

“6 Cs” -- Closing Plenary Comments and Thoughts by Bruce Dick, World Health Organization

I would like to start by saying a big thank you to the organizers for making this meeting possible, to the review committees for ensuring such a high standard of presentations, and to all the people who have worked so hard behind the scenes to make sure that all good the ideas for this Conference could be turned, so smoothly, into action ... also to the young people of course who have kept us so energised and challenged. The two days have been like a great feast, and although I wasn't able to try out all the dishes, the ones that I did try were delicious!

I would like to share six thoughts with you at the close of this meeting ... **6Cs**

Compelling case for a focus on young people

There is still a need for good advocacy ... because we so often talk to ourselves, and frequently spend a lot of time convincing the already convinced, we forget that there are many key decision makers out there who really don't see young people's health and development as an important issue: for them young people are already healthy, and if their development is suffering they have brought it on themselves through their own bad decisions ... there are many people who still need to be persuaded that young people are different from children and adults, and require specific attention (and I would add that while it is very important for us understand the differences between adolescents, in terms of age, sex, marital status and other characteristics, we should not make things SO complicated that decision makers throw up their hands and simply get on with immunizing little children). So we still need more descriptive research, and research that explores determinants.

Clarity and focus

Many things will need to be done by many people, organizations and sectors to improve the health and development of young people, and because we know so much and are so passionate about the issue, we want them *all* to be done, now. What is clear, however, is that we won't be able to do everything that needs to be done ... and trying to do everything may even undermine our ability to do a few key things well: this is the lesson from most areas of public health (e.g. child health). So we need to focus on a few things that are evidence based, that are do-able, and that are measurable (we need to be able to demonstrate progress within the term of a politician: this is how we get their attention, because they can use this evidence to get more votes!) ... we need to put our collective weights behind them and make them happen, NOW.

Content of Interventions

We need to be clear about the content of the interventions that we are promoting: do they pass the "lift test". For example, we have heard a lot about AFHS during this conference, but if you found yourself in a lift with the Minister of Health who wanted to know "what is all this adolescent friendly health services stuff that you people are talking about?" could you give a clear answer before he/she gets off on the 5th Floor: a trained service provider who knows how to work with young people; a few simple changes in the clinics to make adolescents feel comfortable about using them; and some information in the community to generate demand and community support. We still need more and better evaluation research.

Coverage and capacity

We have talked a lot in this meeting about taking interventions to scale, which is exactly what we need to be doing ... this is great ... but I am left with a slight anxiety that we are scaling up NGO projects, and not sufficiently thinking about how to support governments to take overall responsibility and provide an overall structure that ensures that we are all playing the same tune, while providing the space for different players to play different instruments ... of course we need many different actors to be involved, but we need the government to hold the reins.

In order to take things to scale we of course need to be very clear about what we are trying to achieve (in addition to being clear about what we are trying to do), we need to be clear about how to do it (for which we need much more operational research), we need to have built up the capacity to do it (training *and* supervision), and we need to be able to monitor it (what we measure, we do). We will need more operations research to help us better understand the "how?".

Cost ...

When talking to the people in governments responsible for this area of programming this morning, one of the key challenges for them is getting a budget line for young people within different Ministries ... in order to achieve this we need to be clear about what we want to do, and we need to have a good sense of how much it is going to cost. Mostly we don't know this, and there has been relatively little attention paid to this aspect of interventions this week, at least in the presentations that I have been able to attend ... this is a challenge for the future ...

Congratulations ...

It is so exciting to see the progress that has been made in this field ... sometimes working in the field of public health it is a bit difficult to see that we are moving forward, but this week has provided us all with the evidence that we ARE ... so again congratulations to the organizers, international and national, both for the substance and for bringing together researchers, policy makers, programmers and young people: we need to talk together more, and we will all be crucial, working together, for making the future better than the present ...