

Adolescence and global health post 2015

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*Professor of
Adolescent Health*

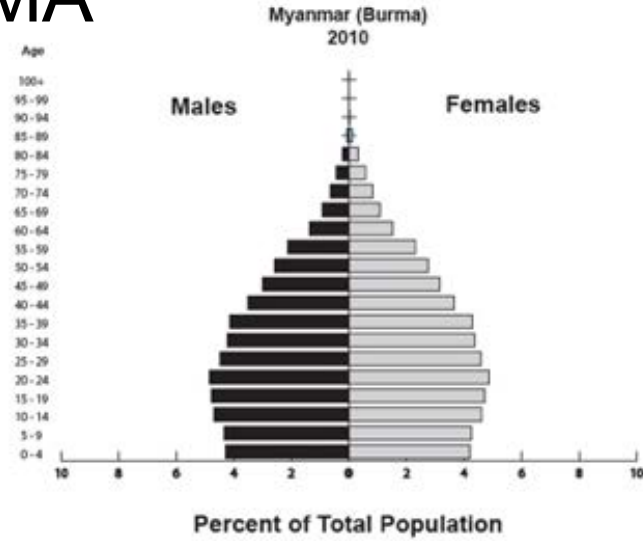
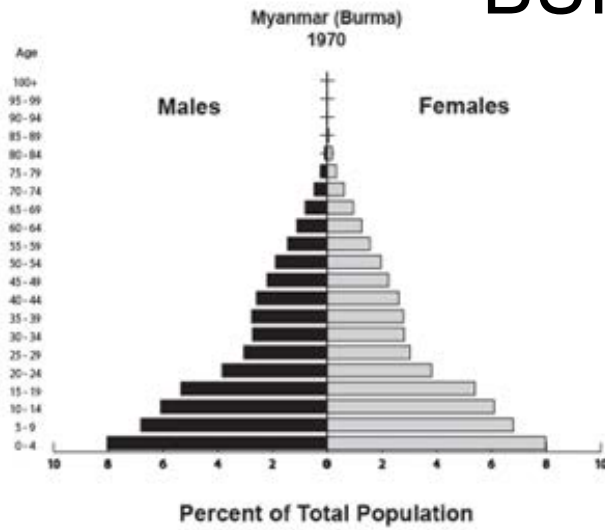
*UCL Institute of Child
Health, London*



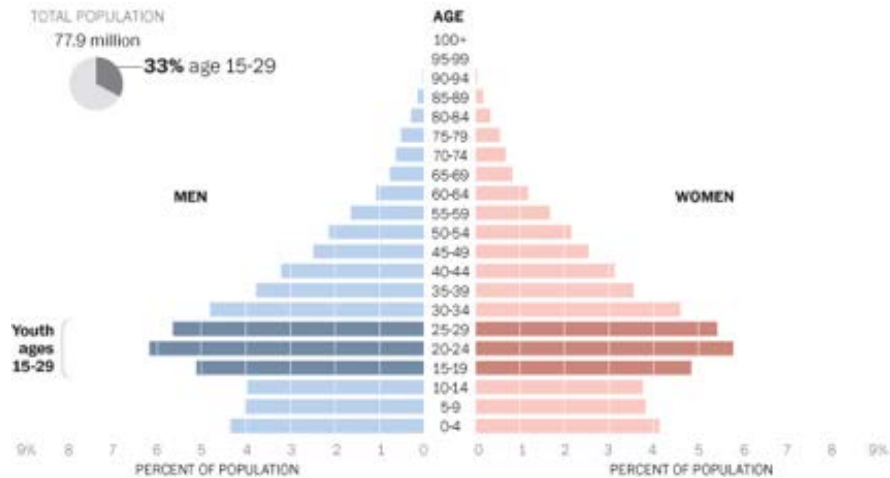


YOUTH BULGES

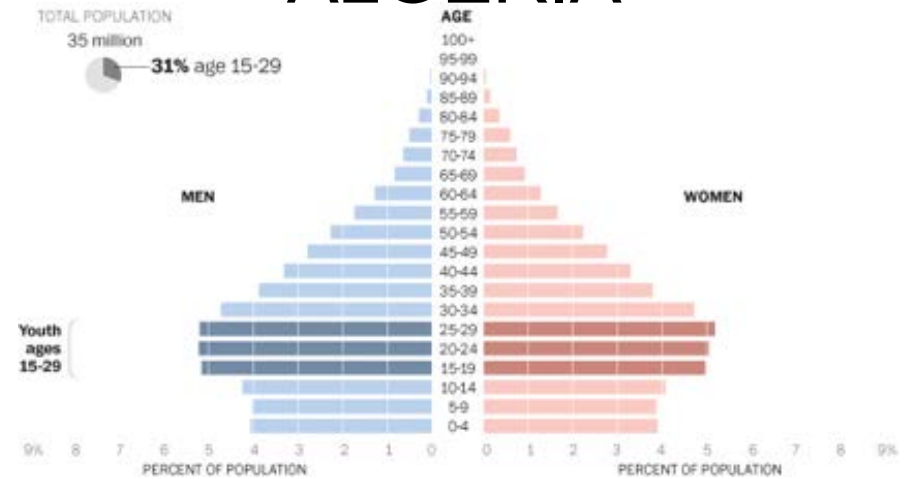
BURMA



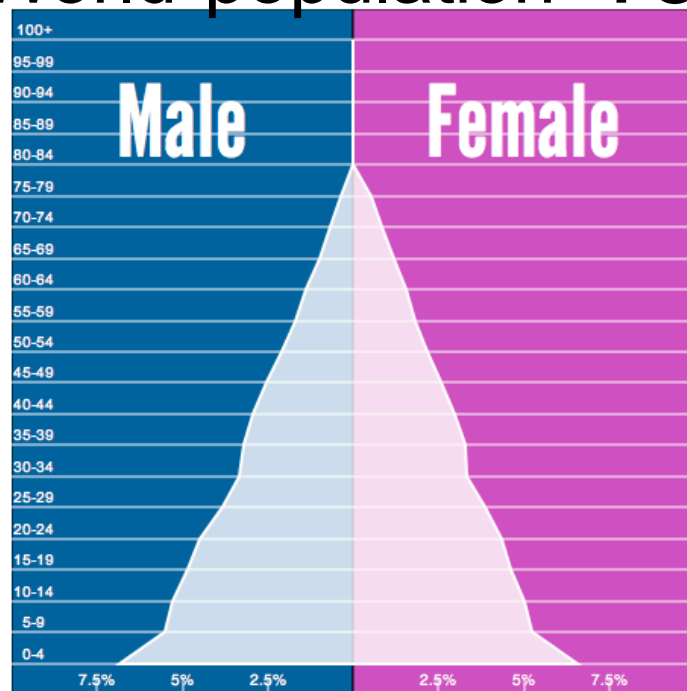
IRAN



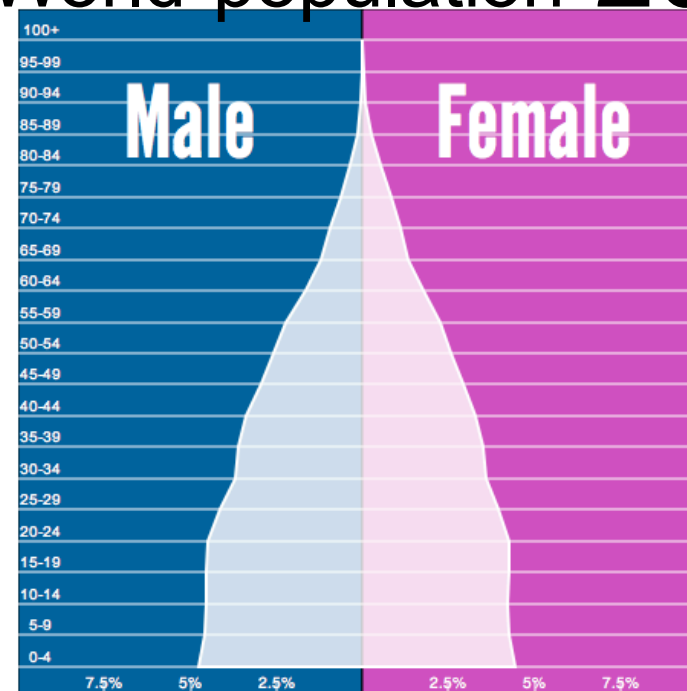
ALGERIA



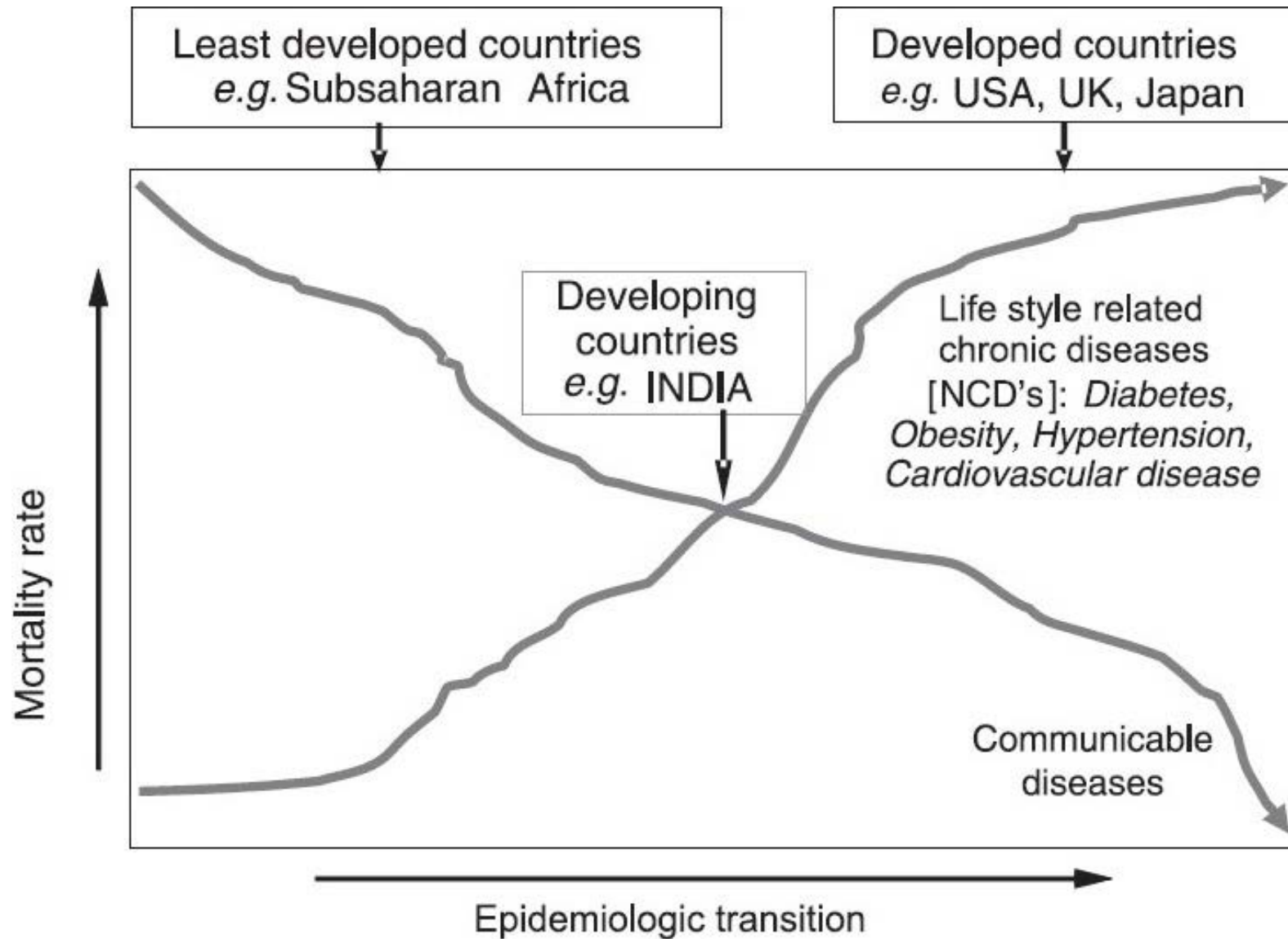
World population 1950



World population 2010

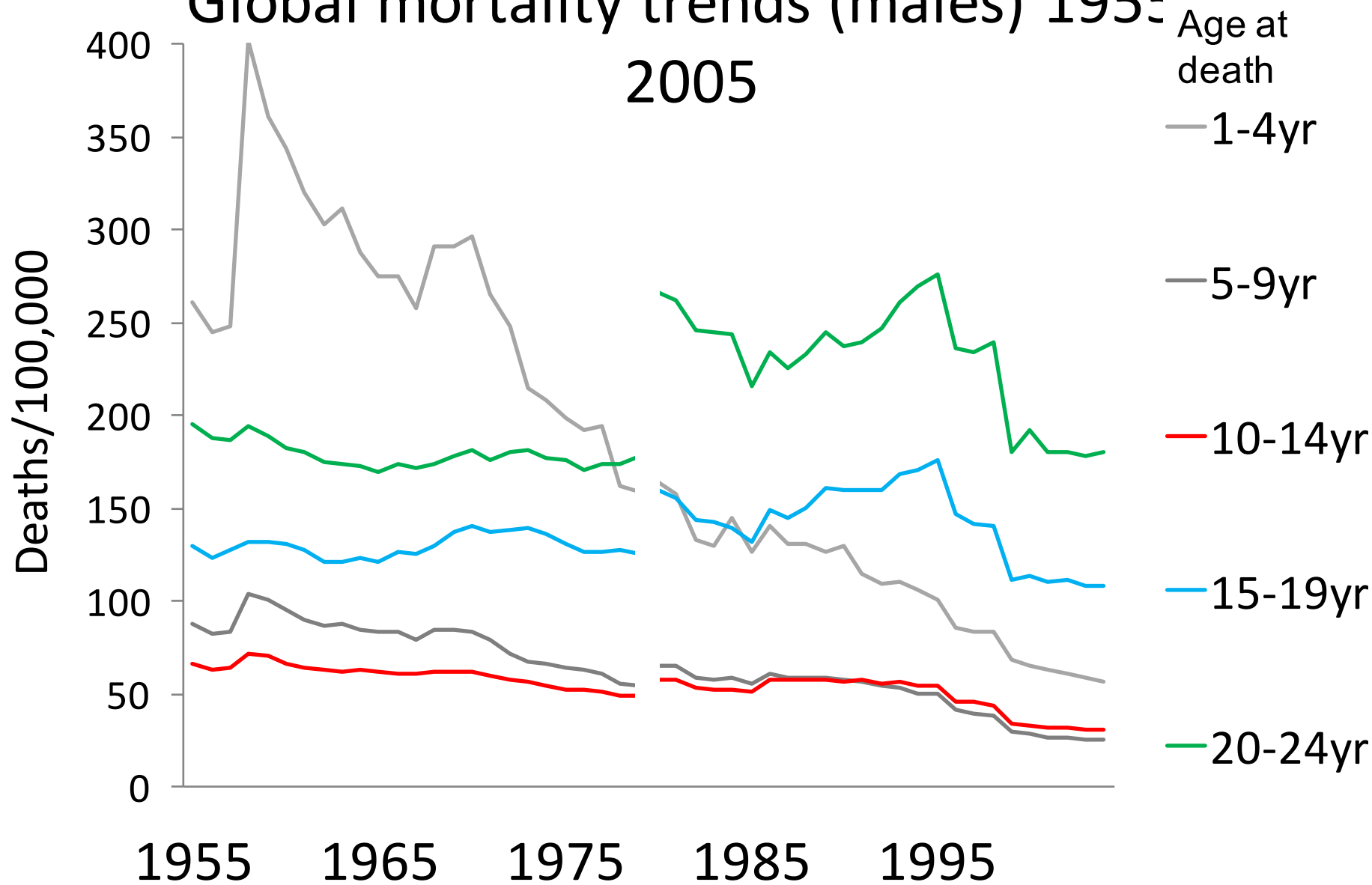


10-24yr = 1.8 billion i.e. 25%

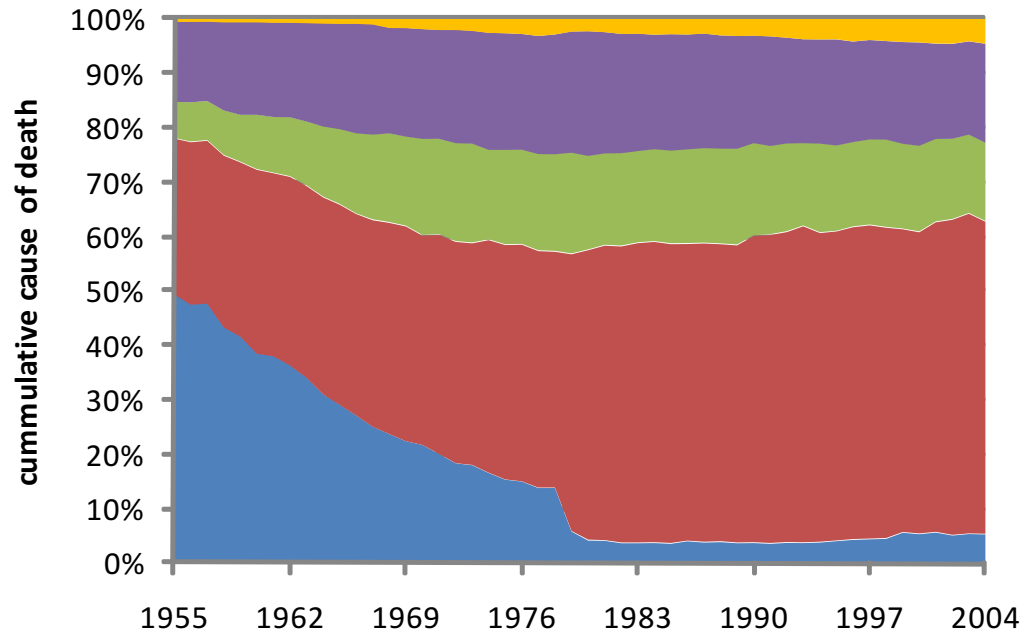


THE HEALTH TRANSITION

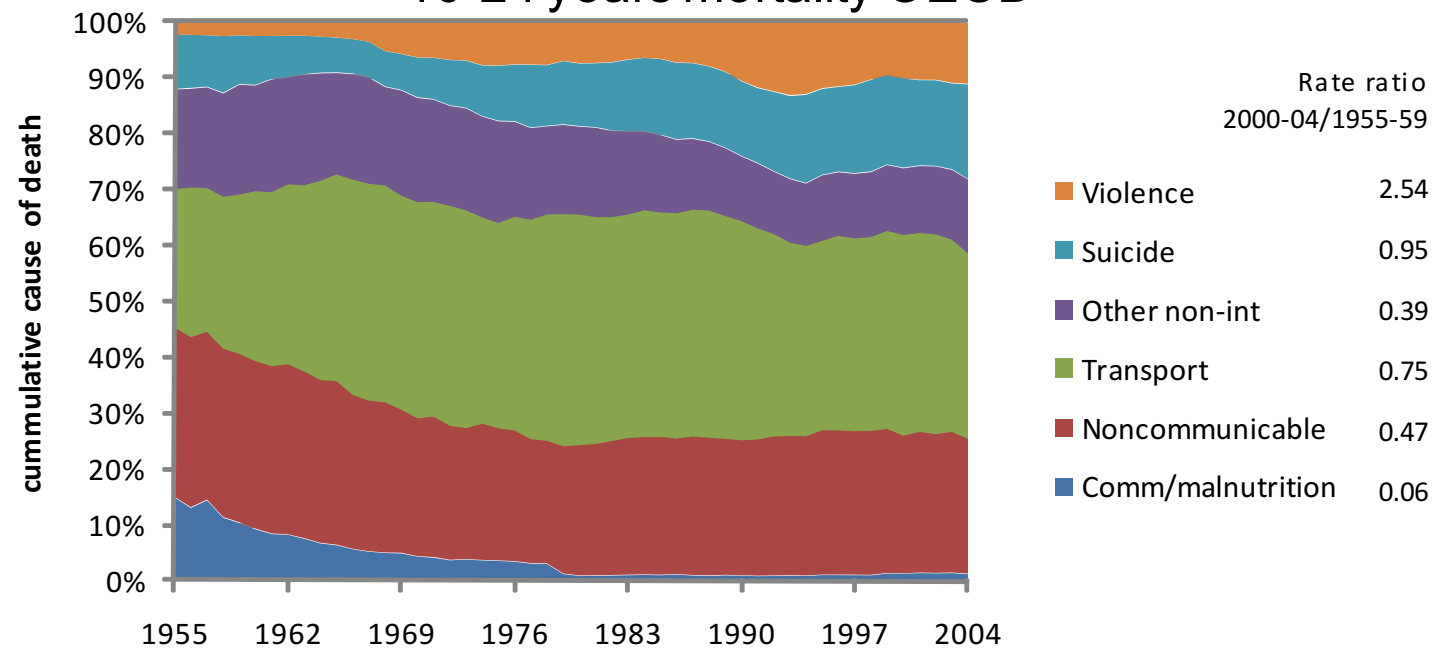
Global mortality trends (males) 1955-2005



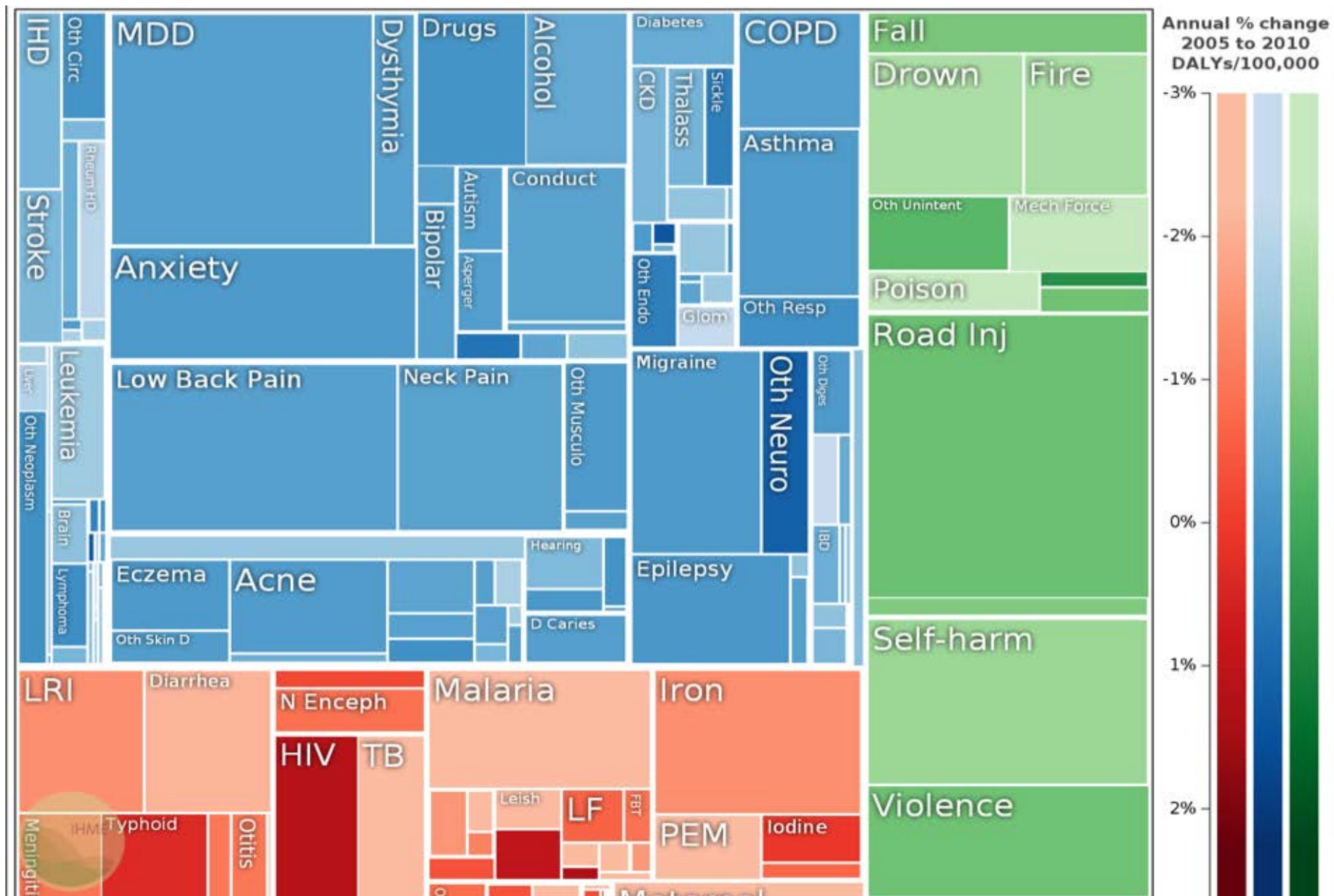
Childhood mortality 1-9 years OECD



10-24 years mortality OECD



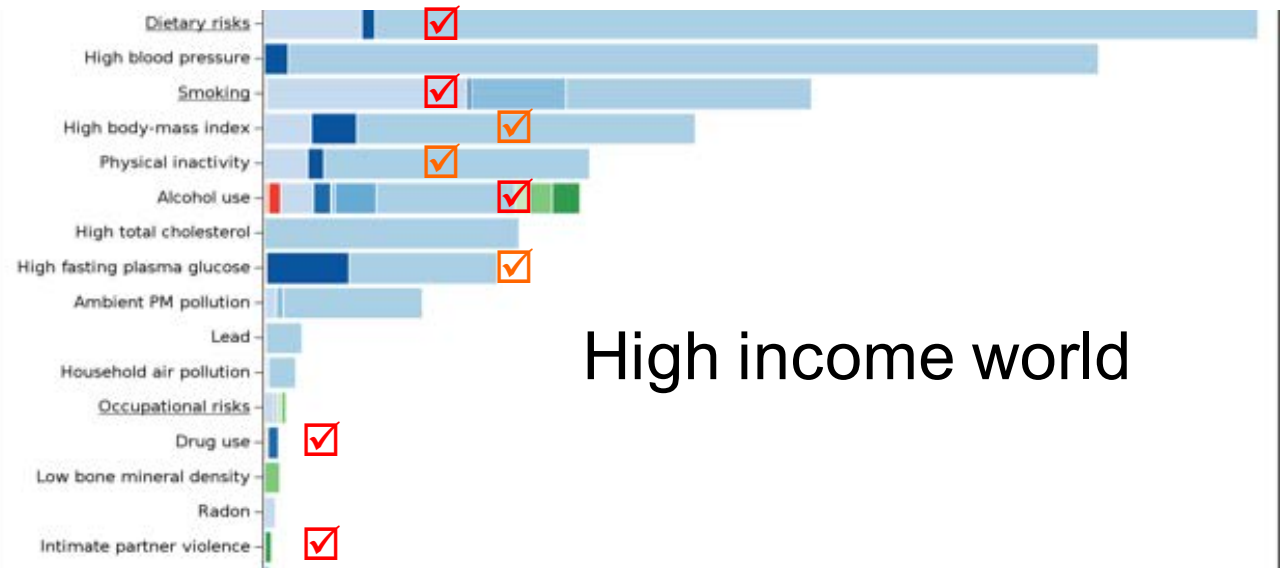
GLOBAL DALYS 15-19 years in 2010 - IHME



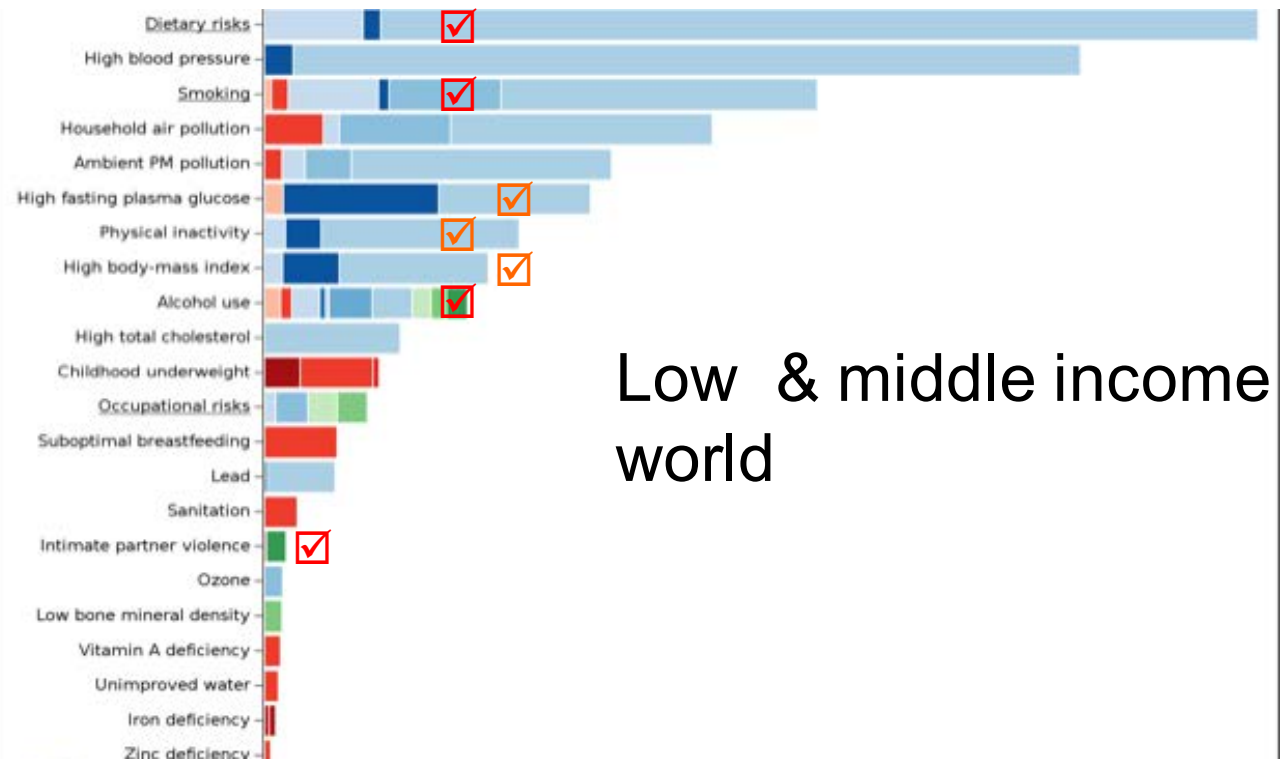
Risk factors for deaths

all ages

2010 GBD

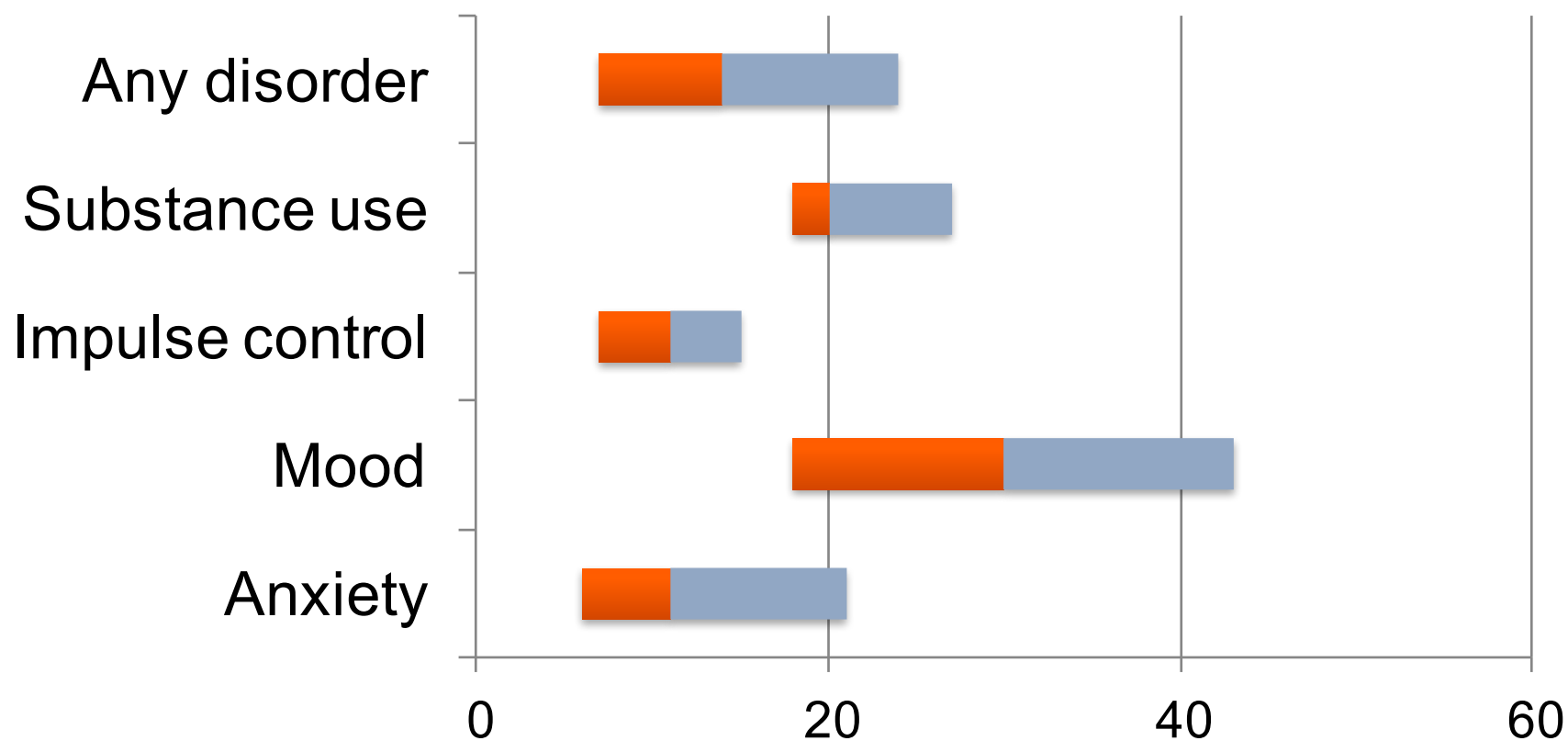


High income world



Low & middle income world

Age at onset of mental health problems



25th, 50th and 75th centiles of age of onset.

What is the adolescent contribution to adult disease burden

‘adolescent attributable fractions’

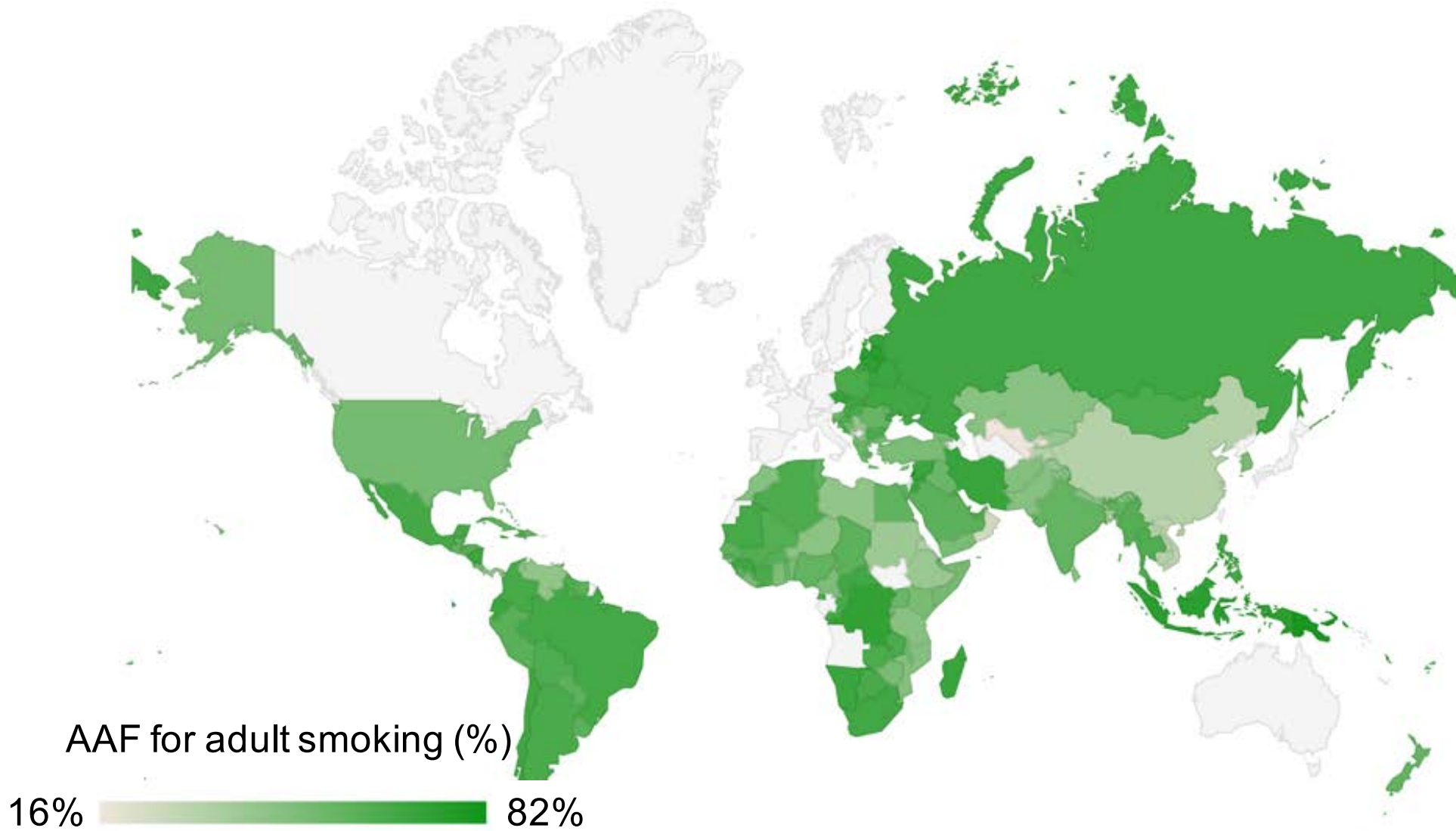
% smokers starting in adolescence

Risk of adolescent smokers being adult smokers

% smokers starting in adolescence		Risk of adolescent smokers being adult smokers	<i>Risk ratio</i>
Bangladesh	64.7%		
India	53.5%	1958 British Birth Cohort 50y	
China	41.0%		6.1
Philippines	71.9%	US Add Health (mid '30s)	
Egypt	70.9%		7.0
Russia	81.4%	Pelotas cohort (Brazil)	
Argentina	86.8%	males	
			5.8
		females	
			6.4

(Males: Global Adult Tobacco Survey 2008-2013)

Adolescent Attributable Fractions (AAF) for males calculated from current smoking prevalence amongst 13-15 year olds



RR=8

Data from the Global Youth Tobacco Survey (GYTS) 2010

Secondary education and health



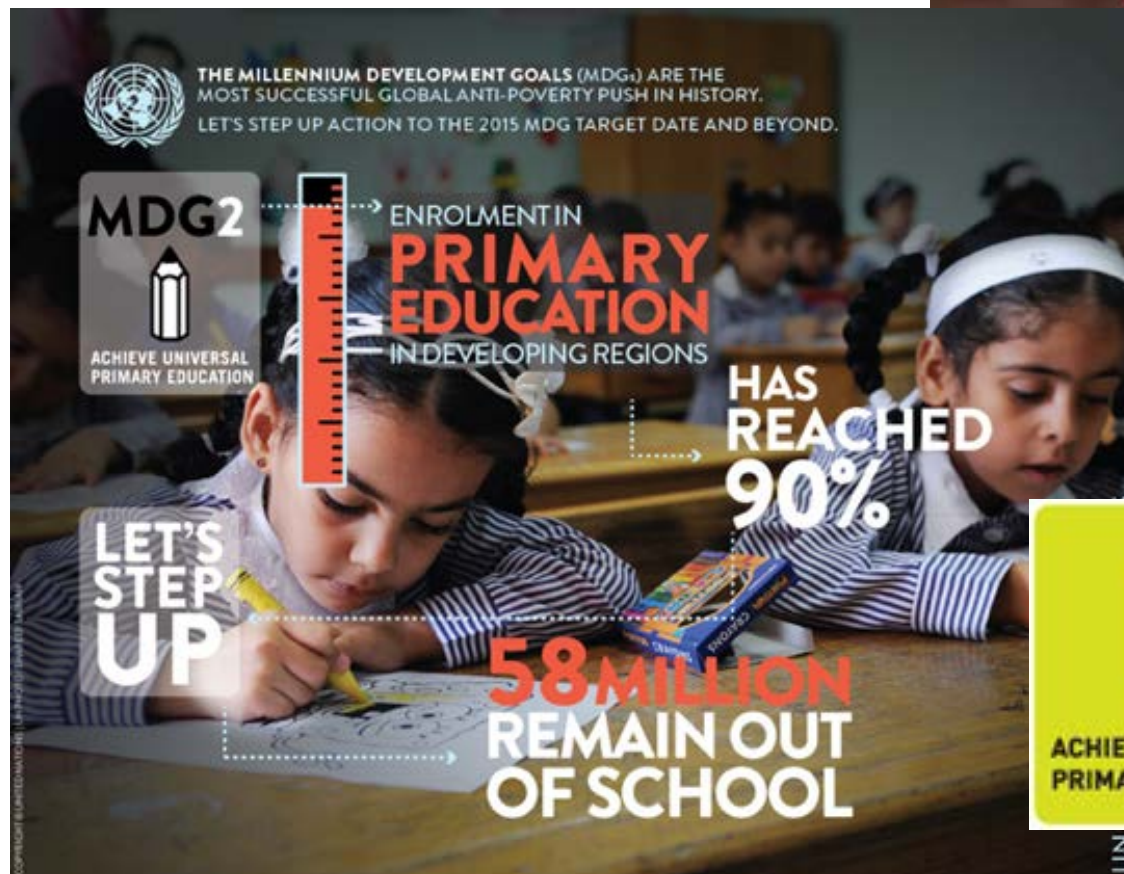
THE MILLENNIUM DEVELOPMENT GOALS (MDG-) ARE THE MOST SUCCESSFUL GLOBAL ANTI-POVERTY PUSH IN HISTORY. LET'S STEP UP ACTION TO THE 2015 MDG TARGET DATE AND BEYOND.

MDG2
ACHIEVE UNIVERSAL PRIMARY EDUCATION

ENROLMENT IN **PRIMARY EDUCATION** IN DEVELOPING REGIONS HAS REACHED **90%**

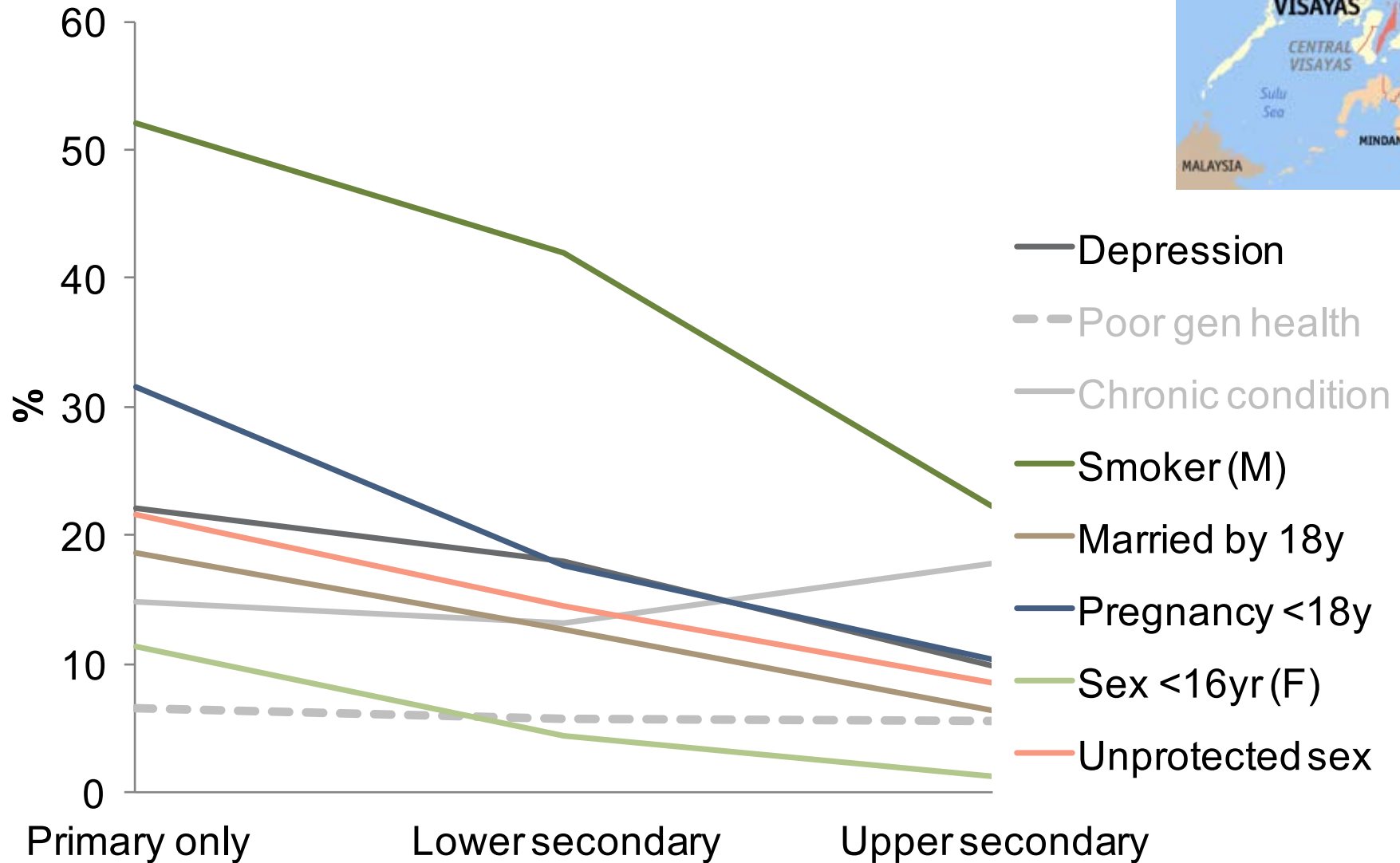
LET'S STEP UP

58 MILLION REMAIN OUT OF SCHOOL



ACHIEVE UNIVERSAL PRIMARY EDUCATION

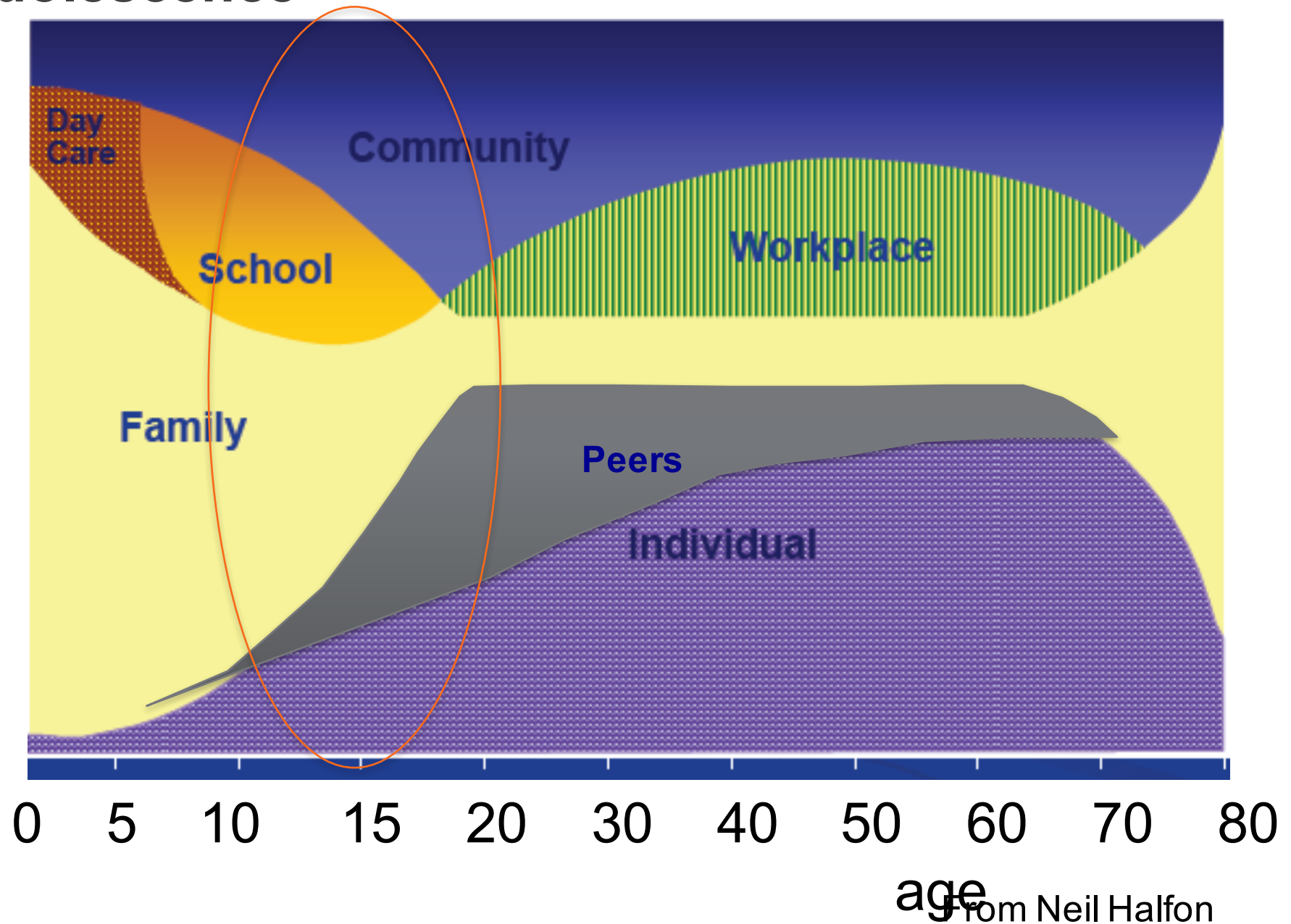
Secondary schooling and health outcomes CEBU



**ACTIONS –
IN SWEDEN
&
GLOBALLY**



Work with new social determinants of health in adolescence



From Neil Halfon

Action on social determinants of health

- Improve access to education
 - particularly secondary education for girls and boys
- Increase access to wealth for young people
 - reduce barriers to young employment
 - microfinance initiatives
- structural and regulation changes to transport to reduce transport accidents
- Increase participation of young people in decision-making
- Interventions around families, peers and schools
- Youth-friendly health services with universal access to healthcare



Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Lancet Commission on Adolescent Global Health

THE LANCET

conclusions

- Adolescents need to be a focus of global actions on NCDs including reduction of premature mortality
- Universal secondary education should accompany universal primary education access