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Commentary

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Adolescents aged 10–19 years make up 17% of the population of the Middle East and North Africa (MENA) region (1), and about 50% of the population in the region is younger than 30 years. This presents a unique opportunity for demographic dividends and potential for economic growth as young people transition into their most productive years. However, actions to address and advance adolescent health in the region are currently slow despite the huge benefits. The extent of acknowledgment of adolescents and their health issues and actions to address them vary from country to country and within countries. Investments in adolescent health are expected to have a triple dividend that will impact adolescents of today, future adults and future generations (2). Considering the limited time-window of opportunity, MENA countries must act now to implement interventions that will positively transform the health of these adolescents, prior to the shift in demographics and becoming an aging population which is expected to occur in the latter half of the twenty-first century (3).

Over the past few decades, there has been a considerable reduction in communicable diseases, but these reductions have been largely offset by the negative health impacts of conflicts in the region and the emergence of non-communicable diseases, mental health disorders, unintentional injury, and self-harm. Preventable risk factors such as high body mass index and tobacco use are common (4).

The Arab Coalition for Adolescent Health and Medicine (ACAHM) was established in 2014 to promote and enhance the health and wellbeing of adolescents across the Arab world. It is a broad network of healthcare providers, public health professionals, academics, and researchers from across the region. ACAHM organizes a regular convening for experts to share knowledge, lessons and experience and discuss the way forward for adolescent health in the region. The meetings have been held with active participation of adolescents and youth, providing opportunity for networking and a platform for peer-to-peer inspiration. The last conference was held in Hurghada, Egypt, on 1–3 December 2021 with representation from 38 countries and global, regional, and national organizations, including WHO, UNFPA, UNICEF, UNESCO, UNAIDS, USAID, EMPHNET, Gender and Adolescence: Global Evidence, International Planned Parenthood Federation, and others. The conference was held under the patronage of the League of Arab States, with the theme ‘Adolescents’ care: leaving no one behind’.

The conference featured over 20 sessions and nearly 100 rich presentations focusing on the need to adopt a comprehensive approach to adolescent health with its existing social determinants. It addressed current knowledge, practice and programming and the importance of laying a solid foundation for healthy lives, schools and education; positive youth development; mental and psychosocial support; sexual and reproductive health; lifestyle; transitional care; and the significance and importance of the home and family.

These issues are not unique to adolescents in the MENA region only, but were addressed within their socio-cultural contexts and health needs. Child marriage and child needs in conflict or humanitarian settings were addressed as well. The impact of the COVID-19 pandemic on adolescents, their health and the health systems was prominent, and highlighted the fragile state of our health systems, the threat to health security across MENA, and how it has impacted adolescents across the region in disparate ways. The pandemic has interrupted the gains made previously in improving adolescent health in the region, although there are some gains and opportunities to leverage.

The conference concluded with a call to action, which emphasized the significant need to systematically strengthen health systems using a multi-sectoral approach that will address the socio-ecological determinants of adolescent health. Countries were reminded of the life course lens to health and that failing to address adolescent health would inevitably impact future adult health and subsequent generations. Countries cannot fulfil their commitment to the Sustainable Development Goals without closely working with young people and addressing their challenges through a multi-layered, multisectoral approach. Authorities must work closely with young people, caregivers, the community, leadership, service providers, media, and policymakers from different sectors to address the multi-faceted challenges facing adolescents, and also to capitalize on their potentials and capabilities. Participants called for special attention to the needs of vulnerable adolescents such as those with disabilities or in humanitarian settings.

The convening concluded with a consensus that adolescents and youth are true change agents who must be genuinely involved in active and transformative participation in the design, implementation and evaluation of programmes that affect their lives. There was a call on governments, civil society, and the private sector to take action on national policies, strategies and plans; services and programmes; and evidence, data and technology related to adolescent health.

National policies, strategies and plans

National policies, strategies and plans should acknowledge adolescent health and incorporate it across sectors. They should explicitly integrate adolescent health and well-being, including nutrition, mental health, sexual and reproductive health, violence and injury prevention, and psychosocial support. Policies and programmes should be equity-based and inclusive of all adolescents, addressing the key determinants of adolescent biopsychosocial health, wellbeing, and development, i.e., "adolescent health in all policies". They should promote gender equity and build the social and cognitive skills of adolescents. Authorities should increase the pediatric age limit to 18 years to be inclusive of adolescents in a developmentally appropriate manner, establish transition clinics, and build the capacity of pediatric and family medicine professionals in adolescent healthcare.

Services and programmes

Stakeholders should recognize that learning, education, and health are deeply intertwined, and should, therefore, support schools and all learning platforms to become health promotion centres through strong collaborations between the ministries of health and education. Decisionmakers should make gender-responsive adolescent mental health services available and accessible, with specific urgency in conflict and humanitarian settings where the double burden of conflict and the COVID-19 pandemic have increased distress and widened the gender gap. Strong public-private partnerships will be needed to increase availability and access to health services and information by adolescents.

Relevant authorities should recognize and respond to the increasing burden of malnutrition manifesting in the form of overweight/obesity, eating disorders, and food insecurity across the region. They should begin educating adolescents, caregivers and community leaders about sexual and reproductive health and rights in a culturally sensitive manner. It is very important to promote access to quality, adolescent-friendly sexual and reproductive health and psychosocial support services and monitor their use among countries, using appropriate indicators.

More attention should be paid to adolescent immunization, including human papilloma virus vaccination, through the national adolescent immunization programmes and to combating all forms of violence against adolescent boys and girls, including bullying, domestic violence, child marriage, and female genital mutilation. Support should be given to positive parenting practices and intergenerational dialogue through the provision of services to support parents and caregivers.

Evidence, data and technology

Efforts should be made to proactively collect, report and disseminate age and gender

disaggregated data on adolescents, particularly around the adolescent-related Sustainable Development Goals indicators, paying attention to marginalized adolescents such as married girls, adolescents with disabilities, survivors of age- and gender-based violence, refugees, and internally displaced persons. This will make adolescent needs more visible for inclusion in evidence-based policy, funding and programming.

Capacities should be developed at the regional level to conduct, report and expand research on adolescents including on sensitive topics such as sexuality, gender identity, suicide, and self-harm.

Efforts should be made to identify and leverage relevant emerging digital technologies to address adolescent health needs within and across borders and within the provisions of ethical and legal frameworks, while empowering users with the skills to prevent and/or manage potential harm.

Call to action

Finally, the call by the World Health Organization and the United Nations agencies for the “Global Summit on Adolescent Wellbeing” in 2023, which aims at driving impact and investments in adolescent health and wellbeing at country systems’ levels, was fully endorsed. Only by acting upon the above, will our region unleash its great demographic, economic, and public health benefits.

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