable and treatable adolescent health problems including infectious diseases, undernutrition, HIV, sexual and reproductive health, injury, and violence will bring huge social and economic benefits. This is key to bringing a grand global convergence in health in all countries by 2030.
- The most powerful actions for adolescent health and wellbeing are intersectoral, multilevel, and multi-component: information and broadband technologies present an exceptional opportunity for building capacity within sectors and coordinating actions between them.
- Establishing systems for the training, mentoring, and participation of youth health advocates has the potential to transform traditional models of health-care delivery to create adolescent-responsive health systems.

#### Challenges ahead

- Rapid global rises in adolescent health risks for later-life non-communicable diseases will require an unprecedented extent of coordination across sectors from the global to the local level.
- Non-communicable diseases of adolescents including mental and substance use disorders, and chronic physical illnesses are becoming the dominant health problems of this age group. Substantial investment in the health-care system and approaches to prevention are required.
- Health information systems to support actions in adolescent health remain weak: greater harmonisation and broadening of data collection systems to neglected problems and younger ages will be needed.
- Inequalities in health and wellbeing are evident in socially and economically marginalised adolescents, including ethnic minorities, refugees, young offenders, Indigenous, and LGBT adolescents; engagement of adolescents and reconfiguration of service systems to ensure equity of access regardless of sex, ethnic, or socioeconomic status will be essential.

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violence, and adolescent births as well as avoid sharp rises in mental disorders and NCD risks. Just over a third of adolescents grow up in countries that are *NCD predominant*, where the major adolescent burden lies in mental and substance use disorders, and chronic physical illness. For this group, the priority is now about universal health coverage and finding effective and scalable prevention strategies for these neglected conditions.

Adolescents and young adults have many unmet needs for health care, and experience barriers that include their

inexperience and lack of knowledge about accessing health care, and heightened sensitivity to confidentiality breaches. Further barriers arise from restrictive legislative frameworks, out-of-pocket costs, stigma, and community attitudes. Health-care providers need attitudes, knowledge, and skills that foster engagement with adolescents while maintaining a level of engagement with families. Universal health coverage requires accessible packages of care matched to local need and acceptable to adolescents and young adults. The most effective health service systems include high-quality health worker training, adolescent responsive facilities, and broad community engagement.

Laws have profound effects on adolescent health and wellbeing. Some protect adolescents from harms (eg, preventing child marriage); others could be damaging in limiting access to essential services and goods such as contraception. Although nearly all countries have signed and ratified the UN Convention on the Rights of the Child, there are profound differences in the legal frameworks underpinning adolescent health across countries. Even where national legal frameworks exist, customary or religious laws often take precedence, leaving the rights of adolescents to health too often neglected and undermined.

The expansion of secondary education in many countries, particularly for girls, offers remarkable opportunities for health and wellbeing. Participation in quality secondary education enhances cognitive abilities, improves mental health and sexual and reproductive health, and lowers risks for later-life NCDs. Schools also provide a platform for health promotion that extends from the provision of essential knowledge for health, including comprehensive sexuality education, to maintaining lifestyles that minimise health risks. Equally, avoiding early pregnancy, infectious diseases, mental disorder, injury-related disability, and undernutrition are essential for achieving the educational and economic benefits that extensions to secondary school offer.

Digital media and broadband technologies offer outstanding new possibilities for engagement and service delivery. Adolescents are biologically, emotionally, and developmentally primed for engagement beyond their families. That engagement is essential for their social and emotional development. It is also a force for change and accountability within communities. Social networking technologies have the potential to galvanise, connect, and mobilise this generation as never before. We must create opportunities to extend youth engagement into the real world. This requires financial investment, strong partnerships with adults, training and mentorship, and the creation of structures and processes that allow adolescent and young adult involvement in decision making.

The most effective actions for adolescent health and wellbeing are intersectoral and multi-component. They

could include structural, media, community, online, and school-based elements as well as the provision of preventive and treatment health services. The neglect of adolescent health and wellbeing has resulted in minimal investments in programming, human resources, and technical capacity compared with other age groups. As a consequence there are major gaps in our understanding of adolescent health needs, in the evidence base for action, in civil society structures for advocacy, and the systems for intersectoral action. Within any country there are marked differences in health between different regions and within different adolescent groups, with poverty, gender, and social marginalisation important determinants. Groups such as ethnic minorities, LGBT (lesbian, gay, bisexual, or transgender) youth, those with disabilities, or who are homeless or in juvenile detention have the greatest health needs. Sound information underpins any efficient response. Yet because information systems on health and wellbeing are piecemeal, the needs of these groups are invisible and unmet. A capacity to understand local health needs inclusive of all adolescents, regardless of age, sex, marital status, or socioeconomic status, is essential.

In the face of global change, continued inaction jeopardises the health and wellbeing of this generation and the next. But there are grounds for optimism. The Global Strategy for Women's, Children's and Adolescents' Health offers a framework to drive and coordinate investment, capacity building, research, and evaluation.<sup>4</sup> Global strategies to extend education, to reduce gender inequalities and empower women, to improve food security and nutrition, and to promote vocational skills and opportunities for employment are all likely to benefit adolescents and young adults.<sup>5</sup> Digital technologies and global communications offer exceptional opportunities for catch-up in training and education, creation of inclusive health information systems, meaningful youth engagement, and cooperation across sectors. This generation of adolescents and young adults can transform all of our futures; there is no more pressing task in global health than ensuring they have the resources to do so.

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