Adolescent Health Consultation

12-13 May 2015¦The Graduate Institute Geneva, Geneva, Switzerland

Length of Consultation:

The consultation consisted of a 1.5 day meeting that was a review of both the Global Strategy and on The WHO Adolescent Health Framework. Participants from the consultation then joined a second group of young people at the International Federation of Medical Students' Associations (IFMSA) Youth Pre-World Health Assembly from 14-18 May 2015. The consultation continued throughout the next days in addition to the development of an advocacy strategy for the World Health Assembly. The initial participants were joined by 5 further participants on the 14th (details outlined below).

Number of participants:

12-13 May 2015 Consultation, 13 participants from 11 countries (Australia, Ghana, India, Mexico x2, Namibia, Nepal x2, Nigeria, Poland, Slovenia, United Kingdom, Zimbabwe). Eight females and five males – all aged 30 or below.

14-18 May 2015 Assembly- the 13 participants were joined by 5 more participants from 5 countries (Canada, Spain/Brazil, Croatia, Poland, Sweden) for a total of 18 participants from 15 countries, 13 female and 5 male.

From 12-18 May 2015 there were also 6 facilitators that led sessions and participated in the discussions. The facilitators were from Canada, Colombia, Egypt, Malawi, and USA x 2. 5 out of 6 facilitators were 30 or below, and 1 facilitator was 59 years old.

Consultation hosts:

PMNCH, WHO, IFMSA, Global Health Programme at The Graduate Institute Geneva

Summary statement:

Accountability

The group agreed strongly with the 'people-centred' approach highlighted in the strategy document, but felt that the strategy could be even more explicit in emphasising community-led initiatives in data collection and analysis as an accountability mechanism. One of the main buzzwords throughout the consultation was 'youth-led accountability mechanisms'. The group spent some time during the PreWHA discussing scorecards and existing data collection tools at the community level, and there was an overall consensus that the development of national scorecards populated by data provided by individuals utilizing services at the community level would be a game-changer. As this consultation was specifically in adolescent health, the group proposed that adolescents would be equipped with the knowledge, tools and skills to report on their own experiences in health and health-influencing sectors. This self-reporting of individual and interpersonal determinants would then be contextualized within higher level influencing factors in national scorecards on adolescent health. Information required at the individual, interpersonal and community levels are largely qualitative (measuring behaviours, perceptions of young people/adolescents, or about young people). Information required at the organizational, environmental, structural and macro levels will be largely quantitative (measuring infrastructure, political processes and institutions)

Investing in Adolescent Health

The group represented young people from diverse backgrounds and priority areas. In addition to the adolescent health issues highlighted on page 6, the group also highlighted the following topics:

- Non-communicable conditions – obesity, nutritional status, sleep hygiene, stress management
- Mental Health – suicide, trauma, bullying,
- Interpersonal Violence
- Gender Based Violence
- Road Safety
- Adolescents in Humanitarian Situations/Conflict Settings – gender dynamics, girls are more likely to experience sexual violence and boys are more likely to be recruited
- Alcohol, tobacco and other substance use
- Drug-related harm reduction
- Sexual and reproductive health- further emphasis on rights, services needed go beyond voluntary family planning, comprehensive sexuality education was seen as one of the most important interventions, provided alongside youth friendly services, HIV missing, parental consent and age restrictions

The following interventions emerged as a common tread across all the topics:

- Improving educational access/quality of education/addressing health-affecting behaviours through education
- Peer/social support networks
- Eliminating stigma and discrimination at all levels for all people
- Urban/community planning