

Adolescents in a changing world

The case for urgent investment



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“Adolescents in a changing world – the case for urgent investment” is the result of over two years of work by the PMNCH (Partnership for Maternal, Newborn and Child Health), WHO, UNFPA, UNICEF, Victoria Institute of Strategic Economic Studies (VISES) of Victoria University, Melbourne, Australia and partners.

This major report argues that there are strong reasons why substantially increased investment in programmes to promote adolescent well-being are both urgent and fully justified, including the human rights of this substantial and increasing age group, the major epidemiological and demographic transitions that are sweeping the world, and the fact that there is a substantial repertoire of highly effective interventions and an increasing body of experience in how to deliver them successfully. Such investments also make excellent economic sense, with a large number of interventions across multiple domains of adolescent well-being yielding returns of at least US\$10 for every dollar invested. Furthermore, the costs of inaction are enormous.

The case for urgent investment in adolescents well-being

Today's adolescents (10–19 years) face serious challenges in a rapidly shifting world. These range from the effect of population changes and age distribution and the increasing importance of noncommunicable diseases, the impact of climate change on mental health and well-being, the learning crisis and the persistent inequality, violence and neglect of human rights experienced, especially by women.

The world needs to invest more in the well-being of 1.3 billion adolescents across the world.

The cost of inaction is enormous. Over the period 2024-50, the average cost of inaction (benefits foregone) has been estimated at US\$110 trillion (USD 4.1 trillion per year). This equates to 7.7% of the GDP of the countries included in the models, which cover about 80% of the world's population.

This investment must be across sectors to cover all aspects of adolescent well-being, it must meet the context specific needs of adolescents and have opportunities for adolescents to contribute to design and development of programmes for them.

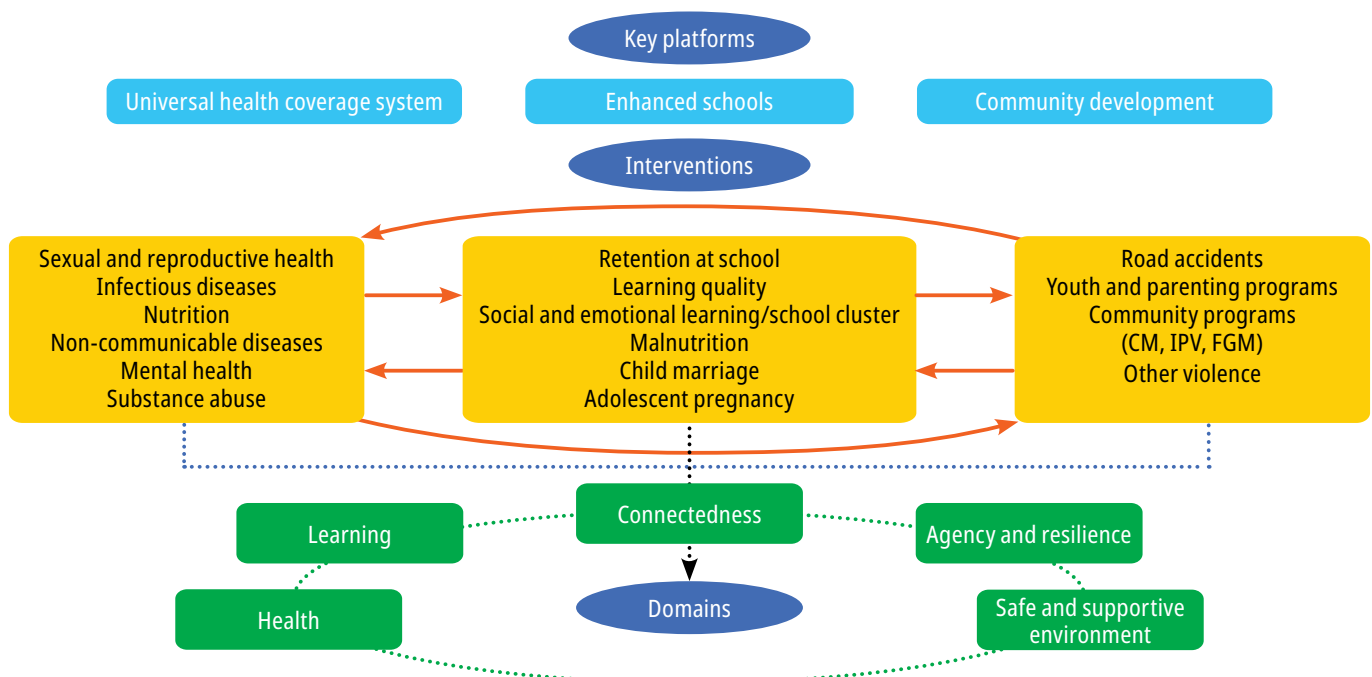
Figure 1. The definition and five domains of adolescent well-being



The need for multi-sectoral policy and planning beyond the health sector

Transformative investment in three key platforms or systems is necessary: universal health coverage (UHC), including Primary Health Care (PHC); enhanced schools that focus on learning, health, nutrition and student well-being; and support systems based in local communities to ensure that they reach the most vulnerable. These platforms are not only key for programme delivery but are essential to ensuring that all adolescents are covered and that the complex linkages involved are fully realized.

Figure 2. Platforms, linkages and interventions



Adolescent well-being as a driver of development

The economic and social returns from a wide range of investments to address adolescent well-being are high. Such investments will reduce inequalities and help to protect the human rights of adolescents and they have never been more timely, given the current and future global demographic and epidemiological transitions. There is now a substantial body of evidence that shows selected interventions for this age group can be highly effective. Finally, investing in adolescents and their well-being strengthens the human capital of a country and hence the country's wealth-potential for future development and, for ending extreme poverty and creating more inclusive societies.

The modelling presented in the global report on investing in adolescents' well-being was conducted for the period 2024 to 2050. The key quantitative measure used in developing the investment case is the benefit-cost ratio (BCR). This is the ratio of the value of benefits to the cost of the investments necessary to achieve those benefits. For a wide range of investments analysed here, the BCRs are 10 or above, with much higher values in many cases. An investment in which the benefits are 10 times the cost is a very strong one indeed. Examples of the estimated returns on investment (BCR) from selected interventions are shown in Table 1.

Table 1. Selected examples of the returns on investment from interventions to promote adolescent well-being

Intervention	Return on Investment of US\$ 1
HPV	US\$ 20.2
TB	US\$ 53.6
Myopia	US\$ 13.0
Scale-up of adolescent health services	US\$ 9.6
Education and training	US\$ 28.6
Preventing road injuries	US\$ 9.1
Mental health	US\$ 23.6
School feeding programmes	US\$ 17.0
Reducing child marriage	US\$ 25.9
Programmes to reduce female genital mutilation	US\$10.1

Six priority areas for investment in adolescent well-being now

With many affected countries already highly indebted, large-scale support from the international community will be necessary for these investments to be undertaken on the required scale. At the same time, locally tailored interventions taking account of specific needs and local knowledge and expertise about effective programmes will be crucial.

Within the need for an extensive programme of investment to build the universal platforms, based on BCR studies and other evidence assembled, six priority areas have been identified:

- malnutrition: hunger and undernutrition, micronutrient deficiencies and overweight/obesity;
- mental health: both prevention and treatment;
- learning, skills and employment;
- the position of women, including reductions in child marriage and in unplanned pregnancies;
- the prevention of violence and injury; and
- the preparation of adolescents to cope with emerging realities.

This does not necessarily mean that other areas may not give excellent returns on investment, but the empirical data to calculate their BCR is not yet there in the literature.

Although a return of at least US\$ 10 dollars for every US\$ 1 spent is excellent, the cost of the full suite of investments described in the global report are high. Total costs for the period until 2035 are estimated to approach US\$ 2.8 trillion, or an average of about US\$ 230 billion per annum over the 12-year period of 2024 to 2035 in present value terms. This amounts to about 0.25% of the average projected global gross domestic product (GDP) over the period.

Large-scale and immediate investment to increase the capabilities and well-being of adolescents is now of critical importance. This investment will empower young people to meet the challenges before them and to thrive in the decades ahead.

What do young people want for their future? An agenda for action and investment

Adolescent and youth well-being is central to the development of a country's human capital and deserves considerable attention. Investing in adolescent well-being isn't just one choice among many; it's a moral imperative of society at large.

The investment case spotlights the cost of inaction, as well as the high returns on investment in adolescent well-being. However, the question remains – do we know what young people want for their future and their lives? Do these demands align with the priority areas that bring an increased return on investment in adolescent well-being? YES, THEY DO.

Under the PMNCH's 1.8 Billion Young People for Change Campaign, a campaign for and by young people, the 'What Young People Want' Initiative gathered 1.6 million responses from adolescents and youth across 90 countries

In addition to health and optimum nutrition, the survey revealed that over 40% of young people considered learning, competence, education, skills, and employability as crucial drivers of their well-being. The responses were distilled into an '[Agenda for Action for Adolescents](#)' (AAA), which highlights seven key priorities for action. The AAA co-developed with and co-owned by adolescents and youth, defines a path forward for governments, in partnership with stakeholders from all sectors, to develop and implement policies and programmes that deliver on these priorities. It advances the adolescent agenda within the current Sustainable Development Goals and sets the scene for the post-2030 global development agenda.

The six priority areas for action recommended in the Investment Case and demands of young people serve as a powerful tool for advocacy and action. For example, a broad package of health services for adolescents is likely to give a return of US\$9.6 for every dollar invested, while investment of a dollar in education and training is likely to give a return of US\$28.6 and mental health interventions are estimated to provide a return of US\$23.6 to a dollar invested.

We have made several strides in securing the well-being and rights of adolescents – yet a lot remains to be done. We must come together and commit for increased prioritization, targeted action, robust accountability, better commitments and fewer barriers/hurdles to adolescent well-being.

How can we build a more equitable, sustainable, prosperous future?

1. Increase access to adolescent-friendly health services including sexual and reproductive health services, mental well-being support and preventive care
2. Prioritize inclusive and quality education and skill building that addresses the diverse needs of adolescents
3. Ensure economic empowerment through skills development, vocational training, and job creation initiatives
4. Advance and advocate for gender equality to ensure equal opportunities and rights for adolescents in all their diversity
5. Mainstream meaningful adolescent and youth engagement ensuring their active participation in shaping/informing policies, programmes, and initiatives
6. Leverage and strengthen community support to provide a supportive environment for adolescents
7. Follow up on existing commitments and mobilize new commitments by highlighting increased returns on investment

