IAAH 11th World Congress on Adolescent Health
26th - 29th October, 2017

Making the Case for Investment in Adolescent Health

www.iaah2017congress.org
@IAAH2017
@IAAHglobal

Report prepared by
MAMTA Health Institute for Mother and Child
The world is home to 1.2 billion adolescents, and India has the largest population of adolescents in the world, at 253 million. This demographic number made a compelling case for India as the most appropriate host today for a global conference on this theme.

The biggest global event in adolescent health – The World Congress on Adolescent Health – therefore, came to India in its 11th edition. Held only once every 4 years, the International Association for Adolescent Health’s 11th World Congress on Adolescent Health, 'Investing in Adolescent Health – the Future is Now' was held at Hotel Pullman in Aerocity, New Delhi, India from 27-29 October 2017.

The World Congress was hosted by MAMTA Health Institute for Mother and Child along with their consortium partners including Population Services International, Population Foundation of India, Pathfinder International and YP Foundation, under the supportive leadership of the Ministry of Health and Family Welfare (MoHFW), Government of India.

There were several critical themes pertaining to adolescent health discussed at this timely conference. Some of these included ‘Global adolescent health: Opportunities and challenges’, ‘Programming for adolescent health in India: RSKK and beyond’, ‘Toward a gendered approach to adolescent health’, ‘Mental health and adolescents’, ‘Early Adolescent Health and Development in Low and Middle-Income Countries’, ‘Social Media, Sexting, Addiction, Oh My! Adolescent Health in the Digital Age’, and more.

In addition, a debate took place on each of the three days of the World Congress, apart from abstract- and institute-driven symposia, and satellite symposia on all three days. There were also several Skill Building Workshops organized on various topics on the day before the World Congress was kicked off.

The World Congress hosted over a thousand international and national delegates from about 65 countries. The list of delegates included adolescent health experts from across the globe, academia, representatives from MoHFW - Government of India, national and global representatives of UN organizations, youth leaders from several countries including India who have made a difference in their communities, national and international NGOs, donor organizations, policy makers and corporates. Active engagement with the participants began two months prior to the World Congress via emailers and through social media posts. Media outreach began aggressively a month before the conference.
The IAAH 11th World Congress on Adolescent Health was inaugurated on October 26, 2017 with a Youth Orientation session which was aimed at welcoming the registered youth delegates to the conference. This session, moderated by the YP Foundation, required the youth delegates to choose a theme around adolescent health and join the table designated for specific themes. It brought out several interesting perspectives on each of these themes. This was followed by the introduction to the Youth Charter, that was to be drafted by the youth delegates during the conference, after having selected representatives from among themselves to form the Youth Charter committee.
Several Skills Building workshops were held during the course of the day for participants and youth delegates. These included ‘Responding to adolescents’ sexual and reproductive health needs’; ‘How to develop and run a health promotion intervention in schools’; ‘Skills for communicating with and counselling adolescents’; ‘How to publish your scientific paper: Advice from Journal Editors’; ‘Social Media by teenagers/cyber safety’; ‘Caring for adolescents with special health care needs, including transition from child to adult services’; ‘Young people’s health and well-being: adequate care in vulnerable settings’; ‘How to develop and run a health promotion intervention in the community’; ‘How to be an effective advocate for adolescent health’; “REACHING TEENS” Harnessing new media for adolescent health: The role of social networking and innovation”; and ‘Teen healthy-Go! How to build an effective partnership between young people and professionals in training programs’.
The Inaugural of the World Congress was graced by the presence of Ms. Preeti Sudan, Secretary, MoHFW; Dr. Vinod Paul, Member, NITI Aayog; Dr. Sunil Mehra, Executive Director, MAMTA-HIMC; Prof. Susan Sawyer, President International Association for Adolescent Health; Mr. Bjorn Andersson, UNFPA; Mr. Anthony Costello, WHO; Paul Rutter, UNICEF; and Ms. Poonam Muttreja, Executive Director, Population Foundation of India.

Addressing the gathering, Ms. Sudan drew attention to the Government’s intent to make India anemia-free, through intervention strategies in schools, citing that over 50% adolescents and women in the country were anemic. In addition, she spoke about some of the pathbreaking legislations on HIV and Mental Health, as well as the pioneering National Health Programme for adolescents - Rashtriya Kishore Swasthya Karyakram (RKSK) launched in 2014 across 230 districts.

Dr. Paul asserted that if India were to benefit from the demographic dividend, it would be crucial to invest in adolescent health where there was a severe paucity of data. He suggested setting specific milestones for the Sustainable Development Goals.

Welcoming the youth delegates to the World Congress, Dr. Mehra said that “the strong contingent of young people at the World Congress can guide us to draft our future policies, allowing them to learn and share problems, challenges, actions and resources during their deliberations.”
“Annually, 22000 deaths occur among adolescents because of accidents, which are preventable. So, we need to look at prevention as central to addressing adolescent mortality.” - Dr. Sunil Mehra
The *plenary keynote lectures* on the first day of the conference were on ‘Global adolescent health: Opportunities and challenges’; ‘Adolescent Health Programming in India: past, present and lessons learned’; ‘Adolescent health: a young person’s perspective’; and ‘Adolescent Health-India’s vision’. The moderators of this session included Mr. Manoj Jhalani, MoHFW and Prof. Susan Sawyer. The speakers at the sessions were Mr. Anthony Costello; Dr. Sunil Mehra; Ms. Gogontlejang Phaladi, The Partnership for Maternal Newborn and Child Health, Botswana; and Mr. Manoj Jhalani.

Mr. Jhalani alluded to the many milestones India had achieved, right from the one-day training programmes for teachers in the 8th Five-Year-Plan in 1992-97 to the ambitious RKS K programme implemented over three years ago. Dr. Sunil Mehra, in his presentation on adolescent health in India and the lessons learnt, spoke about the need to look at prevention as a strategy to curb adolescent mortality, the challenges of nutrition, obesity and anemia, and more. He pointed out that the incidence of anemia among girls is 56%, while that among boys is 30%; and obesity was at 5.3% in the 8-18-year age group.

Gogontlejang Phaladi, a dynamic youth leader from Botswana, highlighted that governance was often an ignored component of development, and that adolescent health is a critical sustainable development priority, imploring the “Action! Action! Action!” by the community and policymakers.
The plenary symposium on the ‘Lancet Standing Commission on Adolescent Health and Wellbeing: Meeting the Challenge of Global Adolescent Health’ began with an introduction by Ms. Vandana Gurnani, MoHFW who asserted that “whatever the global and national laws on adolescents were put in place, unless we have the necessary resources in place, we cannot make a difference”. This Symposium saw the participation of Prof. George Patton, University of Melbourne; Ms. Marleen Temmerman, Aga Khan University; Ms. Kikelomo Taiwo, The Lancet Commission on Adolescent Health and Wellbeing; and Ms. Sabine Kleiner, The Lancet, UK. Prof. Patton highlighted the key points of action needed to achieve adolescent health goals. These included ‘Assessment’, ‘Communication’, ‘Governance’, and ‘Health Actions’.

“At the turn of the millennium, the focus was on child deaths and ensuring survival. Now, the focus is on 'survive', 'thrive' and 'inform'.

Ms. Vandana Gurnani

“Young people growing up in different locations have very different patterns of disease burden. In South Africa and many parts of South Asia, young people are living with multiple disease burdens during their adolescent years.”

Prof. George Patton
The second plenary symposium of the day was on ‘Mental Health and Adolescents’, chaired jointly by leading Mental Health expert Prof. Vikram Patel, Harvard Medical School, and Ms. Zoya Ali Rizvi, MoHFW. Introducing the session, the latter said, “Adolescent and mental health are deeply interconnected. All priorities within the adolescent health space – be it injuries, violence, nutrition, sexual and reproductive health, prevention of NCDs, or substance abuse – are all affected by and simultaneously affect mental health.”

Prof. Patel highlighted that we know a few more things about the adolescent brain today than we did about ten years ago. Also marking this rapid shift in adolescent health is the fact that the first World Congress on Adolescent Health perhaps did not have a session on “sexting”, a fairly novel concept, as did the current one. He put forth an important question that needed to be answered: What is at stake? “Nothing less than the fact that mental and substance use disorders, and injuries are leading amongst the causes of death and disability, in both genders, across the youth age spectrum in all countries (irrespective of their development index),” he concluded.

“In India and across many parts of South Asia, suicide has been the leading cause of death among both girls and boys aged 15-24 for the last five years.

More young people in South Asia are likely to die at their own hands than due to any other single cause of death.”

Prof. Vikram Patel

“Harmful, rigid, exploitative gender norms are a leading contributor to poor mental health among adolescent boys and girls. The latter are at a particular risk of being harmed by gender norms that tend to contain their aspirations and opportunities.”

Suzanne Petroni, ICRW, USA
Several abstract-driven symposia were held during the day.

The first abstract-driven symposium of the day was on ‘Health Systems Strengthening’, which saw several case studies being presented. The ‘Demography and health status of adolescents in the Republic of Moldova’ was presented by Dr. Galina Lesco, Head of National Resource Centre in YHFS NEOVITA, who pointed out that social factors like political and social instability and the absence of life skills development from school curricula, and organizational factors such as economic crises are the main challenges in addressing adolescent health issues.

Arushi Singh, an independent consultant, spoke about the ‘Assessment of Adolescent and Youth Friendly Health Services in East & Southern Africa’, who asserted that there was a need for a systems-strengthening framework as per the WHO AA-HA guidelines. Dr. Rakesh Chandra Jha, Pathfinder International, presented a qualitative assessment of mentoring government health workers to reach vulnerable adolescent girls and women. Shwetanjali Kumar, Public Health Foundation of India, drew attention to the need for on-call adolescent care and counselling services, which will provide them with “a sense of security and confidentiality,” and make up for their inability to visit health care providers. Catherine Martin from South Africa spoke about how adolescent and youth friendly services are the foundation for improving access, uptake and service quality for adolescents.

The second abstract-driven symposium focused on ‘Equity/Positive Youth Development’. Chisina Kapungu, ICRW, stressed on how we must support high-quality evaluations, invest in promising approaches for cross-sectoral impact, and ensure inclusion of marginalized groups in Positive Youth Development. Further, a qualitative study of community resources and supports for LGBTQ adolescents in the US and Canada was presented by the Research & Education on Supportive and Protective Environments for Queer Teens (RESPEQT) at this session.

The results of an operational research on meaningful youth participation in a large-scale youth SRHR program in Africa and Asia were presented by Miranda Reeuwijk from Rutgers, and Consultants Arushi Singh and Katie Chau. Save The Children presented learnings from their intervention – Choices, Voices, Promise, which was found acceptable and feasible in the communities, and mapped the benefits of adding parents and community-level intervention. There was also a presentation made by TARSHI on their work on sexuality of young people with disabilities, drawing attention to how conversations play a key role in changing lives.

The third abstract-driven symposium looked at ‘SRH/HIV’. This session included a presentation by Dr. Catherine Martin on the need to look at SRH services for adolescent girls and young women in South Africa, highlighting that “contraceptive services are an important entry point to care for adolescent girls and young women”. Moira Beery, in her presentation of an intervention project in South Africa asserted on the need for “integrated and differentiated models of care that are patient centered and responsive to the needs of adolescents.”
A case study from Malawi on ‘Addressing Psychosocial Needs and Care/Treatment Delivery Gaps for Adolescents Living with HIV Using Technology’ was also presented during this session by Patrick Barnett Magalasi, which highlighted the results of introducing the first wholly mobile hotline in Southern Africa for youth living with HIV. Argwings Odhiambo Miruka from Kenya Medical Research Institute presented the findings of a study on the impact of HIV disclosure on medical outcomes, concluding that the “disclosure of an HIV diagnosis to an adolescent may be an important means to improve HIV care.” Dr. Allyson McKenney spoke about Transition Training (T2) programmes and their impact on adolescents in Malawi, suggesting that the modules focusing on education and job attainment garnered most interest among them. Majdi Osman, of YLabs USA presented the efforts of the organization in improving health and livelihoods among youth through products, services and communications designed to meet this end.

The fourth abstract-driven symposium was on ‘Nutrition’. Representatives of the National Institute of Nutrition, Indian Council of Medical Research shed light on the prevalence and predictors stunting among Indian adolescents. Presenting some data on the same, they shared that the prevalence of stunting was high among rural adolescent girls and boys, and that non-dietary factors such as sanitation, family income, type of house, mother’s occupation etc. are closely associated with it.

Dr. Shobha Shah, SEWA, shed light on the effectiveness and feasibility of the Weekly Iron and Folic Acid Supplementation (WIFS) programme in Gujarat, citing that anemia among tribal adolescents can be reduced through weekly supplementation of IFA through direct supervision by peer educators at community level. The prevalence and determinants of anemia among adolescents in Nepal was discussed by Krishna Kumar during the symposium, who observed that the incidence of anemia was high in the country, especially among female adolescents. Neelanjana Pandey of Population Council made a presentation on understanding the efficacy of programmes aimed at promoting the nutritional status of adolescents. She asserted that there was a need to motivate adolescents to have a healthy and diverse diet, and to improve the reach of the existing programmes such as the WIFS. A presentation on the nutritional, social and economic pathways of optimizing adolescent nutrition for better health in low- and middle- income countries (LMICs) was made by Donja Madjdian.

The Plenary Debate of the day was on the topic, ‘The parents of any child, including adolescents under 18 years of age, must give consent for their child’s clinical care’. The debate was moderated by Dr. Pierre-Andrew Michaud, University of Lausanne, with Prof. Fadia AlBuhairan, King Abdullah Specialist Children’s Hospital, Riyadh speaking in favour of the subject, and Philip Jaffe, University of Geneva opposing it. It concluded that engaging with parents/ caregivers to improve their parenting skills is of paramount importance to secure adolescent well-being. This discussion around parents’ involvement in adolescent care decision-making saw the active participation of the audience, totaling about 400 in number.

Various institution-driven symposia were held that captured the key aspects adolescent health.
The first symposium was on ‘Accelerated Action for the Health of Adolescents (AA-HA!): Act Now! No Excuses!’ which was hosted by WHO, UNICEF, UNFPA, UNESCO, The World Bank, and The Partnership for Maternal, Newborn & Child Health. One of the critical points put forth during this symposium was that Comprehensive Sexuality Education (CSE) has proven to “help delay the initiation and frequency of sexual activity, reduce the number of sexual partners, increase the use of condoms, and reduce sexual risk-taking behaviour”.

The second parallel symposium was on ‘Bolstering a Country’s Adolescent Health Programming – Lessons Learnt from India’s National Adolescent Health Programme (RKSK)’, hosted by the MoHFW, Government of India. Dr. Sushma Dureja, Deputy Commissioner MoHFW highlighted that “increasing political and administrative commitment, enhanced resource allocation, greater media engagement, community sensitization and demand generation, and enhanced convergence with the stakeholder ministries” are the way forward. The symposium also saw discussions around the implementation and impact of RKSK in Uttarakhand, Madhya Pradesh, Meghalaya and Kerala.

CorStone presented a symposium on ‘The Missing Link: Fostering Resilience in Adolescent Girls for Improved Health, Education and Gender Equity’. At this session, the organization spoke about their interventions in Bihar and some of the outcomes of the same, asserting that resilience programs such as the ones implemented by CorStone “not only improve psychosocial wellbeing, but also amplify the effects of a traditional adolescent health curriculum”.

The symposium on ‘Reflections on Building Sustainable Adolescent Medicine Training Programs’ was hosted by Harvard Medical School, citing that “it is critical to have leadership within the country, review current gaps in training and assess needs, and set priorities from the onset to create a sustainable program.”

The symposium on ‘Accelerating HIV Prevention for adolescent key populations in Asia and Pacific’, was hosted by UNICEF, UNAIDS, UNFPA, Youth LEAD and Youth Voices Count. The key highlights were discussions on how to get adolescents at risk know their HIV status early using digital technology, and a global perspective on ending adolescent AIDS.

The Indian Academy of Pediatrics hosted a symposium on ‘Infectious Diseases in Adolescents from Low- and Middle-Income Countries’, where the presenters focused on Dengue, Pneumonia, Fever of unknown origin and Tuberculosis among adolescents.

The satellite symposia of the day were on the themes ‘Sexuality Education: An evidence-based imperative to achieve the SDGs’; ‘Young, Married, and Powerful. Building Momentum Toward a Brighter Future’; and ‘Placing Adolescents at the Centre in Public Health Programming – Lessons from the Field’. These symposia were organized by UNESCO, UNFPA & WHO; Pathfinder International; and Children’s Investment Fund Foundation respectively.
The first day of the conference witnessed wide participation and considerable interest in the plenary and keynote lectures.
The plenary keynote lectures on the second day of the World Congress were on ‘Herb Friedman Lecture: Young people changing the future of adolescent health’ and ‘Migration and adolescent health’. Dakshitha Wickremarathne from the Youth Advocacy Network, Sri Lanka gave a remarkable address on the former topic, in which he stressed on the power of adolescents in shaping our future and emphasized that adolescents who are healthy are better equipped to contribute to the society. “Taking risks is mostly a part of the learning processes in the life of an adolescent, he added. There is also a need to pay due attention to the changing digital and technological environment while ensuring better adolescent health, according to Dakshitha. This address also shed light on the need for increased investments in civil society and evidence-based capacities – from actions to commitments which will lead to transformations. The young leader from Sri Lanka concluded his lecture by hailing the power of adolescents: “Young people are actually doing their bit by changing mindsets in different spaces. The question is, can you keep up with them?”
Kate Gilmore, gave a lecture on ‘Migration and Adolescent Health’, beginning with pointing out that the countries suffering the gravest problems have some of the highest population of young people, and citing that individuals’ access to quality healthcare services without fear or stigma was under grave threat. The dynamics of shifting powers become manifest in the fact that 40% of the world’s population is under 25 years of age, and are under grave threat when forced to migrate. Migrant adolescents in transit are often met with violence of various kind – kidnapping, abduction, human trafficking, child labour, sexual assault etc. It is key, said Gilmore, to ensure migrant children have access to specialized psychological support and healthcare services without fear of being detected, detained and deported. For this, child and family immigrant detention should be prohibited, and healthcare providers must be exempted from reporting the immigration status of the service seekers.

12% of the world’s 15-24-year old population is migrating across borders.

At least 30% recorded deaths among children on the move via seas into Europe.

70% of the world’s people on the move are under age 18.

“We must invest in young people, pave their way, dismantle the blocks in their way, and then get out of their way.”

Kate Gilmore
The plenary symposium of the day was on ‘Early Adolescent Health and Development in Low and Middle-Income Countries’, chaired by Kate Baye Easton, International Youth Alliance on Family Planning, with the panel including Prof. Robert Blum, Johns Hopkins University, Dr. Jo Boyden, Oxford Department of International Development, Tamara Krenin, The David & Lucile Packard Foundation, and Rajib Acharya, Population Council.

Dr. Boyden asserted that we need a far better understanding of the everyday lives of adolescents in order to be able to explain the challenges. She further highlighted some of the integral action points that must be immediately focused upon, key among which is the need the to “design interventions for young adolescents’ real lives and develop a holistic understanding of adolescent health beyond risk behaviours, towards competency and resilience”.

Rajib Acharya spoke at length about the programmatic interventions on adolescent health in India, and presented the findings of a study carried out to examine the situation and needs of early adolescents in sexual and reproductive health practices, nutrition, mental health, injuries & violence during GBV, and substance use.

“There is a need to link investment and policy across childhood into adolescence; for adolescent-sensitive social protection to alleviate pressures; for school environments to encapsulate sanitation, safety & respect.”

Dr. Jo Boyden

“Empowerment of young people is about pushing the boundaries, but unless you know the boundaries you neither know how to push them or where to push them, or how far to push them. We need to understand the contexts, and that empowerment is a pathway to development.”

Prof. Robert Blum
The abstract-driven symposia on the second day of the conference were conducted on wide ranging thematic areas.

The first of these was on ‘Mental Health’. At this session, Douglas Gaitho from Kenya talked about the psychosocial adversities and stresses in the lives of adolescents visiting an HIV clinic in Nairobi; Dr. Helena Lewis-Smith put forth some critical arguments on the mediating role of body image and external signs of puberty. Dr. Rachana Parikh from the organization Sangath presented a qualitative study of daily stressors and coping among adolescents in Delhi and Goa, while Prachi Khandeparkar from the same organization presented a qualitative study of understanding depression and help-seeking behaviour among rural school-going adolescents in India. Rohan Borschmann from Australia presented a 20-year prospective cohort study on pre-conception self-harm, maternal mental health and mother-infant bonding problems. Zachary Catanzarite from Johns Hopkins School of Public Health spoke about the frameworks to understand suicide among LGBTQ+ adolescents.

At the symposium on ‘Socially shaped behaviours’, a presentation from Uganda by Elvis Ndikum was made on an evaluation of compliance, knowledge and attitudes related to the new 100% smoke-free law in bars and restaurants in the country. Dr. André Gervais from Canada discussed key takeaways from the legalization of cannabis in the country. Other presentations at this symposium were on strengthening families program implementation in Latin America; youth obesity, chronic diseases and the food-beverage industry based on a case study of soda tax in Mexico; and on bullying involvement and substance use among Brazilian adolescent students.

The symposium on ‘Interactive Media’ included several interesting presentations. Emmanuel Adebayo presented a comparison of online and offline relationships as sources of social capital among in-school adolescents in Nigeria; Fiona Robards spoke about the pathways to ensuring health systems support marginalized young people in the digital age; while Kristina Bennett shared the experience of using social media to amplify the Lancet Commission on Adolescent Health and Wellbeing. Nicole Ippoliti from YLabs spoke about using human-centered design to develop digital and SMS sexual health and employment tools for urban youth; Sumitra Samanta from MAMTA-HIMS made a presentation on examining the feasibility and acceptability of mobile based interactive voice response system (IVRS) for delivering information on reproductive health in rural public spaces and violence related attitudes and behaviours among adolescent boys. Another presentation from ICRW looked at the findings of a school based primary prevention program and its impact on preventing violence.
India; Tinashe Rufurwadzo spoke about promoting the uptake of HIV testing services among adolescents and young people through the roll out of a two-way interactive SMS channel.

There were additionally a few other parallel symposia conducted on the day. Dr. V. Chandra-Mouli’s presentation of a compilation of the WHO’s current recommendations on adolescent sexual and reproductive health, with some of the key recommendations being child- or adolescent-centered gender-sensitive first line support, minimize additional trauma and distress and post-rape care. Dr. Elizabeth Ozer from University of California spoke about a self-adaptive personalized behaviour change system for adolescent preventive care. Guday Emirie and Issimbi Roberte from Gender & Adolescence: Global Evidence shared their thoughts on disentangling urban adolescents’ vulnerability to gender- and age-based violence in Ethiopia and Rwanda. Peter Azzopardi spoke about the health and wellbeing of indigenous adolescents in Australia, while Qingfang Zhang presented a descriptive study from China on increasing access to SRH services among the youth through university family planning network.

The first institution-driven symposium of the day was on ‘Empowering Adolescent Girls and Addressing Child Marriage in India’. The symposium was hosted by UNFPA, UNICEF and WHO. This symposium saw some child marriage data being presented, apart from the sharing of global evidence on effective strategies to prevent child marriage and support child brides.

The second institution-driven symposium was on ‘Reducing adolescent undernutrition and anemia: Relevance & Indian Experiences’, hosted by UNICEF India. At this session, Dr. Sushma Dureja shed light on the Weekly Iron and Folic Acid Supplementation Program for Adolescents in India, and its implementation, impact and learnings from the same.

The plenary debate on the second day of the conference was on the topic, ‘Brain imaging has made a negligible contribution to adolescent care and health promotion’, with Dr. David Ross chairing the debate, Russell Viner, UCL speaking in favour and Sarah-Jayne Blakemore from UCL challenging the argument. The discussion revolved around neuroscience and clinical issues of the brain, youth and juvenile delinquency and brain development among adolescents. It was concluded that neuro-imaging can prove as a potential aid. Functional (F-) MRI can significantly contribute to the understanding of adolescent brain functions. This will be potentially relevant in dealing with adolescents who are in conflict with law.
The second day of the World Congress also hosted a couple of IAAH official meetings, which provided a platform to discuss the President’s report, announce the new IAAH Council Members, deliberate on the next World Congress and announce the Inaugural Fellowship Award and IAAH Founder’s Award – the latter being awarded to Dr. Sunil Mehra, Executive Director of the host institution, MAMTA-HIMC beside three others.

A networking dinner was organized at the end of Day 2 of the conference, that was well attended by the participants and delegates.
The plenary keynote lectures on the final day of the World Congress were on ‘Towards a gendered approach to adolescent health’ and ‘Puberty: new insights’. Speaking on the former topic, Ravi Verma from ICRW highlighted that only 22% of the governments globally prioritized gender equality and norms, and male engagements in their programs. In India, he pointed out, that 80% men believed that men should have the final word in decision making at home, and violence, alcohol etc. have become acceptable as masculine behaviours. Confirming this, Verma asserted that data suggest rigid masculinity norms are not changing, but on the contrary, are becoming more rigid with negative implications for both men and women.

Dr. Ajay Khera, Deputy Commissioner MoHFW suggested that gender is critical and needs to be addressed. The important thing here, however, is to discuss how to get it implemented in the minds of the policymakers or within the families or communities, and go beyond this conference room, to really achieve the SDG of surviving, thriving and transforming.

“We are standing in the era of SDGs, in which there is a clear reference not only to surviving and thriving, but to transformation. Unless we address gender inequality adequately, we cannot achieve that transformation.”

Dr. Ajay Khera

“We are fighting for women’s equality, the rules for men remain unchanged.”

Ravi Verma
The lecture on Puberty: new insights was addressed by Anne-Sophie Parent, University of Liege, where she shared key lessons for clinicians and public health professionals. This session saw discussions around latency to puberty, pattern of timing distribution and changes within these, environmental factors affecting puberty, etc.
The plenary symposium on the concluding day of the World Congress was on a contemporary topic, of immense relevance to adolescents and adults alike: ‘Social Media, Sexting, Addiction, Oh My! Adolescent Health in the Digital Age’. This symposium including several speakers on the panel. The included Dr. Michael Rich, Harvard University; Nisha Dua, Learning Links Foundation; Caroline Crosbie, Pathfinder International; Monika Arora, PHFI; and Agathe Meridjen-Manoukian and Matthieu Thomas from France.

Talking about the incredible impact of media and social media on the health and wellbeing of adolescents, Monika Arora drew attention to the need for creating youth engagement in the real world. Citing the 2016 Lancet report that confirmed the role of digital media in offering new opportunities for engagement and service delivery, she reiterated that adequate investments were required to fully leverage this opportunity. Dr. Rich further shared interesting data on social media use that captured the extent of internet and social media addiction among adolescents globally. He added that it was very critical to understand that technology and social media can do great good but also a lot of harm if used mindlessly. Nisha Dua in her address said, “The problem is not technology, but the way we use technology. Therefore, we must focus not on depriving children of technology, but in empowering them to use technology responsibly.”

“Adolescents today have FOMO – Fear Of Missing Out.”
Dr. Michael Rich

“Children are the technology natives, and we are the migrants.”
Nisha Dua
Several institution-driven symposia were held on Day 3 of the World Congress.

The first of these was on ‘Intersectoral Convergence for Adolescent Health: Learnings, Challenges and the Way Forward’, hosted by MAMTA-HIMC along with WHO. At this session moderated by Dr. Chandra-Mouli, Dr. David Ross presented strategies for the integrated delivery of adolescent health interventions, with a focus on the global Accelerated Action for the Health of Adolescents (AA-HA!) plan. Priyanka Sreenath from MAMTA-HIMC presented the findings of a study implemented by the organization, on strengthening collective response of the government to end child marriage through a district level convergence approach. Susan Igras from Georgetown University presented a case example of convergence of adolescent and sexual and reproductive health policies and programs in Uganda. Vani, from UNICEF gave some data on nutrition among girls, along with examples of key intervention packages and strategies in India.

The second symposium was on ‘School Health Promotion in the 21st Century: Contexts, Continuity and Change’, hosted by the International School Health Network. Valentina Baltag, WHO spoke on promoting health and positive development through education in the 21st century. Prof. Sawyer presented the case for adolescent investment through a review of ideal approaches, summary of benefit cost ratios, etc. There was also a presentation made on integrating health promotion & social development programs within the core mandates, constraints & concerns of education systems. Douglas McCall spoke extensively on the diffusion, implementation, maintenance of comprehensive approaches to school health promotion, and Seung Lee from Save the Children presented on school health promotion in the 21st century.

The symposium on ‘Evaluating Participants’ Perceptions of and Experiences with Interventions to Prevent Girls’ Early Marriage Prevention Programs in Rural Jharkhand, India and Oromia, Ethiopia’ was hosted by the University of California. Yemeserach Belayneh from the David & Lucile Packard Foundation, in his presentation highlighted the necessity to prioritize community-based early marriage prevention programs. Niloy Mitter from TATA STEEL shared the learnings from the adolescent health project RISHTA (Regional Initiative for Safe Sexual Health By Today’s Adolescents), a CSR initiative. Amsalu Hundie presented a case study of teacher-delivered early marriage prevention program in Oromia-Ethiopia, looking at its
history, focus, strengths and challenges. Dr. Anita Raj from the University of California shared the findings from a qualitative evaluation with youth and their decision-makers on the value of community-based early marriage prevention programs.

Plan International hosted a symposium on ‘Moving From Tokenistic Participation to Meaningful Influence: How Young People Can Best Engage in Health Policy and Practice’. And a final symposium was hosted by Nutrition International on ‘Right Start on Improving Adolescent Nutrition’. Anjali Bhardwaj and Mini Varghese from the hosting institution of the symposium made a presentation of adolescent nutrition in the global context, and improving adolescent nutrition among school and out-of-school adolescent girls in select states of India, respectively. Another presentation from the organization, by Betam Ahmesugenailew, shed light on the challenges, lessons and provisions of the Weekly Iron Folic Acid Supplementation Program in Ethiopia. Emily Keane shared several case studies from Save The Children on improving adolescent nutrition, with a focus on policy, practice, challenges and opportunities. Manpreet Chadha from Nutrition International shared experiences from select Asian SUN(Scaling Up Nutrition) countries on reaching adolescents with nutrition interventions.
The **plenary debate** on the final day of the conference was on the topic, ‘**For adolescents, all our efforts should be put into promoting condoms instead of promoting oral or long-acting reversible contraceptives**’. Campaigning condom use only as a contraceptive method although promotes safe sex practices as well, but choices of adolescents get restricted. However, lately broad range of contraceptive methods such as oral and long-acting reversible contraceptives (LARC) are being endorsed as it offers additional choice and enhance the decision making among adolescents.

A clear consensus was built on promoting broad range of contraceptive methods over promotion of condom use since it offers a potential solution to increase the use of contraception among adolescents.

The debate was chaired by Gwyn Hainsworth, Bill & Melinda Gates Foundation, with Kate Baye Easton from the International Youth Alliance for Family Planning speaking in favour of the argument, and Ishita Chaudhry from The YP Foundation opposing it.

The 3-day World Congress came to an end with a closing ceremony that witnessed a packed house. All the delegates, experts and participants attended the ceremony, which began with the release of a Youth Charter put together by more than 100 youth delegates participating in the conference from over 65 countries. The **Youth Charter contained some recommendations on what the priorities for addressing adolescent health for all stakeholders engaged in policymaking and programming should be. The priorities laid down in the Charter included Sexual and Reproductive Health and Rights; Comprehensive Sexuality Education; Gender Based Violence; Mental Health and Suicide; Adolescents and Young People in Humanitarian Settings; Sexual Orientation, Gender Identity and Expressions (SOGIE); HIV/AIDS; and Non-Communicable Diseases (NCDs). Sonali Maheshwari from MAMTA-HIMC spoke about the constructive dialogues and discussions that took place during the thematic sessions that added immense value to the learnings from the World Congress.**
“The Youth Charter makes a strong case for adolescents and young people to be recognized as equal stakeholders, whose meaningful participation at all levels - local, national or international - is critical towards ensuring that adolescent health policy and programming is consistent with the on-ground lived realities,” wrapped up the youth delegates.

Congratulating IAAH and MAMTA-HIMC for having brought adolescent health to the centre stage, Dr. Ajay Khera highlighted three key takeaways from the conference. First, adolescent health outcomes are mainly dependent on great partnerships, engagement with youth organizations and having convergence in place. Second, there is severe dearth of robust data on adolescent health, which makes the road ahead quite long. Finally, universal health coverage is a must to help reach adolescent health outcomes.

The World Congress concluded with Prof. Susan Sawyer, President, IAAH and Dr. Sunil Mehra, Chair, National Organizing Committee expressing their vote of thanks to all participants, delegates and partner organizations, declaring that the time and place for the next World Congress will be announced in due time. The entire staff of MAMTA-HIMC was given a standing ovation by the audience for their effective and efficacious hosting of the World Congress. Dr. Mehra placed on record his special gratitude to Dr. Bruce Dick, past president of IAAH, for his financial and moral support for enabling the hosting of the World Congress in India.

The IAAH World Congress on Adolescent Health that came to India for the first time in its 11th edition saw a huge turnout in the number of participants, who took back incredible learnings on adolescent health from their peers and experts alike, apart from great memories from the South Asian subcontinent!
There were also several stalls set up by many organizations displaying their work, which were visited with keen interest by all delegates, dignitaries, and people participating in the conference.
This conference has done two things- it has highlighted things that we are doing well, and it has also given ideas about things we could be doing better!

I learnt about adolescent sexual and reproductive health at this conference, and it was an amazing experience.

It has been a really good Congress, particularly due to its focus on adolescent health and the involvement of young people.

This conference has some great experts on adolescent health, with whom we should join hands and create good programs in the future!

I work on adolescent health medicine and this Congress is very useful for me, and would like to thank everybody!

The World Congress on Adolescent Health gave a platform for young people to be empowered to address adolescent health needs, and to share our thoughts and experiences.

The theme of empowering adolescents to make their own choices was an important message to spread.
The IAAH 11th World Congress on Adolescent Health was widely covered in the media. In the period leading up to the conference, the World Congress was covered in 18 online and 3 print publications. The Press Briefing conducted on 24th October 2017 was covered in 15 online portals and 4 print publications, apart from being covered in a TV news bulletin by Rajya Sabha TV. During the World Congress and after its conclusion, the conference was reported significantly, in 62 online portals and 11 print publications, apart from being featured in 5 electronic shows including in NDTV, CNN News18 and Rajya Sabha TV.
Adolescents are assets that we need to nurture into healthy adults.
## Supporting & Sponsoring Organizations
for the 11th World Congress on Adolescent Health

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill &amp; Melinda Gates Foundation</td>
</tr>
<tr>
<td>The David &amp; Lucile Packard Foundation</td>
</tr>
<tr>
<td>New Venture Fund</td>
</tr>
<tr>
<td>American Jewish World Service</td>
</tr>
<tr>
<td>Access Health International</td>
</tr>
<tr>
<td>Children’s Investment Fund Foundation</td>
</tr>
<tr>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>MacArthur Foundation</td>
</tr>
<tr>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
The abstract-driven symposia presentations can be accessed at
https://www.dropbox.com/sh/n4oryvyknpppdov/AACmQIM-12NWNRPvnGK8XQmpga?dl=0

The satellite symposia presentations can be accessed at
https://www.iaah2017congress.org/videos.html

All the media coverage for the World Congress can be
accessed at
https://www.iaah2017congress.org/gallery.html

The Youth Charter is available at
file:///C:/Users/user/Downloads/IAAH%20Youth%20Charter%20(3).pdf