Embracing the challenge of adolescent health in sub-Saharan Africa

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892 words

The Millennium Development Goal era yielded substantial gains in under-5 survival (1). In sub-Saharan Africa, the consequence has been a dramatic demographic transition characterized by an increase in the population of adolescents and young adults. Ten to 19 year old adolescents now account for 23% of the total population, with 111 million living in Eastern and Southern Africa and another 110 million in Western and Central Africa (2). In sub-Saharan Africa, adolescents are growing up in challenging social contexts and carry a much heavier burden of disease than adolescents in high income settings with poverty, early school leaving, low health literacy, poor health-seeking behaviour, and inequitable distribution of health services being major determinants of poor adolescent health status (3). The challenges arising from this demographic transition are compounded by weak health systems that have focused on addressing under-5 morbidity and mortality (4). Inadvertently, the health needs of older children and adolescents have been neglected and in most sub-Saharan African countries, commitment to the adolescent health agenda is generally low. Yet, sub-Saharan African countries have committed to new initiatives such as The Global Strategy for Women's, Children's and Adolescents' Health and Universal Health Coverage under the Sustainable Development Goals (5,6). Furthermore, recent enthusiasm for redesigning child health using a more inclusive life course approach presents an opportunity to refocus attention towards older children and adolescents (5).

Sawyer and colleagues recently did a global survey that addressed the question about the extent to which the discipline of paediatrics embraces adolescent health (7). They highlighted the particular challenges that many African countries face due to a large population proportion of adolescents, a high adolescent disease burden and a low upper age of paediatrics. Their framing of the challenges strongly resonates with our own experiences in Kenya. Over the past few years, members of the Kenya Paediatric Association, the Ministry of Health and the university sector have been engaged in a variety of discussions and symposia that have highlighted that the upper age of paediatric inpatients in government hospitals is generally 12 years old, based on historical practice. There is

more flexibility in government outpatient services which commonly extend up to 14 years, and sometimes up to 18 years in private paediatric services.

In a survey conducted by the Kenya Paediatric Association, the majority of respondents felt that both the Ministry of Health and the national paediatric associations should spearhead a change of policy to increase the upper age limit of care. This is consistent with new policy from the International Pediatric Association, which now recommends that paediatrics extends at least up to and including the age of 19 years old (Errol Alden, President, IPA, personal communication).

What we have also appreciated is that in Kenya, just like many other countries in Africa, paediatric pre-service training is disproportionately focused on the health needs of under 5-year olds, with minimal content relevant to older children and adolescents. Extending paediatrics upwards in age would help close this gap in quality care. This will require a dual strategy that addresses the long term challenge of supporting sustainable, scalable capacity while providing an immediate ‘stop-gap’. Like other aspects of medicine, investment is needed in traditional pre-service models that integrate adolescent health within the curricula of medical training institutions. The need for adolescent medicine specialists to spearhead these teaching and training initiatives, and develop specialist clinical services is inevitable. Training models such as the Paediatric Endocrinology Fellowship programs operational in Nigeria and Kenya (8) and the The African Paediatric Fellowship Programme (9) suggest this is possible, but investment is required. In the short term, implementation of in-service short courses for all health professionals is a means to rapidly respond to the immediate increase in capacity that is required (10).

However, investment in training of the health workforce must be coupled with efforts aimed at the broader adoption of globally recommended quality standards for adolescent health (11) whose measurement demands reliable data on morbidity, mortality and quality of care that are age- and sex-disaggregated (12). Such data are glaringly absent in many sub-Saharan African countries. Periodic health surveys may provide an interim solution, but ultimately, national monitoring and evaluation programs should aim towards integrating adolescent health indicators in their routine health information systems.

Although age is a convenient way to define adolescence, it is only one attribute that characterises this period of development. Age is often more appropriate for assessing biological changes which are relatively universal, than social transitions which reflect socio-cultural environments. How the timing and sequencing of key markers of transitions to adulthood are defined and recognized differs between cultures and over time. Social transitions for adolescents in sub-Saharan Africa are marked by varied expectations of independence and expression of adult behaviours, factors that may impact on adolescents’ responses to their health and well-being. Transcending childhood dependence on parents and caregivers to adult independence, adolescents require tailored health services, protection, and health promotion appropriate for their developmental stage and needs. Major efforts are required in sub-Saharan Africa to better orientate paediatrics to the changing

health burden experienced by our children and young people. Whether at regional, national or sub-national level, a common ingredient for success will be the ability to mobilise resources and coordinate the many different arms of governments and intergovernmental agencies, development partners, and professional associations that are required to advance an adolescent health agenda, including adolescents themselves.

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