

Our future: a *Lancet* Commission
on adolescent health and wellbeing

THE LANCET

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Report Overview

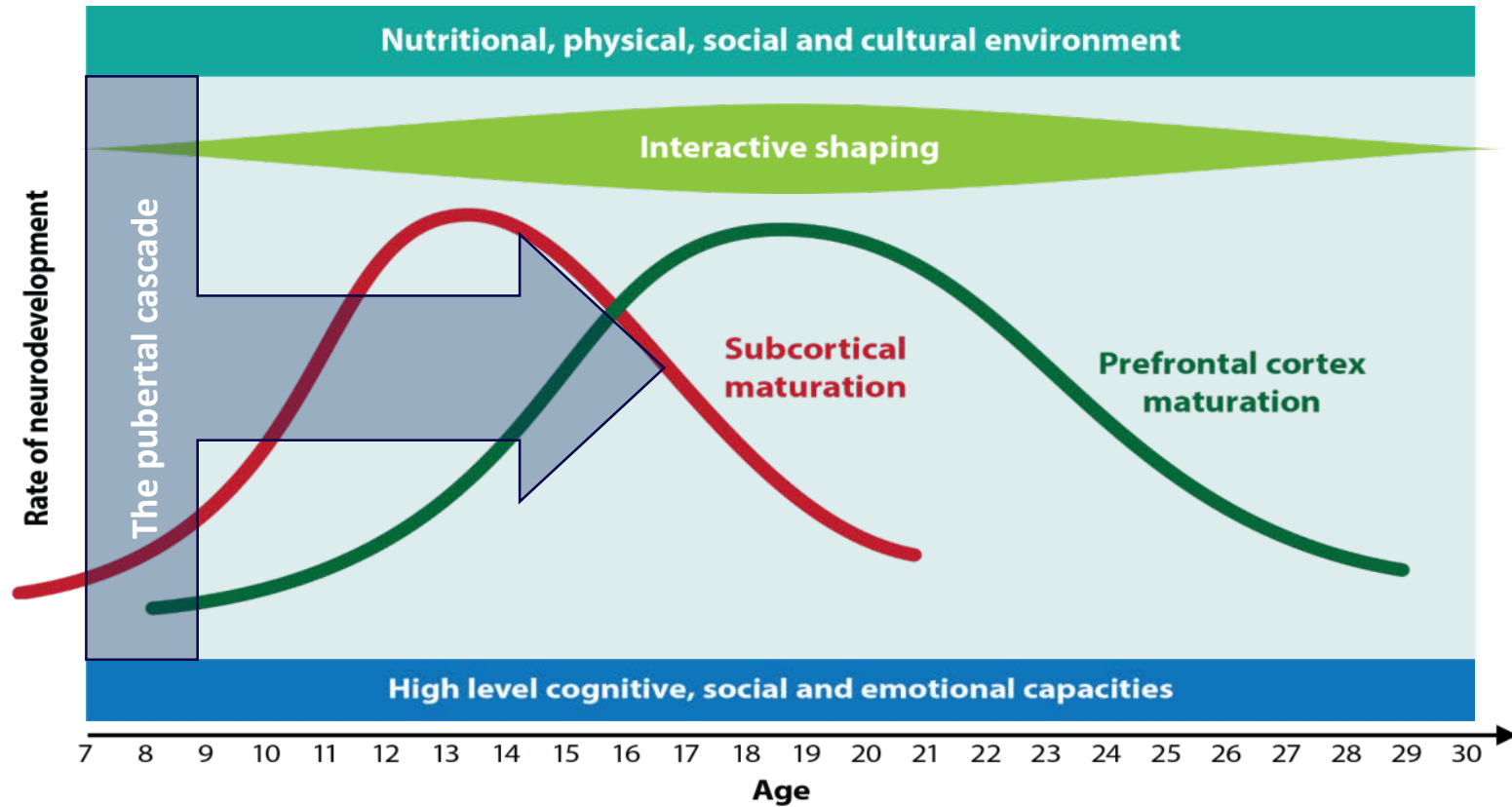
George Patton, University of Melbourne

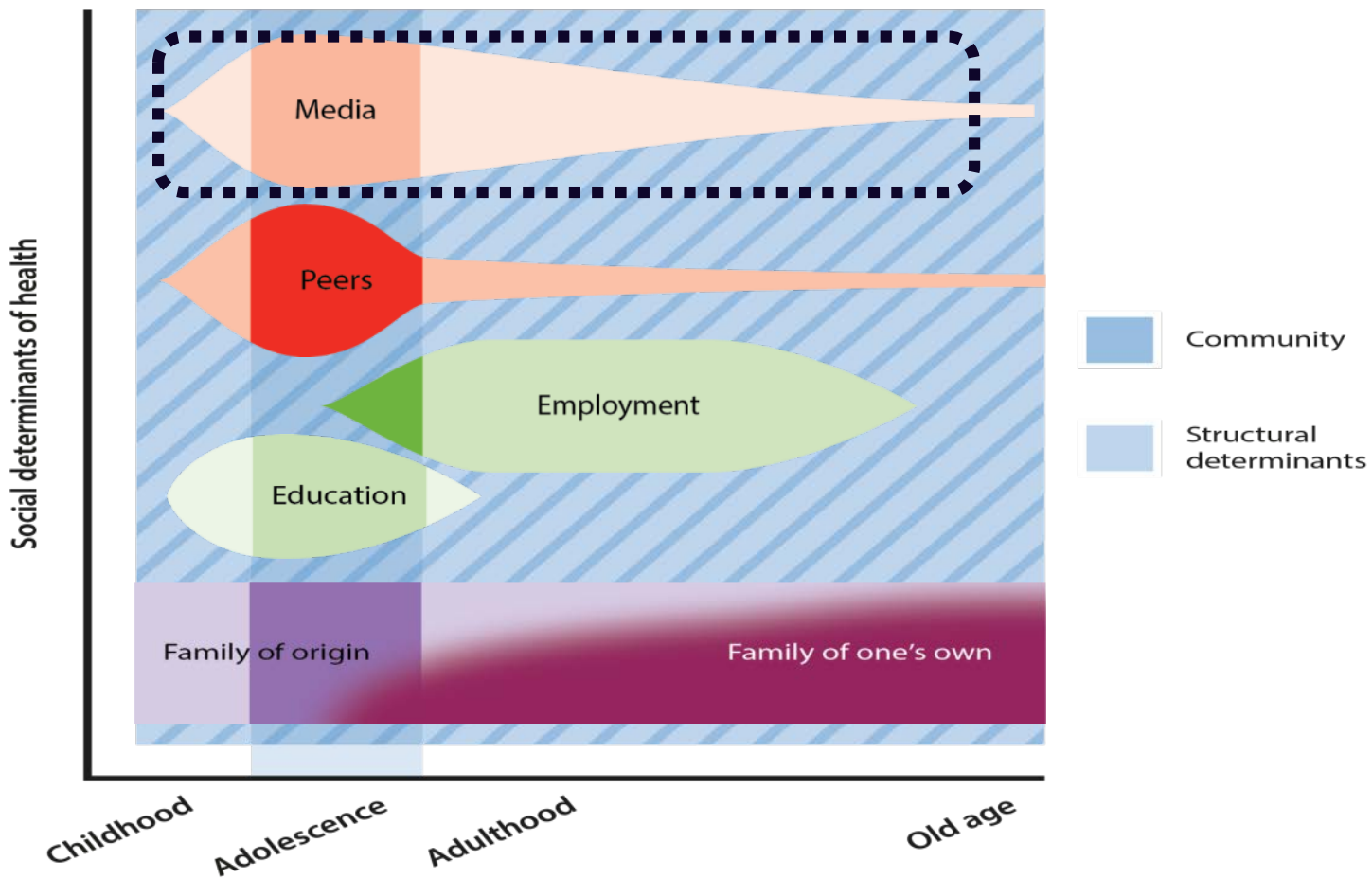


The Potential



Late childhood and adolescent neurodevelopment

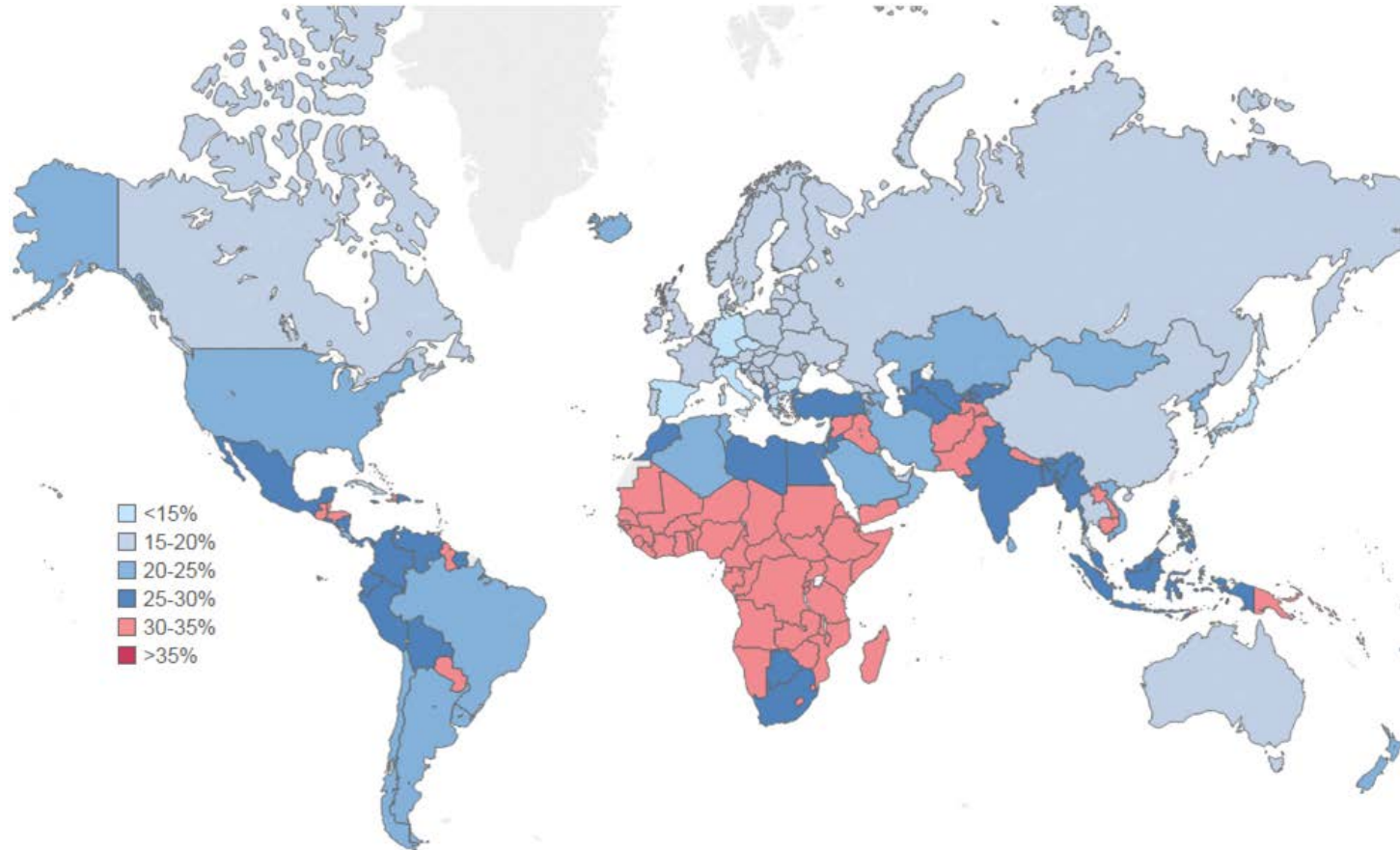




The Opportunity



Percentage of the total population aged 10-24 years in 2013





EVERY WOMAN
EVERY CHILD

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

SURVIVE // THRIVE // TRANSFORM

“Young people are the world’s greatest untapped resource.”

UN Secretary-General

The Challenge





“Adolescents...the most pervasively neglected group in global health.”

Richard Horton, 2012

Recommendations



Lancet Commission

Early
Childhood

Mid
Childhood

Younger
Adolescence

Older
Adolescence

Young
Adulthood

Young People

Youth

Adolescence

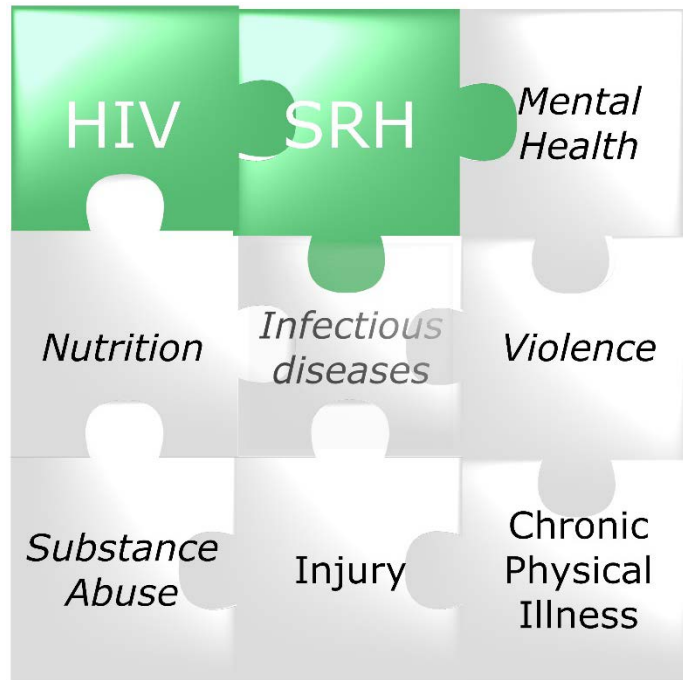


Key Recommendations

1. Reframe adolescent health
2. Match action to need
3. Universal health coverage
4. Intersectoral action
5. Engaging and empowering youth
6. Grow knowledge and capacity

A Broader Lens

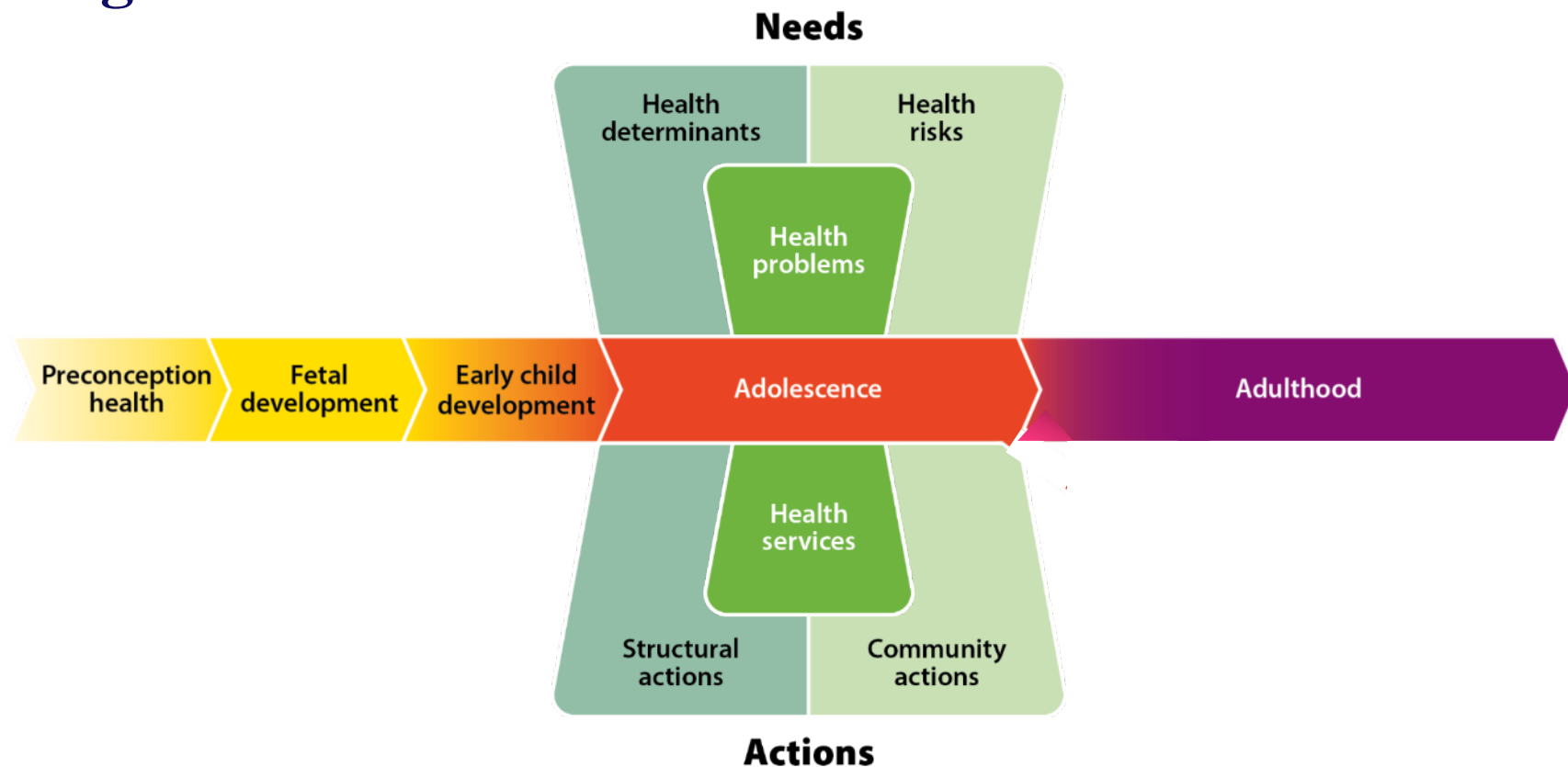
Global adolescent health today



Adolescent health needs



Longer and Broader Still



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Country Groups



Actions for Health

Diseases of poverty

Infectious and vaccine preventable diseases

Undernutrition

HIV

Sexual and reproductive health

Multi-Burden

Injuries

Unintentional injuries

Violence

Injury Excess

Non-communicable diseases

Physical disorders

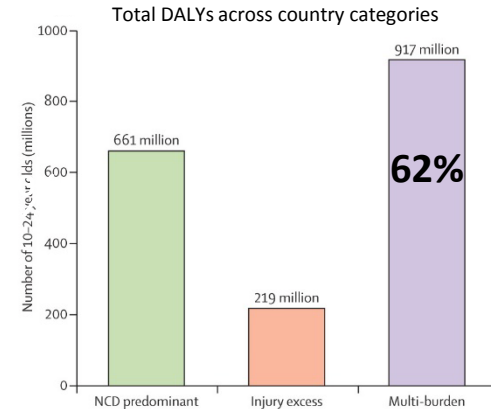
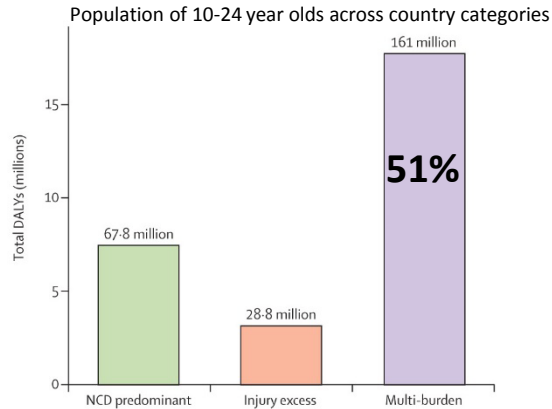
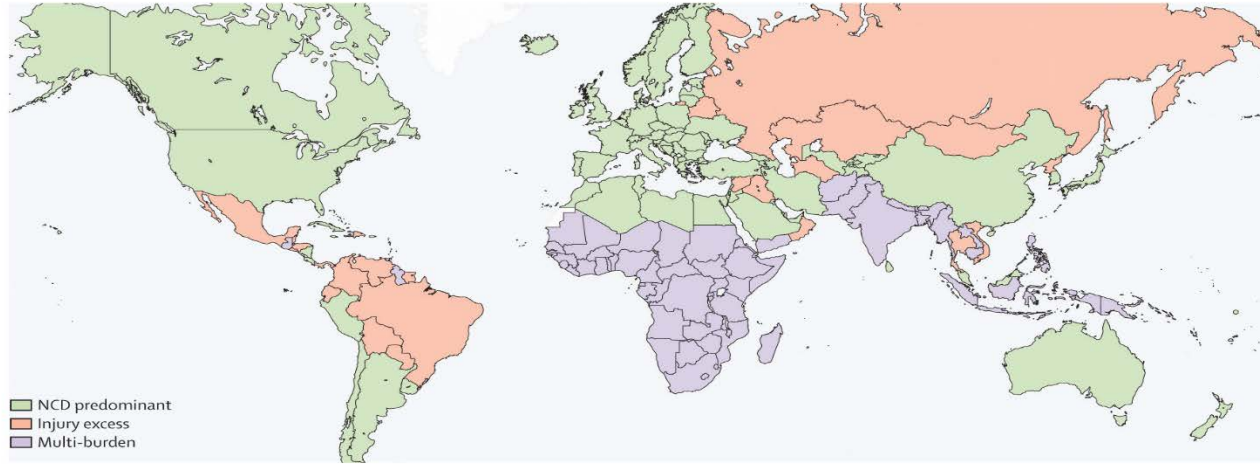
Mental disorders

Substance use disorders

NCD Predominant

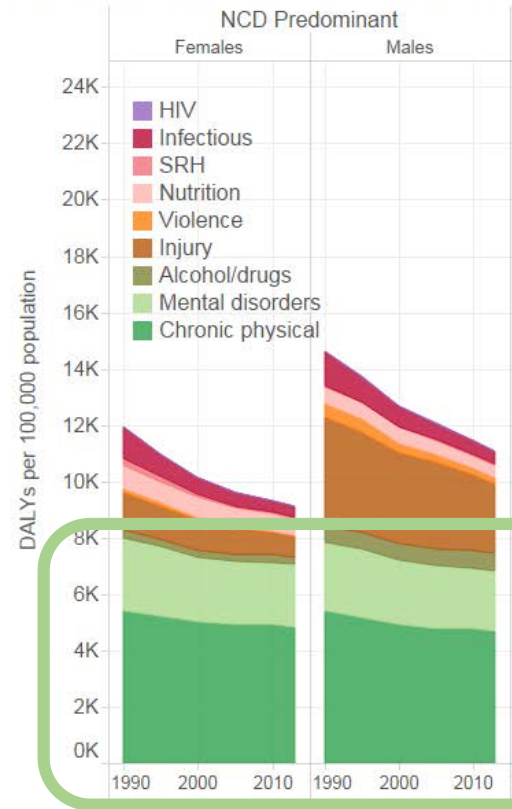
Epidemiological Transition

Global adolescent health profile



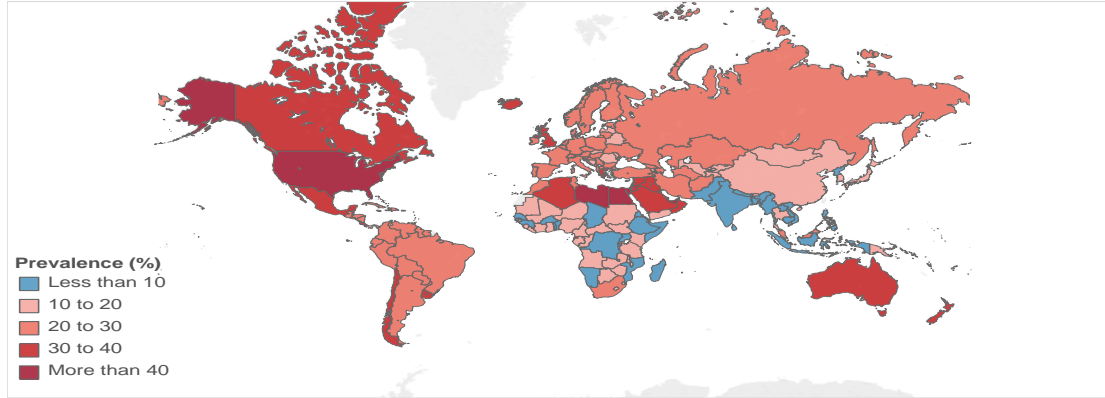
Disease burden by country groups 1990-2013

Change in DALY rate by cause and sex in 10-24 year old from 1990-2013

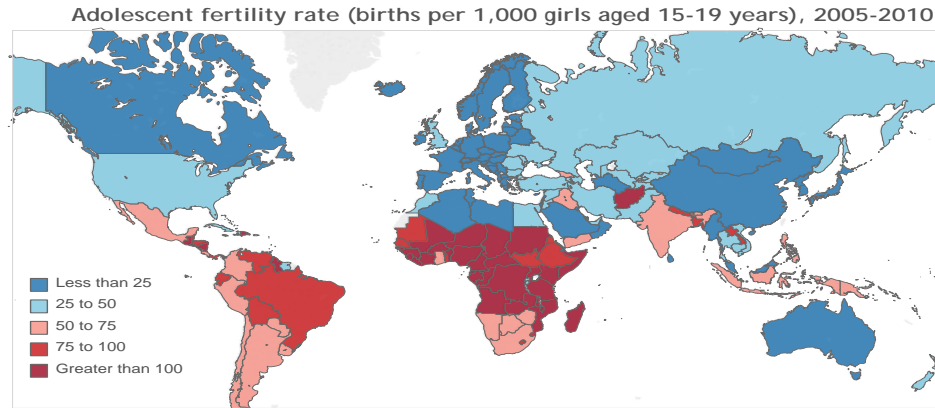


Overweight and obesity change since 1990

Prevalence in 2013



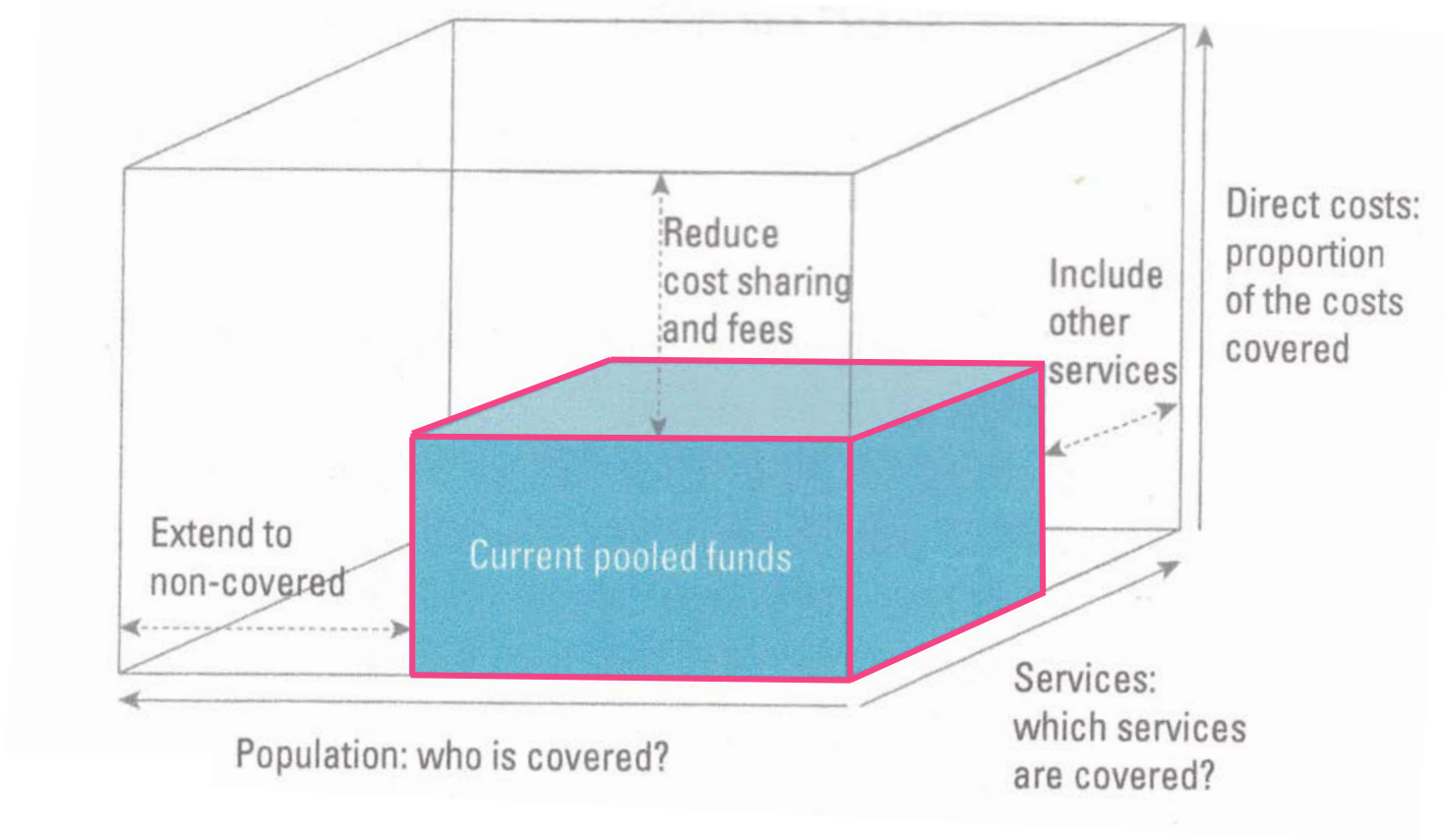
Adolescent birth rates: change since 1990



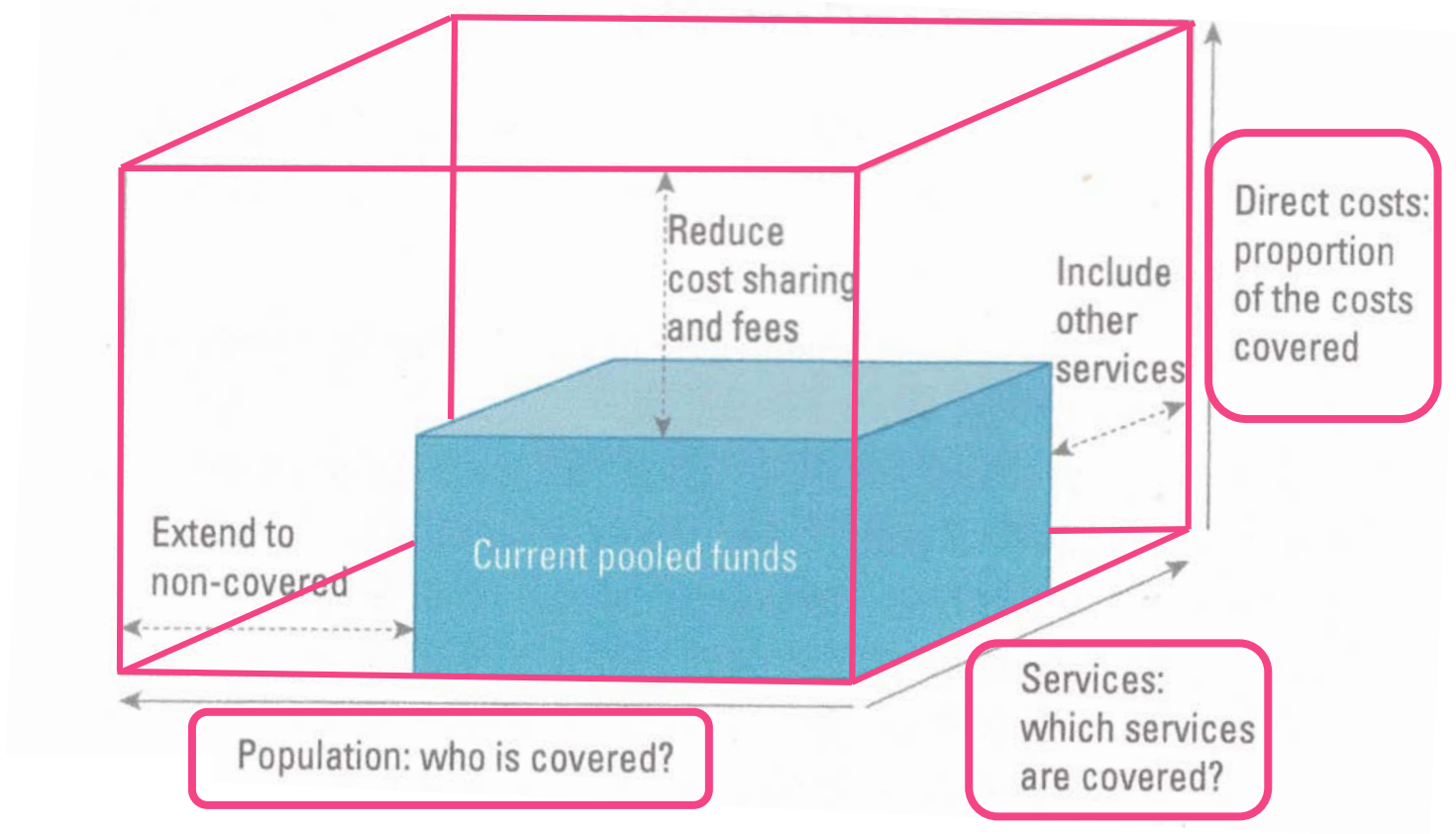
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Adolescents and universal health coverage

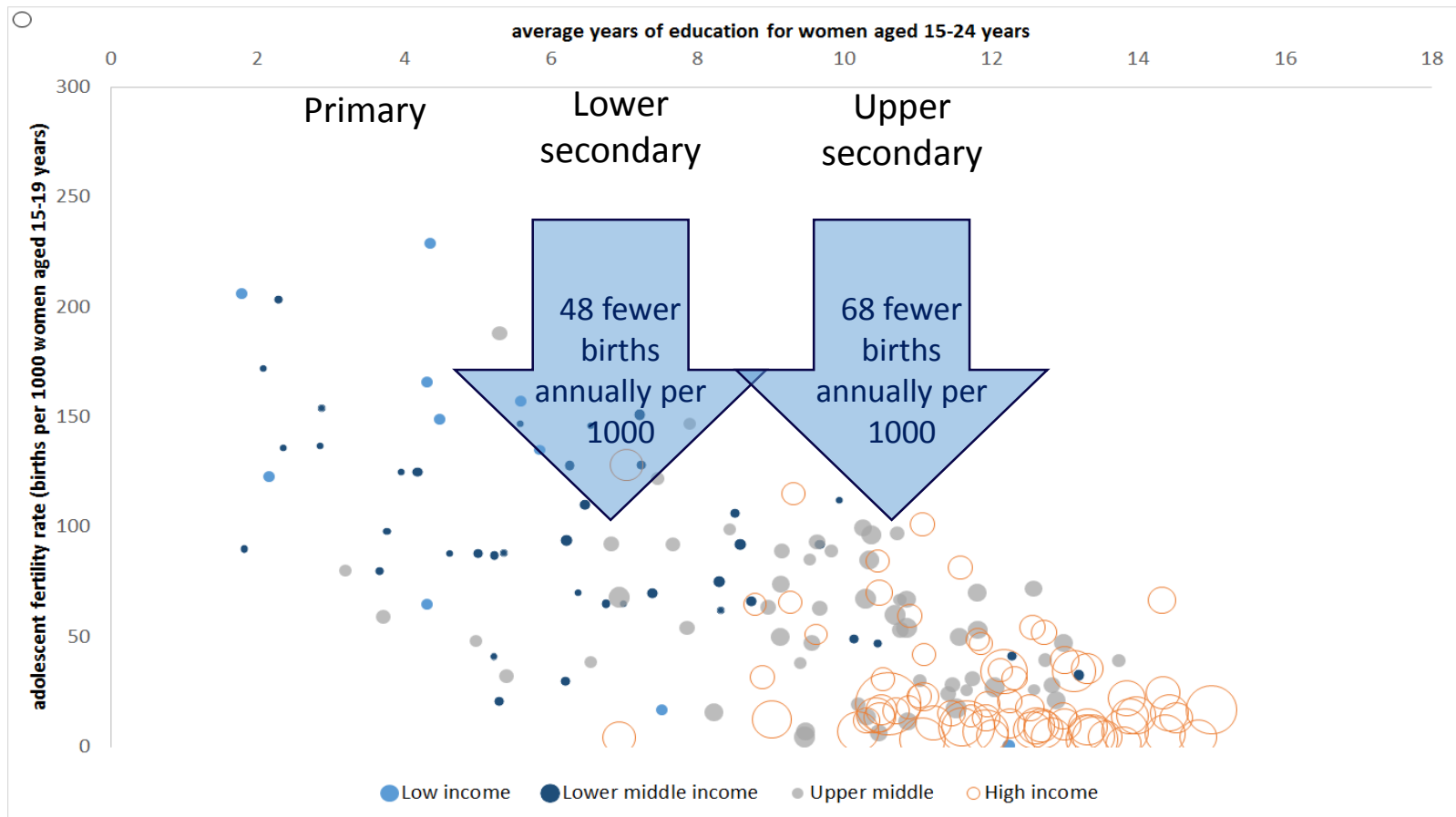


Adolescents and universal health coverage



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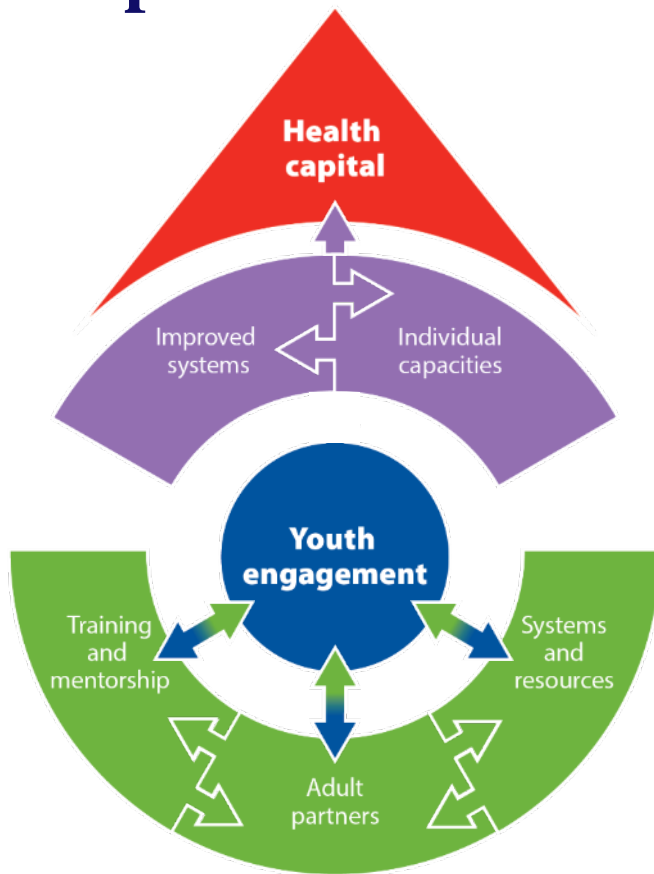
Laws: An Essential Element in the Social Scaffold

	India	Lebanon	Nigeria	Peru	Sweden	United States
Age of majority¹	15—18	18	21	18	18	18—21
Customary/religious law exception	Yes	Yes	Yes	None	None	None
Other exceptions	Marriage	Marriage	Marriage	None	Marriage	State variance
Minimum working age	None	13	None	14	13—18	14
Customary/religious law exception	None	None	None	None	None	None
Other exceptions	Work nature	None	None	None	Work nature	None
Minimum drinking age	18 or Illegal	16 or Illegal	18 or Illegal	18	None – 20	21
Customary/religious law exception	Yes	Yes	Yes	None	None	None
Other exceptions	State variance	Yes	Yes	None	Alcohol strength	None
Age of criminal responsibility²	7	7	None	12—18	15	6—14
Customary/religious law exception	None	None	Yes	None	None	None
Other exceptions						State variance
Minimum age of marriage	Puberty—21	9—18	9—18	16	18	16—21
Customary/religious law exception	Yes	Yes	Yes	None	None	None
Other exceptions	Gender	Gender	Gender	None	Special Reason	State variance
Heterosexual age of sexual consent	None—18	None—15	Puberty—18	14	15	16—18
Customary/religious law exception	Yes	Yes	Yes	None	None	None
Other exceptions	Marriage, gender	Maturity	State variance	None	None	State Variance, Gender
Same-sex age of sexual consent	No information	No information	No information	14	15	16-18
Customary/religious law exception	None	None	None	None	None	None
Other exceptions	Legally restricted	Legally restricted	Legally restricted	None	None	State Variance

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Engagement and Empowerment



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The Importance of Data

Assessment

Health status
Policy and
service responses
Financial
investments



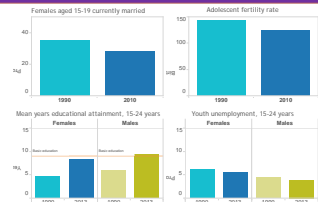
Nigeria

Nigeria's health profile for 10-24-year-olds

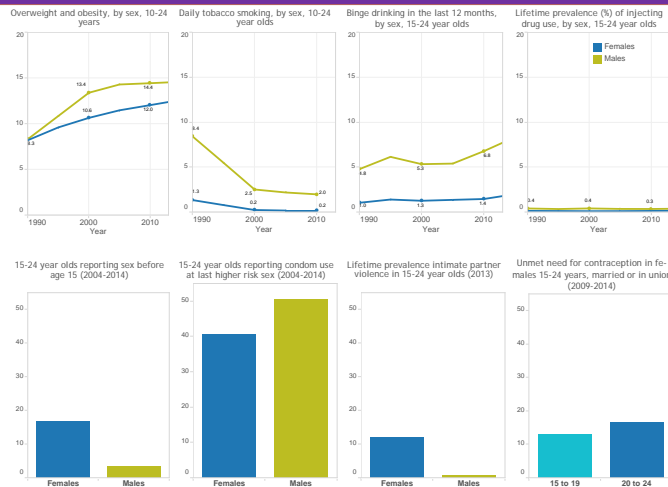
MULTIBURDEN

SOCIAL DETERMINANTS

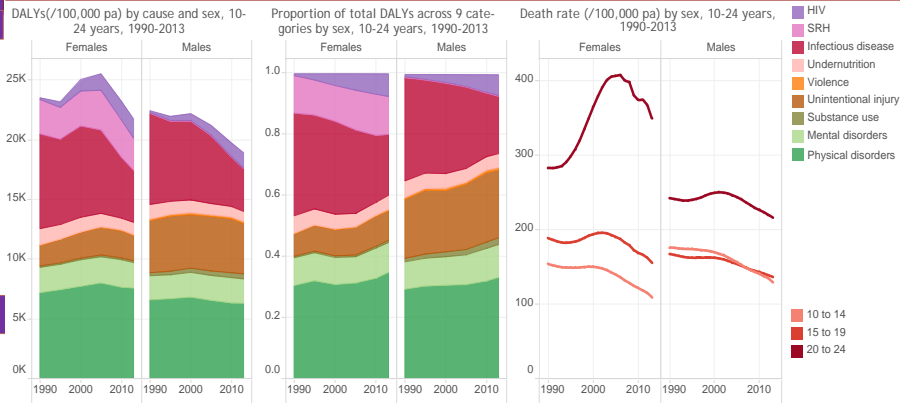
Population 10-24 years (000s)	54,000
Proportion % population 10-24	31
GNI per capita (\$US)	2,710 <small>(Lower middle income)</small>
Health expenditure per capita (\$US)	115
[WHO minimum expenditure \$US44]	
Health workforce density per 1,000	2
[WHO minimum density 2.3]	
Mobile phone subscriptions per 100 (all ages)	73
Internet users per 100 (all ages)	38



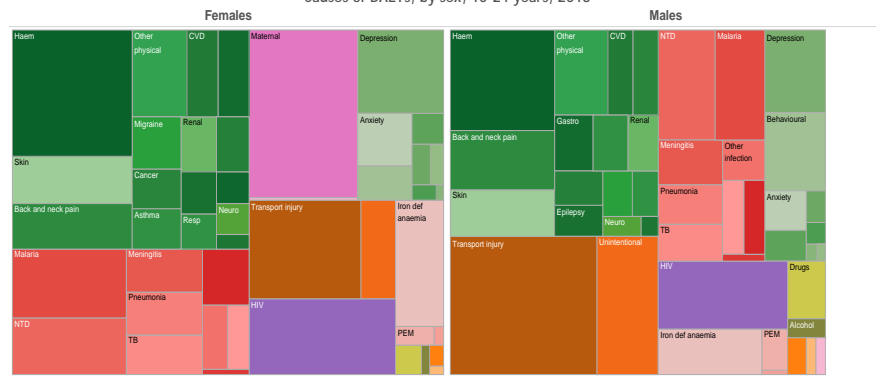
HEALTH RISKS



HEALTH OUTCOMES

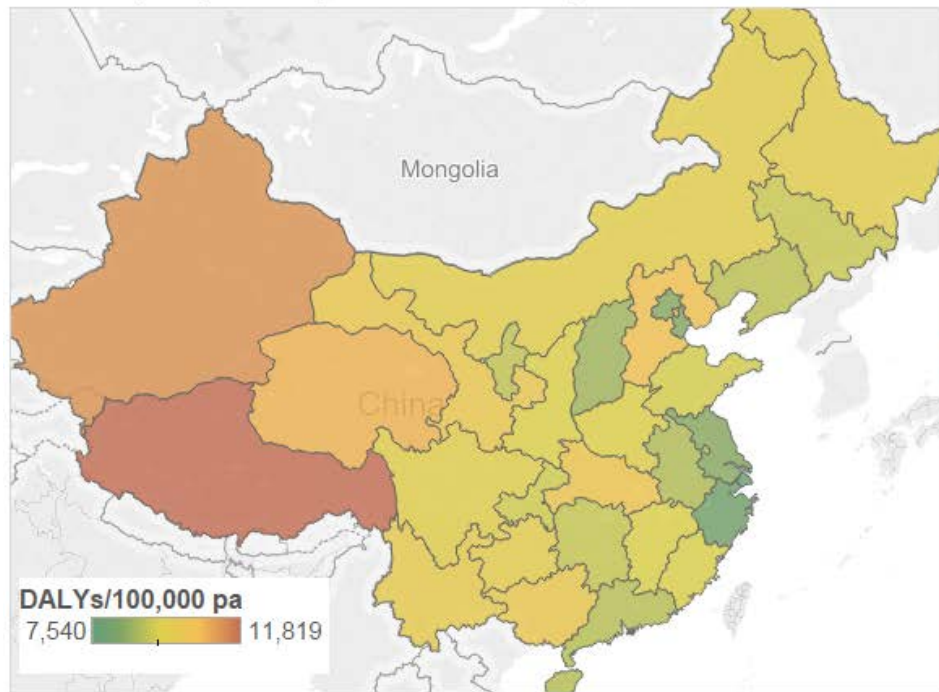


Causes of DALYs, by sex, 10-24 years, 2013



Defining Needs Sub-nationally

DALYs/100,000 pa across provinces for 10-24 year olds in 2013



Categorisation of provinces by major contributors to disease burden



Growing Knowledge and Capacity

Assessment

Health status
Policy and
service responses
Financial
investments

Communication

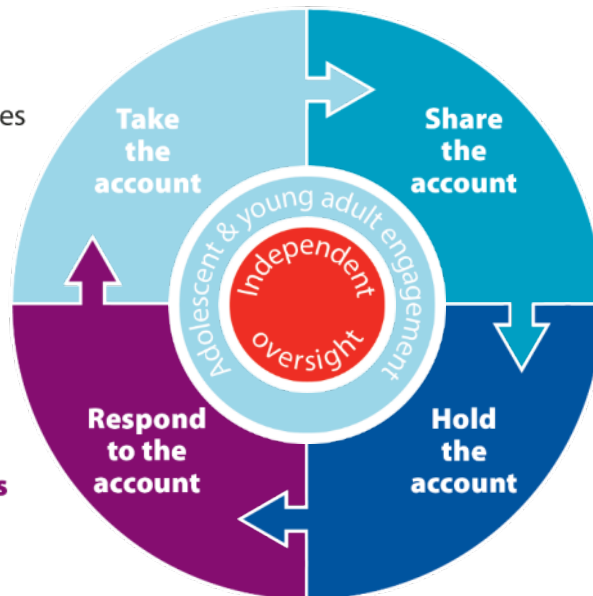
Government sectors
Young people's
organisations
Young people, families
and communities
Funders and
international agencies

Health actions

Structural
Community
Health services

Governance

Political incentives
Economic incentives
Legal processes



Acknowledgements

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Judith Diers

Jing Fang

Adesegun Fatusi

Ritsuko Kakuma

Elissa Kennedy

Jacqueline Mahon

Terry McGovern

Amitabh Mattoo

Ali Mokdad

Vikram Patel

Suzanne Petroni

Nicki Reavley

Fred Ssewamala

Kikelomo Taiwo

Jane Waldfogel

Dakshitha Wickremarathne



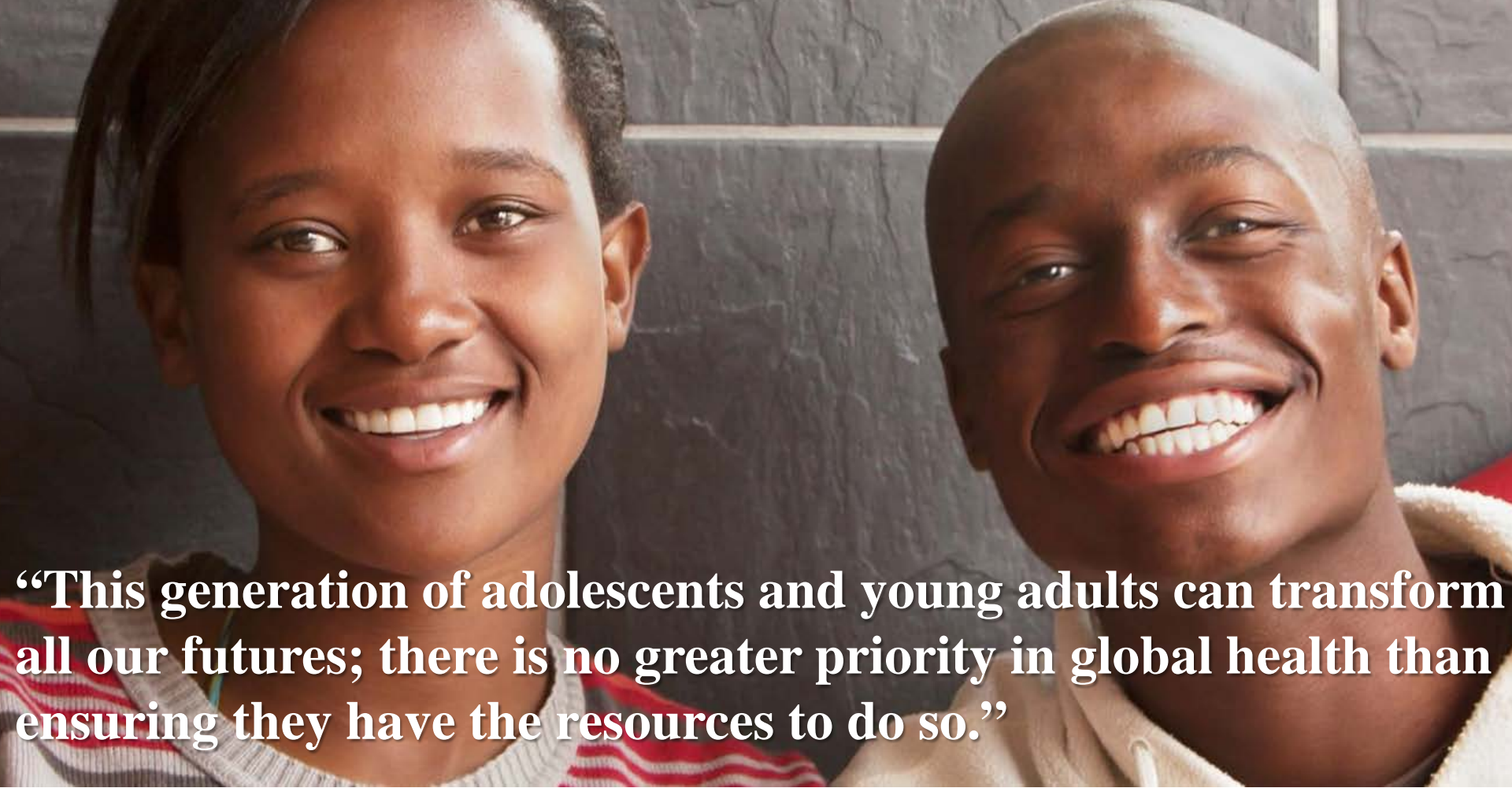
THE UNIVERSITY OF
MELBOURNE

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK





“This generation of adolescents and young adults can transform all our futures; there is no greater priority in global health than ensuring they have the resources to do so.”

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