

**YOUTH DELIVER THE FUTURE  
INVESTING IN YOUTH PEOPLE'S HEALTH AND DEVELOPMENT:  
RESEARCH THAT IMPROVES POLICIES AND PROGRAMS**

**Abuja, Nigeria  
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**Opening Plenary Remarks  
By  
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I bring greetings and best wishes for a successful conference on behalf of the Director General of WHO, Dr. Margaret Chan; our WHO representative, Dr. Peter Eriki; our colleagues in the WHO Country Office in Nigeria; and the Director of the Department of Child and Adolescent Health and Development at WHO Headquarters, Dr. Elizabeth Mason. Adolescent health has been part of the public health agenda of the World Health Organization since the 1970's. We continue to be committed to the health and development of young people, at all levels of the Organization, and increasingly, at country level: promoting a comprehensive response but supporting, in particular, the health sector, to address adolescents' health needs.

Nigeria is an appropriate venue for this important gathering. When adolescent health was in its infancy, WHO's activities benefited enormously from the contribution of the renowned pediatrician and doyen of health policy, Professor Ransome Kuti. In those early days, he was our "godfather," challenging us, supporting us, and making sure that there was a place for adolescents on the top table. We are delighted to see the continuing energy and enthusiasm for adolescents from Nigerians, and look forward to learning how his legacy has evolved.

Participating in this conference is such a pleasure for me, having been learning about and contributing to adolescent health for over 20 years. Looking through the conference schedule, I was reflecting on how the field of adolescent health has changed.

I would like to quote Rudyard Kipling:

*I had six honest working men...women...  
They taught me all I knew;  
Their names are what and how and when,  
And why and where and who.*

20 years ago, most research was focused on the WHY: making the public health case for attention to adolescents. While regrettably this is still needed, particularly for convincing national level policy makers, people are much more aware of the need to focus on adolescents, something that is reflected in global goals, for example the Millennium Development Goals on HIV and reproductive health that provide us with both vision and a sense of urgency.

In the conference, we will hear about the efforts to document the rationale for investing in adolescents. The difference is that there is more focus on different groups of adolescents now: the WHO? This is good because programmatically it is very important to be as specific as possible about what one does differently for girls and boys, for young or old adolescents, for married adolescents, or for adolescents who are living in particularly vulnerable circumstances.

This conference provides abundant attention to WHAT needs to be done for adolescents. There are sessions on overall education, so important for adolescent development, sex education through school and mass media, and models of health service delivery tailored to meet adolescents' needs. Programming through faith-based organizations and programmes to support the parents of adolescents are new features of the agenda.

Most significant are the increasing efforts to assess the impact of programmes on adolescents' attitudes and behaviours, as demonstrated in a number of papers to be presented during the Conference. Noteworthy are the several papers addressing issues of programme sustainability and scale. There are many important causes and needy people vying for the attention of donors and national policy makers. Unless we can be clear about the results of programming for adolescents, as well as the costs of these programmes, we will not be able to persuade the decision makers to allocate the investments needed for sustained programming.

Now that we are clearer about the why, the what, the where, the when, and the who, we are going to need much more focus on operations research to answer the "how" questions. To really get adolescent health on the global agenda, we will not only have to be able to make a compelling case and be clear about what needs to be done, we will also need to be able to demonstrate that it's do-able. To achieve this we will need to be much better at providing guidance and support to people who are already trying to do it, and we will need research to provide the basis for such programme guidance and support.

The focus of our programming over the past 20 years has overwhelmingly been on the sexual and reproductive health of adolescents, for good reasons: the links of sexuality to adolescent development; the high burden of morbidity and mortality caused by reproductive health problems, especially HIV/AIDS and too-early pregnancy among young people.

We should not ignore other important threats to current and future health. Two examples of health problems not being addressed this week. First, road traffic injuries, which are the leading cause of death among 15-19 year olds worldwide (and second cause of death among those in the 10-14 and 20-24 age groups). Secondly, tobacco: more than 150 million adolescents use tobacco, and 80% of these starts before the age of 18. Tobacco use is on the increase among adolescents globally.

WHO is honoured to have been part of both the international and the national steering committees for this important conference, and is grateful to the Gates Institute at Johns Hopkins University for taking the initiative to support it. We are confident that the discussions over the next days will clarify the challenges we face in improving policies and programmes for adolescent health and development in countries, and persuading others to do this now.