Adolescence - typically defined as being between 10-19 years of age1 - is a critical phase in an individual’s life cycle. It is a time of biological and emotional changes as an individual makes the transition from childhood into adulthood marked by the onset of puberty. Girls and boys are expected to take on more responsibilities and adult gender roles depending on their social and economic context. It is a key point in time when an individual’s social, economic and political environment plays a significant role in determining his or her opportunities and access to appropriate information and services.

Adolescents now account for 18% of the world’s population2; these girls and boys are exposed to a wide range of risks that can impede their healthy transition to adulthood. Furthermore, behaviours that adolescents adopt during this life stage have critical implications for their future health, well-being and mortality.3 Therefore ensuring that the health of adolescents is given greater prominence in future global health goals is critical to ensuring the success of public health, and other emerging health agendas.4

Improving the health of 10–19 year olds, however, has failed to capture health policy and programming attention, and there has been a historical shortage of adequate data and analysis on this diverse group. Whereas girls and boys in their first decade of life receive many health resources this typically stops as they transition into adolescence, despite the fact that investment during this time is necessary to ensure the benefits established by early childhood interventions are not lost. Not only have adolescent health improvements lagged behind the improvements experienced among younger children over the past 50 years,5 but many more children have survived into adolescence as a result of these early childhood health interventions. In fact, there is a larger cohort of adolescents and young people today (just under 2 billion) than ever before, of whom 86% live in low-income and middle-income countries.6

This has led to a growing adolescent population whose health needs remain side-lined from health policies and programmes. Policy makers have responded inadequately to the knowledge that health-related behaviours and health outcomes in adolescence have a sustained effect on the future health of these young people.7 As a result, adolescents lack targeted services that respond to their needs, compared to other groups. To date, they have benefitted less from the global development framework than other groups, and need more prominence in future global health goals and programming for better population health to be achieved.8

So what do we need to do to improve the health of youth?

...Give adolescents a stronger voice to ensure that health policies and interventions address their needs

The approach of the Young Health Programme, a partnership between AstraZeneca, Plan International and Johns Hopkins Bloomberg School of Public Health, is centred on the principle that in order to promote adolescent health, both programmes and policy need to meaningfully engage the voices and perspectives of adolescents. Young people have the right to be heard, express opinions and be involved in decision making.9 When adolescents participate, it results in decisions that better respond to their needs and concerns, contributing to improved development outcomes over the longer term. Young Health Programme partners across 16 countries in the global north and south are addressing some of the most pressing health issues affecting young people by developing rights-based programmes that involve innovative participation and engagement strategies to bring youth into the heart of the issues and their solutions.

AstraZeneca
Young Health Programme
A global community investment initiative

Youth engagement – a core strategy in YHP programmes

• In Brazil, Plan International has trained over 200 adolescent peer educators who now in turn reach over 7,000 girls and boys with key messages on relevant health issues. These peer educators participated in the programme design – diversifying the activities to make the outreach more exciting and accessible for adolescents, and enabling the Young Health Programme to reach a larger and more inclusive audience, for example, by also engaging young girls and boys who are not currently in school.
• In Canada, mindyourmind enabled and supported young people to work alongside resource development and design professionals to create the series ‘Mental Health A to Z’ – online educational modules addressing issues of stress and wellness. Youth were involved in the conceptualisation, development and dissemination phases, as well as reviewing and testing for usability, accessibility and relevancy. To date, Mental Health A to Z has been accessed by over 2,000 youth and professionals, and used by education support staff, public health nurses and youth leaders.
...Take a holistic approach to adolescent health strategies and programmes, with adolescents at the centre

Adolescent health is a cross-cutting issue, and plays a role in many public health priority areas, including maternal morbidity and mortality, HIV and AIDS and more recently identified injuries and noncommunicable diseases (NCDs), including mental health. Placing adolescence at the centre of public health strategies and programmes provides an opportunity to improve health during this time and into adult life. Programmes and policies also need to address the underlying social and structural determinants of health that infringe upon young people's right to health and well-being.

...Focus on the importance of health promotion and disease prevention when approaching adolescent health issues

During adolescence, foundations for future health or ill-health are established. In today's world, the structures of social and physical environments are rapidly changing, which have an impact on health-related behaviours and associated outcomes. Almost two-thirds of the world's premature deaths, and one third of the global burden of disease among adults are associated with risky behaviours and conditions that are typically established in adolescence, such as tobacco smoking, alcohol and drug consumption, unsafe sex, lack of physical exercise, and exposure to violence. 70% of premature adult deaths are associated with behaviours started or re-enforced in adolescence.

...Ensure adolescents have greater prominence in future global health goals and programming

Adolescents have benefitted less than other groups from the global development framework – for instance mortality rates among this group have declined less than for children under the age of 10. There is now a real need to focus on translating the benefits from child health into adolescence for lasting health into adulthood. Learnings and evidence from programmes and research that specifically address adolescent health issues should be shared with policy makers to ensure the needs of adolescents are addressed in new and emerging policy frameworks.

Read more about our work here:
www.younghealthprogrammyhp.com

The Young Health Programme is a global partnership between AstraZeneca, Johns Hopkins Bloomberg School of Public Health and Plan International, with over twenty local NGO partners also implementing YHP programmes on the ground. Mindyourmind is a partner in AstraZeneca Canada’s Young Health Programme. We’d like to hear from you at yhp_enquiries@astrazeneca.com

1 UNICEF. Progress for Children: A Report card on Adolescents. Number 10, April 2012, New York
4 UNICEF. Progress for Children: A Report card on Adolescents, 2012
9 Article 12, International Convention on the Rights of the Child
11 World Health Organization. 10 Facts on Adolescent Health, Slide 1, WHO, 2008