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Commentary

Emerging Issues in Adolescent Health and the Positions and Priorities of the World Health Organization

Flavia Bustreo, M.D., M.Sc.^a, and Oleg Chestnov, M.D.^b^a Assistant Director-General, Family, Women's and Children's Health, World Health Organization, Geneva, Switzerland^b Assistant Director-General, Non-communicable Diseases and Mental Health, World Health Organization, Geneva, Switzerland

There has been increased attention to adolescent health during the past few years [1,2]. We now have a much better understanding of the causes of mortality and morbidity during adolescence, and why it is important to focus on this period of the life course: for adolescents themselves, but also for public health in general.

There is also growing concern and commitment from governments to direct attention and resources to the second decade of life. These have been highlighted in the World Health Assembly resolution 64.28 on youth and health risks and the 45th United Nations Commission on Population and Development's resolution on adolescents and youth.

What happens during adolescence is not only important for achieving Millennium Development Goals such as reducing maternal mortality and tackling HIV, but it is also central to the emerging agendas that focus on issues that have been overlooked for too long, such as noncommunicable disease and mental health.

In addition to better understanding the magnitude and importance of adolescent health, we have a growing evidence base for action, both for unfinished business (e.g., HIV [3] and adolescent pregnancy [4]) and for the new agendas (tobacco, obesity, injuries).

Much of what we do today is based on research that was carried out 10 years previously. We need to speed up the time it takes to get new knowledge from academic journals to being implemented in countries. At the same time, it is important that we are constantly thinking about new research, and how it can reinforce or modify our policies and programs.

To this end, this Special Supplement is timely, as it brings together researchers working in the fields of neuroanatomy, neurobiology, and epigenetics, with those responsible for policies and programs. The focus of the Supplement is on low- and middle-income countries, where most adolescents live.

There are important messages in this Special Supplement. All coincide with current WHO positions and emphasize challenges we hear from our Member States:

First, the importance of a life course approach—understanding that tackling issues that occur in later life often requires interventions in infancy, childhood, and adolescence. In addition,

interventions need to be aimed not only at the individual or the population but also at the environments in which they live and learn. Both these issues are influencing the shape of the next WHO Programme of Work.

Increasingly, our programs are promoting interventions that address the common social determinants of health risk behaviors of adolescents. Examples include the prevention of youth violence and sexual and reproductive health of adolescents. The focus on common determinants can, however, pose challenges for intervention research, programmatic action, and monitoring and evaluation, as projects and their funding are all too often “siloed” in ministries of health and by their international partners.

The second challenge is to modify what we are doing when new evidence is revealed. An example of this is emerging evidence that highlights the importance of balancing the action directed to influence individual adolescent behaviors with those targeting the policy and regulatory environment.

Improving these environments is increasingly reflected in key WHO policies. Examples include the WHO Framework Convention on Tobacco Control; the global strategy to reduce the harmful use of alcohol; the global strategy on diet, physical activity, and health; and the recommendations on the marketing of foods and nonalcoholic beverages. All describe regulatory issues that will improve the health of children and adolescents.

WHO commends the contributors of this Supplement and looks forward to working with its Member States and international partners to disseminate key messages emerging from the Supplement.

References

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