

Putting adolescents at the centre of health and development

Unprecedented momentum is gathering to put adolescents into the centre of global health policies. This opportunity has the potential not only to benefit young people directly but also to have wide-ranging effects on the health of adults and national economic development. The 45th session of the United Nations (UN) Commission on Population and Development, held in New York from April 23 to 26, has chosen Adolescents and Youth as its central theme. In the same week, UNICEF releases its report—*Progress for Children: A Report Card on Adolescents*—with data from developing countries. And *The Lancet* launches and publishes in this week's issue a Series of four papers analysing the role of adolescence as a foundation for future health, the social determinants of adolescent health, the potential of the worldwide application of prevention science, and the present availability of data on 25 proposed core indicators in all countries.

In 2007, we published the first adolescent health Series, which highlighted issues such as sexual and reproductive health, mental health, and substance misuse. This new Series argues that it is now time to put the young person, not the specific issue, centre stage. This more holistic vision is an important further step in taking adolescent health out of marginalised subspecialty existence into mainstream global health. The means to do so is through a life-course framework.

Adolescent medicine is a young specialty. Even in the USA, the country with the most mature academic base in adolescent health, the first examination for subspecialisation in adolescent medicine was held only in 1994 by the American Board of Pediatrics. The US-based Society for Adolescent Medicine was formed in 1968 and has become the most active society at an international level. In 2010, it changed its name to the Society for Adolescent Health and Medicine in recognition that health and wellbeing are the unique focus for adolescents. Much like early paediatricians had to fight for their niche in an adult medical world, adolescent health specialists have come together, sandwiched between paediatricians and adult physicians. Now it is time for them to step out into the wider medical arena.

The Lancet adolescent health group met in London in 2009 and discussed for the first time how they could better engage with the wider global health community. Attention to young people's health is the next logical step

after improvements made in child health through child survival programmes. An adolescent who is healthy is the best foundation for a healthy adult life, which will in turn influence future generations' health. Taking this life-course approach, adolescents and young people need to become a greater focus for prevention of non-communicable diseases in adults. The UN declaration adopted in September, 2011, recognises that "the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity". All these risk factors have their origin in adolescence. Yet, as the fourth paper in the Series shows, there are glaring gaps in even measuring these risk factors in many countries.

Adolescence is a complex period of life with changes in behaviours dependent on societal norms, which are changing from generation to generation. It is easy to become fatalistic or complacent, to concentrate on short-term goals, or to leave healthy development to chance. After all, adolescence is often perceived as the healthiest stage of life and many consequences of risky behaviours or unhealthy lifestyles in adolescence will only be seen later on. Some of these adverse behaviours, such as excessive use of the internet, are completely new to the present generation of adults, with consequences that remain unknown. But adolescence is the best moment to target behavioural preventive efforts. As the third paper in the Series shows, many preventive efforts are highly effective, and even highly cost effective.

Young people are our future assets. They provide energy, innovation, productivity, and progress. We need to invest in our young people by taking four steps. First, we need to measure, and compare nationally, regionally, and globally the health and behaviour of young people. Second, we need to formulate goals for healthy development of young people linked to the non-communicable disease agenda. Third, effective preventive interventions need to be applied and scaled up. And finally, the impact of these preventive interventions on health in young people but also in adults needs to be monitored and reviewed, with gaps and obstacles addressed directly. We hope that this week in New York will be a defining moment, one that puts adolescent health as an equal concern alongside existing health priorities in the world. The future of young people certainly deserves this serious new attention. ■ *The Lancet*



Published Online
April 25, 2012
DOI:10.1016/S0140-6736(12)60536-4

See [Comment](#)
pages 1564 and 1567

See [World Report](#) page 1577

See [Perspectives](#) pages 1580, 1581, 1582, and 1583

See [Series](#) pages 1630, 1641, 1653, and 1665

See [Online/Comment](#)
DOI:10.1016/S0140-6736(12)60531-5