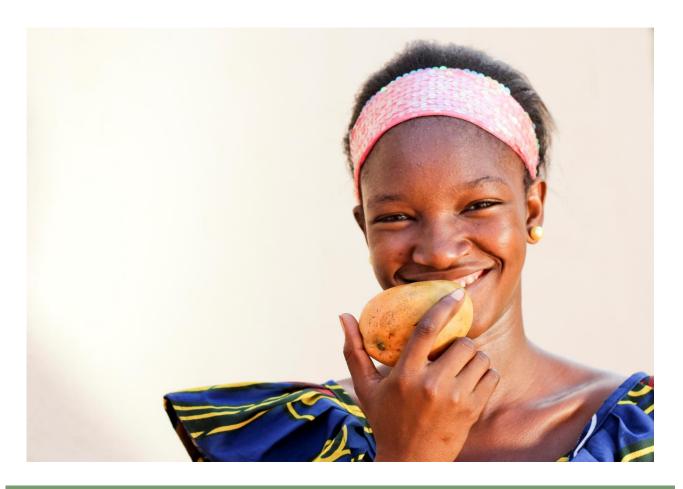
ADOLESCENTS: AGENTS OF CHANGE FOR A WELL NOURISHED WORLD

Stakeholders Consultation on Adolescents Nutrition convened in collaboration with the World Health Organization



GAIN Convening Paper Series n°2

August, 2019



ABOUT GAIN

The Global Alliance for Improved Nutrition (GAIN) is a Swiss-based foundation launched at the UN in 2002 to tackle the human suffering caused by malnutrition. Working with governments, businesses and civil society, we aim to transform food systems so that they deliver more nutritious food for all people, especially the most vulnerable.

Recommended citation

Global Alliance for Improved Nutrition (GAIN) and World Health Organization (WHO). Adolescents: agents of change for a well-nourished world. GAIN Convening Paper Series #2. Geneva, Switzerland, 2019. DOI: https://doi.org/10.36072/cp.2

Acknowledgements

GAIN acknowledges the good collaboration of the World Health Organization in planning and organising the Stakeholders Consultation on Adolescents Nutrition: Adolescents: Agents of Change for a Well-Nourished World. Special thanks to consultants Sarah Parkinson and Joyce Greene for authoring and editing this report. Additional thanks to Malia Ellington, Diva Fanian, Katie Guthmiller and Camilla Haugstveit Warren – interns with the WHO Nutrition team – for their support in capturing the content of the consultation.

Editing: Garduce ltd, United Kingdom, www.garduce.com

Design: Moustache, United Kingdom, www.moustachedesign.co.uk

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ADOLESCENTS: AGENTS OF CHANGE FOR A WELL-NOURISHED WORLD

Geneva, June 2018 Meeting report

UNITED NATIONS DECADE OF ACTION ON NUTRITION 2016-2025





STAKEHOLDER CONSULTATION ON ADOLESCENT NUTRITION

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This publication contains the report of the stakeholder consultation on adolescent nutrition "Adolescents: Agents of Change for a Well-Nourished World" and does not neccesarily represent the decisions or policies of WHO.

Recommended citation

Global Alliance for Improved Nutrition (GAIN) and World Health Organization (WHO). Adolescents: agents of change for a well-nourished world. GAIN Convening Paper Series #2. Geneva, Switzerland, 2019. DOI: https://doi.org/10.36072/cp.2

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EXECUTIVE SUMMARY

Recent global initiatives, including The Lancet Commission on Adolescent Health and Wellbeing, and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), have highlighted the need for attention and action on issues affecting adolescents. One such issue is the diets of adolescents around the world, shaped by social, economic and cultural forces³, which are putting the largest-ever generation of adolescents and young people at risk now and throughout their lives.

Adolescents are increasingly included in policy and decision-making but at country level, they often fall between the cracks of policy and programmes. There is still much work to be done to create adolescent-specific policies, and to ensure that programmes have processes and outcomes that recognise the uniqueness of this group.

A series of international meetings and technical discussions in Nepal, Canada, the United States and the United Kingdom have begun to chart the way forward. Building on this foundation, the Global Alliance for Improved Nutrition (GAIN) and the World Health Organization (WHO) organised a consultation in Geneva in June 2018, which brought together more than 80 researchers, practitioners, policymakers and youth organisations, as well as adolescents from Pakistan, Bangladesh, Indonesia and Zambia.

The consultation sought to accelerate progress by looking outside the nutrition sector for advice, support, partnerships and understanding of what has worked in adolescent programming, and what has not. Some clear themes emerged that can act as principles moving forward.

A new starting point: Working with adolescents must begin with achieving an understanding of what they care about and what motivates them. Ms Farzana Brownia of the Shornokishoree Network Foundation (SKNF) emphasised that starting with food, nutrition and health is a recipe for failure. Adolescents have many more competing priorities. Dr Neela Saldana shared that private sector companies are much better at understanding the importance of branding; they connect with what their audience really cares about and build a narrative that authentically includes the brand's message.

The Bangladesh Motivations Research carried out by GAIN in partnership with Quantum Consumer Solutions offers an exciting methodology to explore motivations and better understand adolescents' wider social influences. By connecting nutritional messages with these larger motivations, we have the opportunity to link the improved quality of diets to the fulfilment of adolescents' desires and future goals, and to do so at a critical stage in their social and biological development.

A holistic approach: Dr Zulfiqar Bhutta, Founding Director of Women and Children's Health at Aga Khan University, opened the consultation calling for a more holistic approach and to reframe our programmes to ensure that we are working together to serve the adolescent holistically. Their needs are not singular, and therefore it is mandatory to work with other sectors to be ready to successfully address the guardianship that adolescents will require. Ester Kaleji from Concern, Zambia warned of the need to be able to respond to the range of issues adolescents will face and the support they will need. We must bring expertise from a wide range of sectors; sexual and reproductive health, education, non-communicable diseases, mental health and infectious diseases, and in turn, start to frame our support in line with their lived experiences. Healthcare systems and the education sector need to prepare adolescents with curriculum and services tailored to their immediate needs as well as prepare them for transition to adulthood and with the necessary life skills. This idea was brought to life by one of the 'Dragons Den' groups which called for systemic change in education and the introduction of a new accreditation system based on whether schools meet specific standards, such as the inclusion of subjects, like life skills and entrepreneurship.

New Rules of Engagement: The most important participant in a holistic approach will be the adolescents. As one of the adolescent participants reminded the consultation, "Never about us without us". No conversation should occur about the future of adolescent policy or programming without giving them both a seat at the table and, as Ms Rosanne Palmer-White of Restless Development advised, true decision-making power. At the beginning of the consultation, the WHO's Dr Francesco Branca challenged the participants to think about how to empower adolescents. At the end of the consultation, he concluded that the answer is to bring them to the table and allow them to answer the question. To make this possible means connecting with networks of adolescents, giving them a safe space to talk about the changes they want to see, relinquishing control of the narrative, the tone and the key messages and allowing adolescents to truly lead.

"If you want to go fast, go alone. If you want to get far, go together. If you want to get there, get a local guide." – Dr David Ross

The consultation concluded with all the attending organisations making commitments based on their learnings. A key area of consensus was that many agreed to bring adolescents into the discussion in more meaningful ways and at all levels of planning (Appendix 4). The final words of the consultation were given to the participating adolescents themselves. Three of the nine adolescents attending drafted powerful letters to the Minister of Health in their home country, a reminder of the reality of adolescents' lives, but also of their ability to identify solutions and advocate for themselves (Appendix 5).



ABOUT THE MEETING

The two-day stakeholder consultation, organised and hosted by GAIN and WHO, was held at the Hotel N'vY in Geneva, Switzerland on 19-20 June, 2018. The consultation was attended by more than 80 experts in adolescent research, policy and programming; representing many academic and research institutions, non-governmental organisations, UN agencies and donor organisations. Participants came from both the nutrition sector and other sectors with experience of working with adolescents. Attendees included nine adolescents from Indonesia, Pakistan, Bangladesh and Zambia, who participated actively throughout the meeting.

CONTEXT

The world has set ambitious goals for the future of its citizens; among them an end to poverty and hunger, good health and wellbeing, and the achievement of gender equality. One of the greatest challenges to realising these goals is the problem of all forms of malnutrition, which threatens the health of adolescents, especially girls.

As young people on the brink of entering into active engagement in society, the workforce and family life; adolescents are experiencing multiple burdens of malnutrition, the increasing problem of overweight and obesity coexisting with continued high prevalence of stunting and wasting, as well as micronutrient deficiencies. They consume less than adequate amounts of fruits, vegetables and other healthy foods and high levels of processed products with too much sodium, sugar and fat¹. Their food choices are constrained by poverty and lack of access to nutritious food, with implications for future life and health¹. The diets of the world's 1.2 billion adolescents², shaped by social, economic and cultural forces are putting this critical age group at risk now and throughout their lives.

Adolescents have been the focus of increased attention in global initiatives, including The Lancet Commission on Adolescent Health and Wellbeing, and inclusion in the Global Strategy for Women's, Children's and Adolescents' Health (2016- 2030)³, Sustainable Development Goal (SDG) targets and the WHO Accelerated Action on Adolescent Health (AA-HA!)⁴, as well as in previous meetings in Nepal⁵, Canada⁶, the United States⁷ and the United Kingdom⁸ which have begun to chart the way forward on the problem of adolescent malnutrition. This work has identified the significant data gaps as well as the lack of evidence for programming. To accelerate progress, GAIN and WHO identified the need and opportunity to learn from other sectors with experience of working with adolescents, as well as from adolescents themselves.

ORGANISATION

GAIN and WHO developed the agenda (Appendix 1) which prioritised issues and learning objectives for the consultation. They invited experts (Appendix 2) and structured the agenda into three parts:

- Reflections on the current nutrition response, identifying the opportunities and gaps;
- Evidence and experiences from non-nutrition sectors, youth organisations and adolescents; and
- A 'Dragon's Den' exercise in which young people led teams in developing solutions to problems they identified and pitching them to the expert 'Dragons', who had experience in implementing them.

The consultation's stated objectives were:

- To involve adolescents into the discussion of their own nutrition;
- To better understand their lived experiences and their ideas for solutions;
- To begin the conversation of how to work together; and
- To gather the lessons learned and experiences of other sectors and organisations that work with adolescents in research, programming, activism and policy.

The meeting report is not organised chronologically but structured around a reflection on the current nutrition responses and an exposition of lessons learned both within and outside of the nutrition sector.



PROCEEDINGS

INTRODUCTORY SESSION

Dr Francesco Branca, Director, Department of Nutrition for Health and Development, WHO

Dr Lawrence Haddad, Executive Director, GAIN

Dr Lawrence Haddad opened the consultation as the first-ever co-organised event between GAIN and the WHO. He spoke of the characterisation of the adolescent period in the western world as being one of transition from the safety of childhood to the power of adolescence. However, this is not always the case in all parts of the world. Adolescents are full of outrage, idealism and optimism and must be allowed to participate and re-orient our views and give us a reality check on their lives.

He provided three questions for the participants to consider:

- How do we set norms for healthy diets?
- How do we generate new ideas and new approaches from other sectors?
- How can we break the intergenerational cycle of malnutrition?

Dr Francesco Branca shared that adolescents are the driving force of our future – demographically, socially and economically. They decide what is produced, used and consumed. Their health is a critical element because their power is being compromised by their burden of disease. Since 1975, the burden of obesity has doubled in adolescents; 340 million are now overweight or obese⁹. Other forms of malnutrition are also an issue; iron deficiency and anaemia are the leading cause of morbidity in adolescents. Adolescence is a period when behaviours are shaped. Currently 4-5 adolescents do not get enough exercise and pressures of targeted marketing are high¹⁰.

He posed two questions:

- How can we empower adolescents to become agents of change?
- Are we ready to listen and change our own behaviour and ways of working?

KEYNOTE SESSION: WHY FOCUS ON ADOLESCENTS AND WHERE SHOULD THE FOCUS BE?

Dr Zulfigar Bhutta,

Founding Director, Women and Children's Health, Aga Khan University

Afsy Afandi, Muhammad Mashhood-ur-Rauf and Dipty Chowdhury, adolescents

Dr Zulfiqar Bhutta's keynote presentation provided an overview of the evidence determining the imperative to improve adolescent diets, along with some specific actions to consider. Brain growth and development continues through adolescence, and this plasticity represents an opportunity to influence evolutionary and developmental aspects in the brain as well as in physiology. Adolescence poses specific dietary challenges, including changes in dietary diversity and composition, along with the development of autonomy and independent decision-making. Adolescents also face specific nutrition problems – undernutrition, micronutrient deficiencies, overweight and obesity. Dr Bhutta said the need to act on adolescent nutrition issues is clear, and our responsibility now is to consider how best to respond. It is time to move from the current focus on sexual and reproductive health, HIV prevention and treatment and mental health, to a more holistic approach that addresses the underlying social determinants of poverty, education, empowerment, age at marriage and first birth.

Adolescents Afsy Afandi, Muhammad Mashhood-ur-Rauf and Dipty Chowdhury, joined Dr Bhutta to contextualise this perspective in their lives. They all identified with elements of the problem, with Afsy sharing that investment in male adolescents causes girls to fall behind. In Indonesia, she said that junk food is synonymous with being rich and is aspirational even for those for whom it is out of reach. Muhammad challenged participants to think about policies that reduce advertising of poor-quality foods and to use social media and advertising to promote healthy foods. Dipty pointed out that nutrition is not an issue that most adolescents in Bangladesh are thinking about, they have competing priorities. To galvanise around the issue, they first need to be aware and motivated to act.

REFLECTIONS ON THE CURRENT NUTRITION RESPONSE

Opportunities and gaps in the current nutrition response within health systems

Moderator: Dr Francesco Branca

Dr Juan Pablo Peña-Rosas,

Coordinator, Evidence and Programme Guidance, Department of Nutrition for Health and Development, WHO

Dr Luz Maria De-Regil, Vice President, Global Technical Services, Nutrition International

Dr David Ross, Maternal, Newborn, Child and Adolescent Health, WHO AA-HA

Ms Anshu Mohan, Technical Adviser, Partnership for Maternal, Newborn and Child Health

Ms Leslie Elder, Senior Nutrition Specialist, Global Financing Facility, World Bank

Dr Peña-Rosas opened the discussion on how health systems need to respond to adolescents by outlining WHO's commitment to universal health coverage (UHC) and the need for one billion more people to benefit from it¹¹. He said nutrition is critical to health system prioritisation to achieve the goal of healthier populations.

Dr De-Regil said that health systems need to evolve by:

- Becoming more responsive to the experiences and needs of adolescents and recognising the need to give them agency over their own decisions;
- Being more open and inclusive, reaching adolescents where they are, and engaging them as health advocates in their communities; and
- Fixing the health systems supply chain so it can respond to the range of health, nutrition and social issues faced by adolescents.

Ms Elder confirmed the readiness of the donor community to respond to this call, presenting two case studies on investment in multi-sectoral nutrition-sensitive and cash transfer programmes in Bangladesh and Cameroon.

Opportunities and gaps in the current nutrition response outside health systems

Ms Kaia Engesveen, Technical Officer Nutrition Policy & Scientific Advice, WHO

Ms Deepika Sharma, Programme Officer - Child Development & Nutrition, UNICEF

Ms Fatiha Terki, Deputy Director, Nutrition Division, World Food Programme (WFP)

Dr Fatima Hachem,

Senior Nutrition and Consumer Protection Officer, Food ans Agriculture Organization (FAO)

Ms Joyce Njoro,

Lead Technical Specialist, Nutrition-sensitive Agriculture & Rural Development, International Fund for Agricultural Development (IFAD)

Ms Seung Lee,

Senior Director, School Health and Nutrition, Save The Children

Ms Engesveen presented the results of WHO's Global Nutrition Policy Review¹², which looks at country progress in creating enabling policy environments for promoting healthy diets. Of the 177 countries who responded, 95 reported nutrition policies specifically targeting adolescents; 86 with overweight outcomes, 21 addressing anaemia in girls and 15 for underweight in girls. 92% of countries in WHO's Africa region and 80% in the South-East Asia region have school health and nutrition programmes, but not all address all forms of malnutrition. In Africa, 80% aim to reduce undernutrition and only 35% overweight or obesity. In South-East Asia these figures are 57% and 43% respectively. She said programmes seldom include a comprehensive set of interventions and nutrition education is the most used intervention (61%). Moreover, there has been a reduction in implementation of school health and nutrition programmes when compared to 2009-2010. There is a need for comprehensive programmes that address all forms of malnutrition-friendly schools with policies, community outreach, curriculum, healthy environments and health services in place to support adolescent nutrition.

Ms Sharma outlined UNICEF's new strategic priority to reach 100 million adolescents (70 million girls and 30 million boys) with services to prevent anaemia and other forms of malnutrition annually. Rooted in Sustainable Development Goal (SDG) 4, which is to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, this target will be achieved by scaling up anaemia prevention programmes and building a learning agenda on the prevention of overweight amongst school-aged children and adolescents.

Ms Terki presented results of a WFP qualitative research from Kenya, Guatemala, Uganda and Cambodia¹³, undertaken with a view to understand how to reach vulnerable adolescents who are not in school. The research identified the need to use holistic packages when intervening and highlighted how definitions of adolescents differed in each country and were particularly heavily determined by their social standing, e.g. motherhood or in school, rather than chronological age. For example, in Guatemala, an adolescent was defined as a girl who prepared food but was not a main consumer. Ms Lee presented three principles for considering engaging with the education sector.

- Schools provide the easiest and most cost-effective means of reaching adolescents, but there are challenges all children might not be reached because the school employs a shift strategy to deal with overcrowding, and those who don't attend would not be reached.
- The education sector is not a platform to deliver nutrition messages but must be an equal partner. The Global Partnership for Education, a fund that aims to strengthen education systems in countries in order to dramatically increase the number of children who are in school and learning, has put forward a strategy for optimising education outcomes and proposed a set of school health interventions that not only improve health and development but participation in learning.
- Educational curricula need to evolve in order to prepare adolescents for life-long learning of which nutrition is a critical component.

Two of these challenges, reaching adolescents out of school and the need for lifelong learning, are being addressed in FAO projects through the "Junior Farmer Field and Life Schools". Dr Hachem said the "Schools" target 12-18 year olds, and address a wide range of issues such as gender sensitivity, child protection, psycho-social support, nutrition and business skills in addition to training in agriculture on a piece of community land. This approach has now been implemented in more than 20 countries¹⁴.

Ms Njoro echoed the importance of supporting projects that promoting youth sensitive development, especially training to help adolescents with the transition from school to employment. The big challenge with agriculture as a vocational opportunity is that it has a perception problem, and the task is to make it more attractive and interesting.

LESSONS AND OPPORTUNITIES FOR ADOLESCENT NUTRITION

Development and behaviours of adolescents: From evidence to improved programming

Dr George Patton, Chair of the Lancet Commission on Adolescent Health & Wellbeing

Dr Dougal Hargreaves, Clinical Senior Research Fellow, University College London

Dr Marshall Korenblum, Consultant, Mental Health Team, WHO

Dr Mary Penny, Co-Principal Investigator, Young Lives Peru

Dr Prerna Banati, Chief, Programme & Planning, UNICEF Office of Research – Innocenti

Dr Patton led a discussion focusing on two key questions: what is unique about this period of development, and how does this impact the way that we approach programming? He said the underlying changes happening in the adolescent brain, and the complex transitions that occur during this time period can collectively give us a deep insight into adolescent behaviour.

Dr Hargreaves outlined the three transitions that occur during adolescence – the biological transition of puberty; a psychological transition from concrete thought to more abstract adult thinking; and the transition from being a dependent child to a stable adult. This underpins the conceptual model of the social brain¹⁵. Much of the cognitive work during adolescence is taken up with social interaction and assessment of social cues, such as identity and an individual's role in social groups. Adolescents think in the short-term, their decisions are more affected by the presence of peer groups, they are known to make riskier decisions, and they have much less trust in authority and established adult systems. They are altruistic, idealistic and more likely to be driven by shorter-term values.

The period is also heavy with responsibility. Dr Korenblum outlined four tasks of adolescence, a context that affords us a new way to view our approach to programming. These tasks are:

- Developing a personal value system, for e.g. right and wrong, religion and spirituality;
- Exploring vocational preferences;
- Developing one's individuality; and
- Understanding one's sexual identity.

Dr Banati said we should think about this period as three windows of opportunity:

- A **unique window**, biologically and socially, a time for skill acquisition and also a key period when gender differences emerge and solidify. These differences can be amplified by disadvantage and last for a lifetime.
- As a **second window**. Recent evidence has reopened the question of whether interventions during adolescence could redress linear growth deficits accumulated earlier in life^{16, 17}.
- As a window into our future. Adolescents are growing up in a world of tomorrow and potential stressors have been shown to be related to reduced life expectancy, especially when exposed in the early adolescent period (10-14 years of age).¹⁸

Speaking about the need to build adolescent-centric healthcare systems and programmes, Dr Hargreaves said that adolescent health services have been built on a set of assumptions that do not take into account what we now know about the social brain. Health systems currently treat diseases, not the whole person, and treating adolescents requires recognition of the wider social influences. These systems fail to recognise that young people need agency over their own health and do not respond well to being told what to do; current systems also misunderstand adolescent behavioural motivations. Health systems are currently functioning to manage the decline of adults rather than the growth of adolescents.

Dr Penny outlined two principles to work with adolescents. She said we must do so with respect and in complete confidence. In Peru, it has been found that adolescents are looking for someone to talk to, not about a single health concern, but a broad spectrum of health issues, social problems, jobs and life decisions.

Finally, these systems need to be prepared to serve the whole adolescent. Dr Korenblum said WHO's 'Helping Adolescents Thrive' guidelines on mental health promotive and preventive interventions, which are currently being developed, will take a trans-diagnostic approach to packages of interventions including mindfulness, assertiveness training, coping skills, social skills and problem solving providing complete support; universal interventions have been found to be much more effective than targeted ones.

Adolescent motivations towards nutrition: Lessons from Bangladesh

Mr Siddarth Kanoria,

Quantum Consumer Solutions & The Purpose Alliance

Ms Farzana Brownia,

Chairman Shornkishoree Network Foundation (SKNF)

Mr Kanoria and Ms Brownia agreed that much current nutritional programming tends to assume that the recipients have already concluded, on both a rational and emotional level – that it is important to improve their diets. Programmes then focus on imparting knowledge and information about how to do so. However, limited programming success to date and an understanding of behavioural economics suggest that there is still much work to be done in persuading people of the benefits of nutritious diets. This is particularly important for adolescents, for whom health and nutrition are rarely a primary factor in decision-making.

GAIN, in collaboration with Quantum Consumer Solutions and SKNF carried out an Adolescent Motivations Study in Bangladesh using ethnographic and qualitative methods to explore unstated, irrational and compelling life insights, and unearth deeper life motivations¹⁹.

The research identified ten key motivations:

- Gaining power and authority;
- Belonging in powerful social groups;
- Achieving and experiencing upward mobility;
- Gaining trust to achieve independence;
- Navigating the new world;
- Serving others to earn agency;
- Righting wrongs;
- Expressing romantic fantasies;
- Earning respect for self, community and nation; and
- Exercising self-discipline for growth.

Two were shared in more detail:

Belonging in powerful social groups: The current system is not inclusive, either within education or employment, and many adolescents feel that progress is linked to connections, not to independent achievement. This extends to peer networks, who feel powerless alone but empowered together. Adolescents are therefore motivated to self-organise, to give up individual identity and pledge allegiance to powerful groups.

These groups are more important than family. Not only do they offer emotional support, but also tangible opportunities for personal growth.

Navigating the new world: There is an increased awareness that old codes do not work in a new world and while parents want to see their children prosper, they are in a state of paralysis in today's rapidly changing times. Adolescents therefore seek advice and support outside the parental construct, to explore new templates and break out of the conventional path.

From motivation to action – engaging adolescents in social change

Mr Justin Stokes, Managing Partner, Ananda Partners

Ms Sophie Healy-Thow, Youth Advocate, the ONE Campaign

Ms Jessica Renzella, Strategic Development Coordinator, NCDFREE

Dr Jim Thrasher,

Health Promotion, Education and Behaviour, Arnold School of Public Health, University of South Carolina

Dr Neela Saldhana, Director, Centre for Social & Behaviour Change at Ashoka University

The core question at the heart of this session, led by Mr Stokes, was around how to take our understanding of adolescent motivations and start converting that into a new way of organising and communicating to improve nutrition. Dr Saldhana highlighted the private sector's relentless focus on the target audience and how it frames the starting point in the language of the consumers it wants to attract and the values they care about.

Dr Thrasher provided a perspective from the historically successful anti-tobacco campaigns, which needed to build a critical mass of young people and did so by having a unified vision for policy change; recognising the value of policy levers such as taxation, and understanding what triggers adolescent involvement. One technique used was to focus on unethical behaviours of tobacco companies to spark outrage and protest, another was to engage young people in data collection exercises so they could discover the problem for themselves.

As an active youth advocate, Ms Healy-Thow found that when working with her peers, it was not only important to consider how to frame the issue for them, but to understand how to speak to them, including being respectful of gender preferences and culturally important issues. She noted that once young people are engaged and motivated, the actions they can take are very simple, from directly approaching policymakers to speaking with other young people. These actions have the power to make a big difference.

Ms Renzella said that one criticism of the health and nutrition sector has been its historically poor approach to branding and communication, which has the power not only to force the simplicity of your idea, but also frame it in a way that will make adolescents care. NCDFREE, a crowd sourced global social movement dedicated to getting non-communicable diseases on the map of young people everywhere, has spearheaded the organisation's development as a 'social brand'; one that is smart, engaging, accessible and honest. This has proved successful in attracting adolescents and young people who come to the organisation for the knowledge, skills, resources and connection to become powerful advocates.

Gender equality programming

Ms Letisha Lunin,

Monitoring and Evaluation Advisor, Gender and Adolescence: Global Evidence (GAGE) Programme, Overseas Development Institute

Ms Farzana Brownia, Chairman SKNF

Afif Mustahoshin, Dipty Chowdhury and Monami Mehnaz, SKNF young leaders

Ms Marina Plesons, Adolescent Health Consultant, WHO

Ms Grace Labeodan, Youth Advocate, the ONE Campaign

The Global Early Adolescent Study is a partnership between the Johns Hopkins Bloomberg School of Public Health, the WHO, intervention partners and research institutions around the world. Research from the partnership presented by Ms Plesons showed that gender norms were unequal between boys and girls and that these norms solidified during puberty. Mirroring the Bangladesh findings, the study revealed that whilst parental influence is still important, peer influence increases and attitudes towards gender are reinforced by schools and the media. The implications for adolescent nutrition programming include the need to engage adolescents in discussions about gender roles, which should occur in group-based participatory learning with boys and girls. Parental education should be incorporated into interventions and interventions should be multi-level²⁰.

Monami said that as a young woman in Bangladesh, she feels a societal expectation to be quiet and reserved and stay in the home. With the support of her parents and SKNF, she is battling these expectations and reframing what a young woman can do. Ms Brownia spoke about the importance of parental education, explaining that the parents she works with in Bangladesh don't want to treat girls differently, but often feel compelled to do so to ensure their safety. Involving them, as in Monami's experience, is mandatory for success for both the parent and the adolescent.

Ms Laboedon witnessed these sex-differential patterns in Bolivia, noting that girls often reported feeling less confident in their own abilities and voices as they entered older adolescence. She advised that a clear view of the context and struggles of adolescent girls globally is necessary. Their lived experiences will vary, so programme tailoring should be context specific.

Sexual and reproductive health and livelihoods programming

Ms Ester Kaleji, FYNEP Coordinator for Zambia, Concern Worldwide

Ms Callie Simon, Adolescent Reproductive Health Team Lead, Save the Children

Dr Venkatraman Chandra-Mouli,

Scientist, Adolescent Sexual and Reproductive Health, Department of Reproductive Health and Research (SRHR), WHO

Dr Chandra-Mouli outlined key ways in which SRHR programming has lacked effectiveness – such as adolescents not being reached; ineffective or piecemeal delivery; interventions being delivered for too short a time, and population interventions continuing to be implemented after they have been shown to be ineffective (for e.g. in youth clubs, on community days and in one-off training sessions). From a nutrition perspective, Ms Simon pointed out this necessitates developing interventions at all levels of the socio-economic model, keeping scale-up in mind when planning and designing interventions and being clear about who we are designing for. This means not only taking age into consideration but also life-stage, health status, value, beliefs and motivations.

Ms Kaleji contextualised these experiences in a programme she leads in Zambia, the 'Female Youths Livelihood and Nutrition Enhancement Project' (FYNEP), designed as a multi-sectoral intervention to improve access to livelihood opportunities and nutrition among targeted female youth. They quickly learned that in addition to the planned interventions and outcomes, it is important when working with adolescents to be ready to respond to their needs, such as school fees, sanitary products, underwear etc., if these outcomes are to be met.

Human Rights Programming

Mr Marcus Stahlhofer, Advisor Human Rights and Child Health and Nutrition, WHO

Ms Rosanne Palmer-White, UK Director, Restless Development

Ms Holly Bantleman, Senior Campaigner and Kenya Country Manager, Purpose (JIACTIVATE).

This session sought to establish an understanding of the global frameworks protecting the rights of adolescents, and also provide guidance as to what these mean for practitioners and adolescents. Two projects that communicate, motivate and support adolescents in fighting for their legal rights were presented.

Mr Stahlhofer said that when used correctly, the Convention on the Rights of the Child can provide a holistic blueprint for health planning and programming, including demanding multi-sectoral and participatory approaches. Its inter-related provisions recognise the importance of governmental as well as parental obligations, and because it is legally binding, it forces a move away from a needs- to a rights-based approach to programming. For practitioners, the challenge is about operationalising human rights: strengthening accountability (legal, political and institutional); capacity building around interpretation and incorporation into local legal frameworks, and ensuring that mechanisms and processes exist for children and adolescents to be able to claim their rights. To make use of this, adolescents need to be both aware of their rights and know who can support them for claiming their rights.

Ms Palmer-White of Restless Development, a youth organisation run out of hubs in ten countries, shared its model for change, based on unleashing the power of youth in communities to deliver against their own needs as well as to provoke long-term structural and societal changes. The organisation carried out a global conversation with young people to find out what they wanted. Answers included wanting not just a seat at the table, but real decision-making power; to be able to make a living; to have control over their own sexual rights, and to have opportunities for leadership. Through its Youth Power Campaign, Restless Development now connects 200 youth organisations in 22 countries to provide the tools, training, access and support that young leaders need.

Ms Bantleman of JIACTIVATE, a coalition of youth organisations galvanised around mobilising young people in Kenya on issues they care about and improving their participation in politics, shared its model of working. In collaboration with multiple stakeholders, the team embarked on a grassroots campaign to gather young people's ideas for change. Collected by young people and written into a joint declaration, youth leadership was at the heart of the process and retained governance over the organisation. The result will be better policies serving youth in Kenya and promoting national development.

WORKING TOGETHER ON CHALLENGES AND SOLUTIONS

Equipped with knowledge from these presentations, participants broke into working groups. Each group had eight participants and was led by an adolescent. Three groups were tasked with developing an idea for a programme or intervention, while the remaining four groups were asked to develop ideas to engage policymakers. Once the teams had worked together to brainstorm their ideas, they developed a pitch to be delivered to a panel of Dragons made up of nutrition experts, practitioners, adolescents, youth activists and other sector specialists. Below are the challenges, solutions and ideas from the working groups.

Challenges and solutions

Challenge 1: Food choices that are considered 'cool' are often unhealthy, and choices that I know are nutritious are seen by others as 'boring'. How might we reposition nutritious food as cool among adolescents?

Group 1: Fast Food Does Not Have to Be Junk Food. Using a super fast, superhero figure, the campaign will communicate the adolescents that fast food doesn't have to mean junk food and provide ideas for healthy options instead. The campaign will work with private sector partners to develop and incentivise healthy products and menus.

Group 2: Food 4 Dreams. This campaign will package healthy food in a creative and colourful way to show that healthy nutritious choices can help you achieve your dreams and make you healthy and beautiful from the inside to out.

Challenge 2: School today is focused only on academic performance. How might we design the school experience for life readiness, including health and wellbeing?

Group 3: The holistic experience: Incorporate teaching about healthy living into the

education system at all levels of the socio-ecological model (adolescent student, teachers and parents, school system) provoking systemic change. Introduce a new accreditation system based on whether schools meet specific standards like including subjects, like life skills and entrepreneurship.

Challenge 3: How might adolescents proactively engage with policymakers on nutrition?

Group 4: Malnutrition Game Over. The goal of the campaign is to empower adolescents and educate them on food problems in their country. Once collectively motivated, they can lead the process of engaging with policymakers, generating ideas and proposing solutions. In the first stage of the campaign, sports and gaming influencers are used to introduce adolescents to the scale of the problem and call them to join the movement. In stage 2, youth organisations, local councils and government would be invited to 'open days' to join the now growing movement of adolescents.

Group 5: Agency in School Nutrition: Leverage existing leadership structures within schools and wider community, identifying motivations at each level and framing ideas that enhance those motivations. For adolescents, a new policy language would be created, breaking down barriers to understanding.

Challenge 4: How might policymakers involve adolescents to design nutrition policy?

Group 6: Teach the Teachers: School-attending adolescents will create a campaign in biology or nutrition class, collectively identifying the change they would like to see, mobilising other young people (including those who do not attend school) to join them. Once a clear goal has been identified, they would identify an empathetic adult in position of influence (teacher, headmaster, local community leader) and work together to build a strategy to provoke change.

Group 7: Cooking up Policy: 'Our policy, our budget' was at the heart of this simple, creative idea for a cooking show featuring adolescents and policymakers. The show would be broadcast on Channel I in Bangladesh and would feature adolescents competing against policymakers in cooking. With an audience of teachers, parents and other adolescents, the show would communicate the adolescents' demand for healthy, tasty food and demonstrate through recipes that healthy food does not have to be costly.

Although there is a need for more data on adolescents, especially boys, and more evidence of what types of interventions and programmes work, we know enough to act now.

CLOSING REMARKS

Ms Joyce Seto, Deputy Director, Nutrition, Global Affairs Canada

Dr Lawrence Haddad, Executive Director, GAIN

Dr Francesco Branca, Director, Department of Nutrition for Health and Development, WHO

All nine adolescents

"Don't ask that your voices are heard, demand that they are." – Dr Haddad

Ms Seto reminded us that this is one step in a series of conversations, and with many gaps to fill we need to continue to ensure there is space to consider them all.

Dr Branca reinforced the idea that this meeting was designed to create partnerships across sectors. Adolescent nutrition will continue to be a challenging area, but the opportunities are great. He said health systems urgently need to be redesigned to better meet the demands of adolescents; young people have the power to drive their own social movements, and that gender is an important lens through which to understand nutrition problems.

Dr Haddad closed the session with a reminder of the inspiration provided throughout the two days by the adolescents. Their presence puts pressure on the nutrition community to engage them in these discussions. He also challenged all the organisations in the room to think about tangible meaningful commitments that they can make and report back to the adolescents in a year to update what has happened (Appendix 4).

The final words of the consultation were given to the adolescents, who outlined the following requests:

- To prioritise Internet connectivity in rural areas and schools so adolescents can connect with the wider world and educate themselves about nutrition.
- To develop a universal adolescent platform for connectivity where they can share their thoughts on solutions for global health issues.
- For organisations to invite adolescents into the discussions and train them as leaders of their own solutions.
- To undertake more research on how to make nutritious foods more attractive.
- To involve adolescence in the next consultation and all future meetings with specific focus on under-represented rural adolescents.
- To increase focus on community-level nutrition education.
- For governments to get serious on school feeding and provide tea breaks in schools.

As the meeting drew to a close, three adolescents, Rafsi Albar, Annet Kambungo and Aka Mukubesa shared letters written to their government ministers, to highlight a powerful and emotive reminder of the realities of their experiences, the passion they bring to this subject and their ability to identify solutions (Appendix 5).

Annet acknowledged efforts in Zambia to address malnutrition but said how weak *"these efforts have been at community level"* and called for both a *"redesign" and for the allocation of sufficient "resources to this initiative"*. During the consultation, both Annet and Aka had shared the realities of poorly implemented school feeding policy. She ended her letter with an offer to meet, discuss and work with leaders to resolve the problem.

Aka used this forum to emphasise the impact that being a part of the Zambia Female Youth Livelihood and Nutrition Enhancement Project has had on her and her classmates. With funding about to end she made a simple request. *"I would like to ask your office [finance minister] to support the ministry of development, health, agriculture, youth and sport to take over clubs and continue to support with resources".*

Rafsi spoke last and in an impassioned and eloquent letter, called upon leaders to acknowledge that, "we [adolescents] are living beings with rights" and "we asked for nothing much but our voices to be heard". His final request, "we want that in every single meeting that you hold, we are present" was the clearest message of all.



APPENDIX 1: CONSULTATION AGENDA

DAY 1: TUESDAY JUNE 19

Registration 8:00 – 9:00am

Welcome and objectives

9:00 – 9:15am **Dr Lawrence Haddad**, Executive Director, GAIN **Dr Francesco Branca**, Director, Department of Nutrition for Health and Development, WHO

Keynote presentation: Why focus on adolescent nutrition?

9:15 – 10:15am A conversation with **Dr Zulfiqar Bhutta**, Founding Director, Women and Children's Health, Aga Khan University, and adolescents

Announcement: SPRING Call to Action: **Ms Carolyn Hart**, Director, SPRING and Vice President, International Division, John Snow, Inc (JSI)

Panel 1: Opportunities and gaps in the current health system response

10:15 – 11:30am Moderator: Dr Francesco Branca, WHO

Presentation:

Dr Juan Pablo Pena Rosas, Coordinator, Evidence and Programme Guidance, Department of Nutrition for Health and Development, WHO

Panel:

Dr Luz Maria De-Regil, Vice President, Global Technical Services, Nutrition International

Dr David Ross, Maternal, Newborn, Child and Adolescent Health, WHO Global Accelerated Action for Health of Adolescents (AA-HA) **Ms Anshu Mohan**, Technical Adviser, Partnership for Maternal, Newborn and Child Health (PMNCH) **Ms Leclia Elder**, Senior Nutrition Specialist, Global Einaneing

Ms Leslie Elder, Senior Nutrition Specialist, Global Financing Facility, World Bank

11:30 – noon: Coffee break

Panel 2: Adolescent development and behaviours: from evidence to improved programming

12:00 – 1:00pm Moderator: **Dr George Patton**, Chair of the Lancet Commission on Adolescent Health and Wellbeing

Panel:

Dr Dougal Hargreaves, Clinical Senior Research Fellow, University College London:

Dr Marshall Korenblum, Department of Mental Health and Substance Abuse, WHO

Dr Mary Penny, Co-Principal Investigator, Young Lives Peru **Dr Prerna Banati**, Chief, Programmes and Planning, UNICEF Office of Research, Innocenti

Adolescent motivations towards nutrition

Learnings from Bangladesh

2:00 – 2:30pm **Presentations:** Mr Siddharth Kanoria, Quantum Ms Farzana Brownia, Chairman Shornokishoree Network Foundation (SKNF), Bangladesh

Lessons and opportunities to improve adolescent nutrition

Seminar 1: From motivation to action – engaging adolescents in social change

 2:30 – 3:30pm Moderator: Mr Justin Stokes, Co-Founder and Managing Partner, Ananda Partners
 Panel: Ms Sophie Healy-Thow, Youth Advocate, the ONE campaign Ms Jessica Renzella, Strategic Development Coordinator, NCDFREE
 Dr Jim Thrasher, Health Promotion, Education, and Behaviour, Arnold School of Public Health, University of South Carolina
 Dr Neela Saldanha, Director, Centre for Social and Behaviour Change, Ashoka University

3:30 – 4:00pm: Coffee break

Panel 3: Opportunities and gaps in the current nutrition response outside of the health system

4:00 – 5:00pm Moderator: **Dr Francesco Branca**

Presentations:

Ms Kaia Engesveen, Technical Officer, Nutrition Policy & Scientific Advice, WHO and M. Deepika Sharma, Programme Officer, Child Development & Nutrition, UNICEF **Ms Fatiha Terki,** Deputy Director, Nutrition Division, WFP

Panel:

Dr Fatima Hachem, Senior Nutrition and Consumer Protection Officer, FAO

Ms Joyce Njoro, Lead Technical Specialist, Nutrition, IFAD **Ms Seung Lee**, Senior Director, School Health and Nutrition, Save The Children, United States

Lessons and opportunities to improve adolescent nutrition

Seminar 2: Gender equity programming

5:00 – 6:00pm Moderator: **Ms Letisha Lunin**, Monitoring and Evaluation Advisor, Gender and Adolescence: Global Evidence (GAGE) Programme, Overseas Development Institute

Panel:

Ms Farzana Brownia, Chairman SKNF, Bangladesh, Afif Mustahoshin and Dipty Chowdhury, adolescents, with Monami Mehnaz (translator) Ms Marina Plesons, Adolescent Health Consultant, WHO Ms Grace Labeodan, Youth Advocate, the ONE campaign

Close of Day 1, followed by reception 6:15 – 7:30pm

DAY 2: WEDNESDAY JUNE 20

Recap and adolescent perspectives on Day 1

9:00 – 9:30am Session lead: **Dr Lawrence Haddad**, Executive Director, GAIN Speakers: **Representatives of attending adolescents**

Lessons and opportunities to improve adolescent nutrition Seminar 3: Global health adolescent programme experiences

9:30 – 10:30am Moderator: Justin Stokes, Ananda Partners Ms Ester Kalenji, FYNEP Coordinator Zambia, Concern Worldwide Ms Callie Simon, Adolescent Sexual and Reproductive Health Team Lead, Save the Children Dr Venkatraman Chandra-Mouli, Scientist, Adolescent Sexual and Reproductive Health, Department of Reproductive Health and Research, WHO

Lessons and opportunities to improve adolescent nutrition

Seminar 4: Human rights programming

10:30 – 11:30am	Presentations:
	Mr Marcus Stahlhofer, Advisor, Human Rights and Child Health
	and Nutrition, WHO
	Ms Rosanne Palmer-White, UK Director, Restless Development
	Ms Holly Bantleman, Senior Campaigner and Kenya Country
	Manager at Purpose PBC (JIACTIVATE)

11:30 – noon: Coffee break – begin Dragon's Den work groups

Dragon's Den: Work groups

- 12:00 1:00pm Each group will tackle a problem with the aim of developing a solution to pitch to the Dragons. Each working group will include 1-2 adolescents.
 TASK 1: Build a roadmap to an adolescent nutrition policy for a country without one.
 TASK 2: Design an intervention or programme that addresses the health and nutrition needs of a specific adolescent in a defined context.
- 1:00 2:00pm: Lunch and continue work groups

Dragon's Den: Work groups

2:00 – 2:45pm Work continues.

Dragon's Den: The pitches

- 2:45 3:45pm The ideas are presented to the Dragons. Dragons and audience rate them.
- 3:45 4:15pm: Coffee break
- 3:45 4:30pm Dragons and audience share their thoughts.

Closing thoughts

4:30 – 5:30pm:	Moderator with Dr Haddad, Dr Branca and adolescents
	Looking to the future: Ms Joyce Seto, Deputy Director, Nutrition,
	Global Affairs, Canada

APPENDIX 2: SPEAKER BIOGRAPHIES

Mustahoshin Hossain Ahamed Afif Youth Leader among boys of SKNF

Mustahoshin Hossain Ahamed Afif is an active member among boys (Surjo Kishor) and collaborated effectively in forming SKNF clubs, and links with national and divisional programmes for working with boys and girls. He completed his SSC examination and was admitted to college. He worked from remotest district, Lalmonirhart of Rajshai division. He is also Lalmonirhat District Champion of Srijonsheel Medha Onneshon, 2014, and Lalmonirhat District Champion on Science Project, 2016. Afif is a great contributor in expanding school clubs and linkages with local administration. He is current student of Rangpur Govt College and eager to contribute in the development of SKNF programme for supporting young boys and girls.

Dr Prerna Banati Chief Programme & Planning, UNICEF Office of Research, INNOCENTI

Dr Banati is a senior advisor specialising in global and regional policy and programme issues, especially as they relate to adolescents and young people. She has nearly 20 years of international development experience with the UN and other international organisations, providing strategic advice, capacity-building initiatives and has served as liaison with global and regional partners. She has expertise in policy analyses in primary technical areas of expertise and leading advocacy efforts on sensitive issues. Her experience includes providing technical advice in diverse contexts, including fragile contexts and challenging political settings. Dr Banati currently works as Chief of Programmes and directs UNICEF's work on Adolescent Research. Previously she has worked at the WHO, the Global Fund to fight AIDS, TB and Malaria, and for nongovernmental organisations in Africa. Most recently, she has co-edited the Oxford Handbook of Adolescent Development Research and its Impact on Global Policy. Dr Banati, an Indian national, trained in public health. She has a PhD from the University of Cambridge and was a Takemi fellow at the Harvard School of Public Health.

Ms Holly Bantleman

Senior Campaigner and Kenya Country Manager at Purpose PBC (JIACTIVATE)

Ms Bantleman is a Senior Campaigner and Kenya Country Manager for Purpose, an organisation that builds movements and public mobilisation campaigns on social justice issues globally. She is passionate about participatory development and ensuring that the most affected people are driving the change they want to see. She is an experienced leader with a demonstrated history of building and growing organisations and public mobilisation movements with government and marginalised communities. Before joining Purpose, Ms Bantleman founded 'Raise the Roof' an independent organisation improving access to vocational training and employment opportunities for youth and rural communities in Kenya. She has consulted for the International Development Committee as a tertiary education area expert. She has an MSc in Practical Sustainable Development, with a focus on governance, gender, social justice and participation. With an early career in the television industry, Ms Bantleman now combines her experience to create engaging content to drive people to advance social change. Her work has been recognised through several high profile awards such as the Queen's Young leaders, the UK Government Point of Light and the Pride of Britain. In her spare time, you'll find her on or under the water. She is a qualified rescue scuba diver and avid wake boarder.

Dr Zulfiqar Bhutta, Founding Director Women and Children's Health, Aga Khan University

Dr Bhutta is the Robert Harding Inaugural Chair for Global Child Health at the Hospital for Sick Children, Toronto; co-Director of the Sick Kids Centre for Global Child Health; and the Founding Director of the Centre of Excellence in Women and Child Health at the Aga Khan University. He also holds adjunct professorships at several leading universities, including the Bloomberg School of Public Health at Johns Hopkins in Baltimore, Tufts University in Boston, Boston University School of Public Health, University of Alberta and the London School of Hygiene & Tropical Medicine. He is a designated Distinguished National Professor of the Government of Pakistan and was the Founding Chair of the National Research Ethics Committee of the Government of Pakistan from 2003-2014. Dr Bhutta was also a member of the Independent Expert Review Group (iERG) appointed by the UN Secretary General for monitoring global progress in maternal and child health MDGs, from 2011-2015. He represented the global academic and research organisations on the Global Alliance for Vaccines and Immunisations (GAVI) Board of Directors and serves on its Evaluation Advisory Committee. Dr Bhutta is the co-Chair of the Global Countdown for 2015 and 2030 Initiatives from 2006-2017, the co-Chair of the Maternal and Child Health oversight committee of the WHO, Eastern Mediterranean Region (EMRO) and the Chairman of the Coalition of Centres in Global Child Health with its secretariat based at the Hospital for Sick Children, Toronto. He is a technical member of the recently appointed high-level UN Health and Human Rights committee and an executive committee member of Partnership for Maternal, Newborn and Child Health (PMNCH). Dr Bhutta's research interests include newborn and child survival, maternal and child undernutrition, and micronutrient deficiencies. He leads large research groups based in Toronto, Karachi and Nairobi with a special interest in research synthesis, scaling up evidence-based interventions in community settings and implementation research in health systems. In particular, his work with community health workers and outreach services has influenced integrated maternal and newborn outreach programmes for marginalised populations all over the world. His group's work with the WHO and PMNCH in developing consensus-based essential interventions for women, children, and adolescents is the dominant set of agreed-upon interventions guiding global policy. Dr Bhutta sits on several international editorial advisory boards including the Lancet, BMJ, PLoS Medicine, PLoS ONE, BMC Public Health and the Cochrane CDPLG and ARI groups. He has published eight books, 88 book chapters, and over 730 indexed publications to date, including 145 in the Lancet.

Dr Francesco Branca Director, Department of Nutrition for Health and Development, WHO

Dr Branca is the Director of the Department of Nutrition for Health and Development in the WHO, Geneva. During his tenure, WHO has established a new nutrition guideline development process and has developed a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition with six global targets. He has been leading the preparation of the 2nd International Conference on Nutrition.

Dr Branca graduated in Medicine and Surgery and specialised in Diabetology and Metabolic Diseases at the Universita' Cattolica del Sacro Cuore, Roma and obtained a PhD in Nutrition at Aberdeen University.

Ms Farzana Brownia Chairman, Shornokishoree Network Foundation (SKNF), Bangladesh

Ms Brownia is a social worker and talented TV programme presenter/anchor, producer and director in Bangladesh. She has a Master of Social Sciences (MSS) degree from the University of Dhaka and also completed a MBA from the Victoria University, Melbourne, Australia. She has wider experiences to work with Government of Bangladesh, NGOs, UN organisations, private sectors and media. Ms Brownia is the founder Chairman of Shornokishoree Network Foundation and developed an innovative dimension for utilisation of TV media in connection with school based programme and community. She is a dynamic professional, and has participated in development and humanitarian activities, and contributed in policy advocacy in Bangladesh.

Dr Venkatraman Chandra-Mouli Scientist, Department of Reproductive Health and Research and Human Reproduction Programme, WHO

Dr Chandra-Mouli is a scientist in the WHO's Department of Reproductive Health and Research and Human Reproduction Programme, working specifically on Adolescent Sexual and Reproductive Health (ASRH). His work includes building the evidence base on ASRH, and supporting countries to translate this evidence into action through wellconceived and well-managed policies and programmes. His experience in generating knowledge and taking knowledge to action is global in scope and spans over 25 years.

Dipty Chowdhury Young Leader of Shornokishoree

Dipty Chowdhury is an active member of SKNF. She leads the promotion of education club of SKNF. She does this by regularly presenting and hosting a local and national TV programme. She has been awarded Best Shornokishoree of 2016. She is one of the brightest students of Nasirangar Upazila, in the Brahmanbaria district. She also achieved a Jatiyo Shishu award, 2018, Chittagong Divisional champion Srijonshil medha onneshon, 2018 and Sylhet divisional champion Debate, 2017. She is committed to contribute in the SKNF network for advancing the youth leadership movement in Bangladesh.

Ms Angela L. Davis Associate Specialist Gender and Key Populations. The Global Fund to Fight AIDS Tuberculosis and Malaria

As the Associate Specialist for Gender and Key Populations, within the Community Rights and Gender (CRG) Department of the Global Fund, Ms Davis works closely with the Gender and Key Populations Teams to provide support and technical guidance to ensure gender considerations, particularly as they relate to key populations and specifically young key populations, are recognised and integrated throughout Global Fund processes, procedures, structures and investments.

Ms Davis is an international development professional with over 20 years of experience in the field of public health, sexual and reproductive health, HIV/AIDS, international health and development. Prior to joining the Global Fund, Ms Davis has worked extensively managing and providing technical expertise to national and regional donor funded programmes within dynamic and continually evolving political, developmental and fiscal landscapes, primarily in the Caribbean region. She holds a Master's degree in Public Health (MPH), with a speciality in Maternal and Child Health, from the University of Alabama at Birmingham in the US and a Bachelor of Arts Honours degree in Psychology and Political Science from York University in Canada.

Dr Luz Maria De-Regil Director of Global Technical Services, Chief Technical Advisor, Nutrition International

Dr De-Regil is the Vice President of Global Technical Services and Chief Technical Advisor at Nutrition International (formerly known as Micronutrient Initiative). She is responsible for quality assuring NI's programmes by providing technical leadership for programme design, surveillance, implementation research and evaluations. She is also responsible for knowledge translation activities to inform national policymaking.

With more than 15 years of experience in the public, academic, non-profit and intergovernmental sectors, Dr De-Regil serves as an advisor to UN organisations and other global public health groups, such the Global Nutrition Report and the International Federation of Gynecologist and Obstetrics. She is board member of non-profit organisations with an interest in nutrition, and is an active member of diverse scientific societies, such as the Society of Implementation Science in Nutrition. Formerly, she was a member of the WHO Guidelines Review Committee and the WHO Research and Ethics Committee.

Prior to joining NI, she held positions at the National Institute of Perinatology and Universidad Iberoamericana in Mexico; the Children's Hospital Research Institute in Oakland, US; and the WHO, Switzerland.

Ms Leslie Elder Senior Health & Nutrition Specialist, Global Financing Facility

Ms Elder is a senior health and nutrition specialist with more than 25 years of experience in international public health, focusing on infant and young child feeding practices and maternal and adolescent nutrition, in addition to broader issues of safe motherhood and maternal, newborn and child health. She focuses on nutrition and multi-sectoral approaches to RMNCAH on the GFF Secretariat team. Prior to joining the World Bank in 2009, Ms Elder was Senior Director, Newborn Health and the Deputy Director of the Gates Foundation-funded Saving Newborn Lives programme at Save the Children in the US. She has an MPH degree from Johns Hopkins University Bloomberg School of Public Health and a BSN from the University of Pennsylvania.

Ms Kaia Engesveen Technical Officer Nutrition Policy & Scientific Advice, WHO

Ms Engesveen is a technical officer at the Unit for Nutrition Policy and Scientific Advice in the WHO Department of Nutrition for Health and Development, where she supports the monitoring, development and implementation of national nutrition policies. She is the focal person for policy planning tools, such as the WHO Global database on the Implementation of Nutrition Action (GINA) and the Global Nutrition Policy Review, the Landscape Analysis country assessment of readiness to accelerate action in nutrition, the Nutrition Landscape Information System (NLIS), the Nutrition-Friendly Schools Initiative (NFSI), the OneHealth Tool nutrition module and tracking of nutrition related expenditures through the System of Health Accounts (SHA) 2011.

Ms Engesveen holds a Master of Science in public health nutrition from the University of Oslo. Her research-focused human rights-based role and capacity analysis for breastfeeding, for which she was awarded the 9th Dr Abraham Horwitz lecture in 2005. Before joining WHO, she worked with the UN Standing Committee on Nutrition (SCN), the World Food Programme in Afghanistan and UNICEF in the Maldives.

Dr Lawrence Haddad Executive Director, Global Alliance for Improved Nutrition (GAIN)

Dr Haddad became the Executive Director of GAIN in October 2016. Prior to this Lawrence was the founding co-chair and lead author of the Global Nutrition Report from 2014 to 2016. From 2004-2014 Dr Haddad was the Director of the Institute of Development Studies (IDS), the world's leading development studies institute. Before joining IDS in 2004, he was Director of the Food Consumption and Nutrition Division at the International Food Policy Research Institute (IFPRI) from 1994 to 2004. From 2009-2010 he was the UK's representative on the Steering Committee of the High Level Panel of Experts (HLPE) of the UN's Committee on World Food Security (CSF). He was the President of the UK and Ireland's Development Studies Association from 2010 to 2012. An economist, he completed his PhD in Food Research at Stanford University in 1988. On Monday, 25th June 2018, the World Food Prize Foundation awarded the 2018 World Food Prize to Dr Lawrence Haddad, and Dr David Nabarro, former special adviser to the UN Secretary General. Announcing the award Ambassador Quinn, World Food Prize President cited the recipients for their "extraordinary intellectual and policy leadership in bringing maternal and child nutrition to the forefront of the global food security agenda and thereby significantly reducing childhood stunting".

Dr Fatima Hachem Senior Nutrition and Consumer Protection Officer, FAO

Dr Hachem is the team leader of the Nutrition Education and Consumer Awareness group in the FAO Nutrition and Food Systems Division, Rome. Before assuming this function, she was the Regional Food and Nutrition Officer in the FAO Regional Office for the Near East and North Africa. For 15 years, she served 19 member countries in different areas of nutrition, food security and food safety including developing national capacity, policy advice, drafting analytical reports and project formulation and technical backstopping. She acted as the team leader for the regional agriculture group for two years and as the Secretary for the Regional Conference, which is one of the FAO governing bodies, for two consecutive sessions. Before joining the FAO, she was a senior lecturer in Food Science and Nutrition and the leader of the BSc course in Nutrition and Health at the University of Teesside in the UK for four years, and a community nutrition researcher at the University of Lyon 2 in France for three years. She holds a PhD in Food Science from the University of Reading in the UK and a teaching diploma in Health Education, a BSC in Nutrition and Dietetics, and an MSC in Human Nutrition form the American University of Beirut in Lebanon.

Ms Carolyn Hart

Director Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) Project & Vice President International Division JSI

With 30 years of experience, Ms Hart is the Vice President of JSI's International Division and the Project Director of USAID's multi-sectoral nutrition project, SPRING. She oversees JSI's Washington, DC office where over 300 people work on a wide range of US and global health issues. Ms Hart's specialties include leading multidisciplinary teams, forging strong partnerships among complementary organisations, marshalling evidence and advocacy for policy development, improving service delivery systems and operations, and strategic planning for multi-sectoral interventions.

Dr Dougal Hargreaves Clinical Senior Research Fellow, University College London

Dr Hargreaves is an Honorary Consultant Paediatrician at University College London Hospital and an Associate Professor at Imperial College, London. He recently returned from a Harkness Fellowship at Harvard Medical School, where he studied healthcare policies affecting adolescents and young adults. Previously, he worked as a Clinical Advisor at the English Department of Health, leading a national project to develop, validate and implement national quality standards for adolescent care within the NHS. Since qualifying from Cambridge University in 1999, he has worked in a wide range of clinical roles, including international work in Turkmenistan, Pakistan and Bosnia. He has a MD (Res) in Adolescent Health Services from University College London and additional postgraduate qualifications in public health and health economics.

Ms Sophie Healy-Thow Youth Advocate

Ms Healy-Thow is a youth activist who promotes Food Security, Gender Equality and Anti-bullying at local, national and global levels. She is on the UK Board of the leading international charity ActionAid and is an Ambassador for both the ONE Campaign and ISPCC. Sophie was selected by the UN to be a Youth Leader for Zero Hunger at United Nations General Assembly in 2015. In 2017, she was chosen to represent Ireland at the bi-annual Youth Ag Summit where the delegates were challenged to find solutions on 'How to Feed a Hungry Planet'. At the Summit, Ms Healy-Thow cofounded 'Agrikua', an online platform to promote women in agriculture in developing countries. Agrikua went onto win the first prize at the summit and she and her team are now being funded by Bayer Crop Sciences to develop the idea further. After the Summit, she was invited to speak at the House of Commons about her experience at the Summit and role of young people in agriculture. In 2017, Sophie was also invited to participate in the inaugural UNLEASH Innovation Lab in Denmark working to find solutions to Sustainable Development Goals.

Ms Healy-Thow speaks regularly at events such as The European Development Days in Brussels, WE Day UK, Irish Aid Awards, Thought for Food Conference, Cork Climate March among others. She was one of only ten women (along with Facebook founder Sheryl Sandberg, and Good Morning America Anchor Robin Roberts) to be included in the Disney book about leadership. 'Choose to Matter', written by Olympic medallist and ESPN presenter Julie Foudy, features ten female leaders who share their stories and experiences to encourage young women to find the leader within. A past Google Science Fair, European Union Young Scientist and BT Young Scientist winner, she was named by TIME magazine as one of the most influential teens of 2014. She is a Quercus Scholar at University College Cork where she is studying for a degree in International Development and Food Policy. Ms Healy-Thow was awarded the prestigious scholarship based on her years of work as a global Active Citizen.

Mr Siddharth Kanoria Partner Quantum Consumer Solutions and head of the UK business and the global Purpose practice at Quantum

In his Purpose role, he works across for-profit and non-profit organisations. In the for-profit context, he specialises in enabling business to engage more meaningfully with society and helps solve some of the world's most complex problems. In his work with non-profits, he works towards engaging the end beneficiary in social change, via demand creation and market-based approaches. Mr Kanoria believes that breaking silos enables change at scale, and he works towards unlocking collaboration between for-profit companies, non-profit organisations, government entities and social enterprises. Mr Kanoria's work exists at the intersection of disciplines as diverse as anthropology, semiotics, business and design. His partnership with global organisations is aimed at crafting a bold and discontinuous future, with human insight at its core. With this lens, he has delivered Design Strategy for Innovation, Behaviour Change, Sustainability and other future-focused areas.

Ms Grace Labeodan Youth Ambassador, The ONE Campaign

Ms Labeodan is a ONE Campaign youth ambassador and international development professional working to transform policy, practice, communications and knowledge in development interventions. She has a keen interest in sustainable development and women's/girls' empowerment. She has experience working with communities in Latin America and Africa to tackle issues of poverty, inequality and gender-based violence, as well as the UK government advocating for the participation, rights and inclusion of young people in the SDGs.

Ms Seung Lee Senior Director, School Health and Nutrition (SHN)

Ms Lee has over 25 years of experience in international development specialising in health and education including WASH in schools. She has a strong background in partnership building among governments and international agencies and working cross-sectorally between health and education. Ms Lee joined Save the Children in January 2004 as SHN Advisor for Africa, based in Ethiopia. She returned to Washington, DC in March 2006 and is now the Senior Director for SHN. Through her work with Save the Children, she has provided strategic direction and technical assistance to SC's SHN programmes and leads a team of SHN specialists to ensure quality programming globally. SC's SHN programmes aim to be comprehensive including health and nutrition education and enabling environments in over 40 countries. She supports the FRESH (Focusing on Resources on Effective School Health) partnership and is a steering committee member of the UNAIDS Inter-Agency Task Team on Education (IATT) and a Member of the STH Advisory Committee. Previously, she worked for the World Bank supporting national level SHN efforts in Africa, and assisted in the World Bank's support for HIV/AIDS and education programming.

Ms Letisha Lunin Evaluation and Monitoring Advisor GAGE, ODI

Ms Lunin is an Evaluation and Monitoring Advisor for the DFID-funded Gender and Adolescence: Global Evidence (GAGE) programme. GAGE is a nine-year (2015-2024) mixed-methods longitudinal research and evaluation study, exploring what programmes are most effective in transforming adolescent girls' lives in low- and middle-income countries. Generating unique cross-country data following 18,000 adolescent girls and boys, and focusing on six strategic themes: education and learning; sexual and reproductive health, health and nutrition; sexual and gender based violence; economic empowerment; voice and agency; and psychosocial wellbeing. Ms Lunin has a proven track record in establishing participatory and user-focussed M&E systems in areas including, but not limited to gender, WASH, education and health. She has supported the monitoring and evaluation of projects and programmes for action learning, and accountability to a range of donors including the Department of Foreign Affairs and Trade Australia (DFAT), the Department for International Development (DFID), Norwegian Agency for Development Cooperation (Norad), Royal Danish Ministry of Foreign Affairs (Danida), Swedish International Development Cooperation Agency (Sida), Swiss Agency for Development and Cooperation (SDC), Open Society Institute (OSI) Foundation and The William and Florah Hewlett Foundation. Letisha holds an MA from Oxford University.

Monami Mehnaz Young Leader of Shornokishoree and National Champion of 2014

Monami Mehnaz is an active member of Shornokishoree Network Foundation and a student of University of Dhaka, Bangladesh. She was appointed leader of shornokishoree and was selected as the national champion of shornokishoree in the year of 2014. She is a brilliant student and has several academic and social awards through her practical engagement in education and young leadership programmes. She is working as a team member of Shornokishoree Network Foundation. She is also worked as Television anchor at Channel I, a leading channel in Bangladesh for SKNF and also participated in the 'Hundred Millions for Hundred Millions' programme initiated by Indian Nobel Peace Prize Winner, Kailash Satyarthy.

Ms Anshuh Mohan Technical Adviser, Partnership for Maternal, Newborn and Child Health, WHO

Ms Mohan is the Senior Technical Officer for Country Engagement and joined the Partnership from the Ministry of Health and Family Welfare, Government of India, where she developed and led the implementation of a multi-sectoral programme for one of the largest cohort of adolescent population. She also served as the Advisor, International Partnership to the Government of India and contributed to the development of Global Health Strategy and its Implementation Framework. Previously, Ms Mohan worked with the WHO (EURO), Kobenhavns Universitet, UDAY and India Today. Anshu's career spans many sectors starting with marketing and communication, non-governmental organisations, academia and policy, and public health and now global public health.

At the Partnership, she leads on in-country work, firmly believing that countries are central to our work and it is only by working with countries that we can translate global dialogue into meaningful local action. She is an Erasmus Mundus scholar. She holds a Bachelor's degree in History and a Master's in Business Management from the Delhi University. She has a Master's in Public Health from School of Health and Related Research, UK; MSc in International Health from Copenhagen University and Diplomas in Global Health from the Jagiellonian University and Ecole des hautes études en santé publique (EHESP).

Ms Joyce Njoro Lead Technical Specialist – Nutrition-sensitive Agriculture & Rural Development, IFAD

Ms Njoro, works at IFAD as the Lead Technical Specialist – Nutrition-sensitive Agriculture & Rural Development. Prior to joining IFAD in November 2017, she worked as a Senior Programme Officer for the Renewed Efforts Against Child Hunger (REACH) Secretariat in Rome, hosted by the UN-WFP, a Regional (Africa) and Country Facilitator in Sierra Leone. While at REACH, she contributed to strengthening multi-sectoral nutrition governance and mainstreaming of nutrition in key sectors especially; Health, Agriculture and Education for various governments. After the major global Avian Influenza pandemic, she joined UNDP Nigeria where she led the development of the national multi-sectoral pandemic prevention and preparedness plan. She has also worked for several regional and international NGOs in support of community based approaches and pro-poor policies. Ms Njoro started her career as a field veterinarian and later as a trainer in animal health for the Government of Kenya. She holds a Master's in Rural Sociology and Community Development, and a Bachelor of Veterinary Medicine degree, both from the University of Nairobi.

Dr George Patton Chair of the Lancet Commission on Adolescent Health & Wellbeing

Dr Patton is a Professorial Fellow in Adolescent Health Research at The University of Melbourne. He is also a Senior Principal Research Fellow with the Australia's National Health and Medical Research Council. He was Chair of the Lancet Commission on Adolescent Health and Wellbeing. He had previously played a leading role around two series on adolescent health for the Lancet. He has a research background in epidemiology and a clinical background in child and adolescent psychiatry. His research covers both clinical and community settings. The studies included long-term and intergenerational cohorts, large scale surveys and interventions studies. These presented some of the first and most comprehensive global overviews of health and development in young people. He has had advisory roles with the UN, the WHO, the World Bank and UNICEF.

Dr Juan Pablo Peña-Rosas Coordinator, Evidence and Programme Guidance, Department of Nutrition for Health and Development, WHO

Dr Peña-Rosas is Coordinator, Evidence and Programme Guidance, Department of Nutrition for Health and Development at the WHO in Geneva, Switzerland. He joined WHO on July 2008 and oversees the development of evidence-informed guidelines for interventions addressing the double burden of malnutrition in infants, children, adolescents, women and old people in stable and emergency settings, including their implementation; and biomarkers of nutritional status.

He is Assistant Professor (Adjunct) at Emory University Rollins School of Public Health in Atlanta, US since 2011 and Professor (Adjunct) in the Division of Nutritional Sciences, College of Human Ecology at Cornell University, Ithaca in the US, since October 2017.

Prior to WHO, Dr Peña-Rosas worked as a Specialist at the Centers for Disease Control and Prevention (CDC) in Atlanta in the US and was involved in the planning, implementing and reporting of nutrition and health surveys, and public health programmes monitoring and evaluation in Uzbekistan, Morocco, Egypt, Peru, Nicaragua, Georgia and Dominican Republic.

In the private sector, Dr Peña-Rosas worked at the Kellogg Company in Latin America and the Caribbean headquarters, where he served as Manager of Nutrition Communications and Public Relations, Manager of Nutrition and Scientific Affairs and Manager of Scientific and Regulatory Affairs for the regional operations and its eight subsidiaries. He was a member of the food norms and standards commission Venezuela in CAVIDEA. He received his Medical Degree from Universidad Central de Venezuela and a MSc in Public Health Nutrition from University of Puerto Rico. He holds a PhD in Epidemiology and Human Nutrition from Cornell University, Ithaca in the US. A member of the American Society for Nutrition, Latin American Society of Nutrition, the Society for Implementation Science in Nutrition, the American Evaluation Association, Cochrane, GRADE working group, and the WHO Guidelines Review Committee.

Ms Rosanne Palmer-White UK Director at Restless Development

Ms Palmer-White is the UK Director at Restless Development, having previously served the agency as Head of Policy and Practice. Over the last five years, she has also worked in UK and global advocacy roles for Save the Children and Tearfund on issues including the Post-2015 process to agree the Sustainable Development Goals, climate change and newborn and child health. She is passionate about Restless Development's Youth Power campaign and the Leave No-one Behind agenda.

Dr Mary Penny MBE Co-Principle Investigator, Young Lives Peru

Dr Penny is a British physician, trained at Girton College, Cambridge and Birmingham University Medical School. She worked for seven years in the British National Health Service before being awarded a Wellcome Trust scholarship in 1984 to study the microflora of the small intestine in diarrhoea at the Instituto de Investigación Nutricional (IIN) in Peru. She returned briefly to the UK but was committed to continuing research in Peru and returned in 1989, to date. She was involved with the Young Lives project from the beginning and is the Principal Investigator for Young Lives in the IIN and responsible for the health and nutrition aspects of the project in Peru. She is director of the IIN and also runs other projects mainly in relation to child health and nutrition, improving health services and conducting clinical trials.

Ms Marina Plesons

Consultant Department of Reproductive Health and Research and Human Reproduction Programme, WHO

Ms Plesons is a consultant with the WHO's Department of Reproductive Health and Research and Human Reproduction Programme, working specifically on Adolescent Sexual and Reproductive Health (ASRH). She has an MPH from University of Washington. She is also the co-founder of Health Advocacy Innovations, a non-profit working to improve the accuracy of paediatric MDR.-TB treatment.

Ms Jessica Renzella Strategic Development Coordinator, NCDFREE

Ms Renzella is the Strategic Development Coordinator at NCDFREE, a youth volunteerled organisation with a strong focus on communications, advocacy and capacity building among millennials. She is also a lecturer, tutor, and DPhil student in Population Health at the University of Oxford; facilitator of the WHO/GCM Community of Practice on Multisectoral Action for NCDs; co-organiser of the Oxford short course on prevention strategies for non-communicable diseases; and editor of the Plos Global Health Blog. Ms Renzella is passionate about meaningful youth engagement in co-creating a healthier future for all.

Dr David Ross Maternal, Newborn, Child & Adolescent Health, WHO

Dr Ross is a Medical Officer working on adolescent health research and guidelines within the WHO's Maternal, Newborn, Child & Adolescent Health Department in Geneva. Currently, he is leading the preparation of a Global Accelerated Action for the Health of Adolescents (AA-HA!) Implementation Guidance document, which aims to provide support to countries as they decide what to do in adolescent health and how to do it. With colleagues from the London School of Hygiene & Tropical Medicine, he coordinates a two-week course on adolescent health in low and middle-income countries in London every June.

Dr Neela Saldhana Director, Centre for Social and Behaviour Change at Ashoka University

Dr Saldanha is the Director of the newly-created Centre for Social and Behaviour Change at Ashoka University. The Centre is funded by a grant from the Bill & Melinda Gates Foundation. She has more than 20 years of experience in marketing, industry and academia. She has worked in various leadership roles across consumer insights, brand management, sales management and strategy consulting with Nestlé, Unilever, PepsiCo and Accenture in India and the US. Most recently, she led the creation of a behavioural science practice at PepsiCo to encourage consumers towards healthier products, working closely with the business, design and insights teams. Dr Saldhana has an MBA from the Indian Institute of Management (IIM) Calcutta and a PhD in Marketing (Consumer Psychology) from The Wharton School, University of Pennsylvania.

Ms Joyce Seto Deputy Director, Nutrition, Global Affairs Canada

Ms Seto is the Deputy Director of Nutrition for the Health and Nutrition Bureau at Global Affairs Canada. She has had a longstanding career in public health with a focus mainly on infectious diseases including HIV, sexually transmitted infections and antimicrobial resistance. Previous to working at Global Affairs Canada, Ms Seto was with the Public Health Agency of Canada. She has also worked in non-profit and academia where her work focused on aboriginal health and access to care for hard-to-reach populations, such as injection drug users. She graduated with a Master of Science in Reproductive and Sexual Health Research from the London School of Hygiene and Tropical Medicine, and a Bachelor of Arts Honours in Anthropology from the University of Alberta.

Ms Deepika Mehrish Sharma Programme Officer, Child Development & Nutrition at UNICEF

Ms Sharma has more than 14 years of experience in the field of nutrition and public health, system's strengthening and policy advocacy. She works as a Nutrition Specialist for the Nutrition Programme Division at UNICEF headquarters, focusing on nutrition of school-age children and adolescents. She has worked extensively on public health nutrition programmes in India, and has the experience of scaling-up adolescent anaemia control programme in high burden states of India. She has been instrumental in supporting the development of multi-sectoral plan on nutrition in India and South Africa. She also has the experience of working within the government public health system as a Programme Manager with the Ministry of Health. Ms Sharma has worked with various International organisations on gender, adolescent reproductive and sexual health and life skills.

Ms Callie Simon Adolescent Sexual and Reproductive Health (ASRH) Advisor and Team Lead, Save the Children

Ms Simon currently serves as the Adolescent Sexual and Reproductive Health (ASRH) Advisor and Team Lead at Save the Children. She has more than 12 years of experience leading global ASRH strategy, programme design, technical assistance and resource development efforts. Prior to joining Save the Children, Ms Simon worked with Pathfinder International, CARE and USAID, and served as a Peace Corps Volunteer in the Dominican Republic. Ms Simon has a Master's of Public Health degree from Emory University Rollins School of Public Health.

Mr Marcus Stahlhofer Advisor Human Rights & Child Health & Nutrition, WHO

Mr Stahlhofer is an adviser on children's rights, child health and child nutrition for the Department of Maternal, Newborn, Child and Adolescent Health, and Department of Nutrition for Health and Development, at the WHO in Geneva, Switzerland. He is responsible for the integration and application of international human rights norms and standards to various aspects of the Organization's work on child and adolescent health, and provides technical assistance to governments in monitoring the implementation of regulatory standards to reduce the inappropriate promotion of foods for infants and young children. His work ranges from training WHO staff, government officials and health professionals to developing and implementing rights-based guidelines and tools, and strengthening national legal and policy environments to supporting child and adolescent health policies and programmes.

Mr Justin Stokes Managing Partner, Ananda Partners

Mr Stokes is Managing Partner of Ananda Partners. He works with corporate executives, non-profit leaders and social entrepreneurs to harness the potential of purpose-driven teams to create prosperity and social value. His experience spans movement-building, corporate strategy, economic growth, social development and behaviour change. Over the past 20 years, he has advised executives across multi-national companies, international organisations and governments, including Unilever, Nike, Audi, IKEA, World Bank, WEF, USAID, DFID and directly with numerous government cabinets. Along the way, Mr Stokes has had the opportunity to work in over 30 countries across four continents. Prior to founding Ananda, he worked at Purpose, JE Austin and Marakon. He served as Senior Director of Strategy at Purpose, where he founded and led the corporate practice. Prior to Purpose, Mr Stokes advised business and government leaders on strategies for economic growth and development as a Director at JE Austin. With Marakon, he advised executives of Fortune 500 companies in mergers and acquisition, market expansion and global organisation. He graduated with an MPA/ID from Harvard Kennedy School and a Bachelor's of Science in Economics and History from Duke University.

Ms Fatiha Terki Deputy Director Nutrition Division at the World Food Programme, WFP

Ms Terki is the deputy director, head of partnership including SUN Business Network, managing the adolescent programme in the nutrition division in WFP. Prior to her current position, she began her career with the World Food Programme in 2011 as a senior policy officer based in Geneva and representing WFP with the UNAIDS and other partners dealing with HIV and nutrition, and supporting regional bureaus and country offices on HIV and nutrition programmes.

Ms Terki is a medical doctor with a PHD in epidemiology with over 20 years of experience in the field of sexual and reproductive health, HIV and nutrition, and expertise in programme implementation, planning and evaluation, advocacy, policy development, partnership and resource mobilisation. Particular interest and experience in supporting: nutrition policies and programmes, worked extensively in capacitating national governments and NGO organisations.

She worked for the WHO as a senior partnership officer in the HIV department and dealt with partnerships. She has experience working with a multibillion financing organisation, namely the Global Fund to fight AIDS, tuberculosis and malaria managing important funding for projects in several countries. She also worked with international NGO, the International Planned Parenthood Federation, at regional and HQ level and is the co-author of a publication on medical and service delivery guidelines for sexual and reproductive health, translated and disseminated in seven languages. She worked at national level in her home country as the national coordinator of immunisation and family planning programme.

Dr Jim Thrasher

Health Promotion, Education and Behaviour, Arnold School of Public Health, the University of South Carolina

Dr Thrasher is a Professor in the Department of Health Promotion, Education & Behaviour in the Arnold School of Public Health at the University of South Carolina. For the past 15 years, he also has been a Researcher and Visiting Professor at the Mexican National Institute of Public Health, where much of his research is based. In more than 200 publications, his research mostly assesses media and policy effects on nutrition- and smoking-related perceptions and behaviour. A particular emphasis of this work is to evaluate the consistency of these effects across populations that differ in terms of sociocultural context and risk. His focus on media and policy reflect his interest in interventions that can reach large segments of the population and thereby have a significant public health impact.

APPENDIX 3: ORGANISATIONAL COMMITMENTS

The Global Alliance for Improved Nutrition (GAIN)

- 1. GAIN will not organise any meetings on adolescent nutrition without meaningful involvement from adolescents.
- 2. GAIN will attempt to connect the Indonesian adolescent representatives with the Ministry of Health in Indonesia and set up a dialogue between the adolescents and the Ministry's representatives.
- 3. GAIN will set up adolescent networks for meaningful engagement and capacity building in the design phase of programmes adolescent nutrition in countries where GAIN is/will be working.

Emergency Nutrition Network (ENN)

- 1. ENN will sign the SPRING Call to Action.
- 2. ENN will strengthen and expand the recently established global level interest group and encourages anyone who is interested to join to contact them.

SPRING, JSI

- 1. SPRING and JSI pledge to take "Never about us without us" to heart and will have adolescent participation at all meetings discussing adolescent issues.
- 2. The SPRING project will continue to manage the Call to Action for the next six months.
- 3. The ending SPRING project, ending September 2018, will use the next three months to fundraise and to have conversations about making the priority actions of the Call to Action happen.
- 4. Should JSI be involved in the successor project, JSI and their consortium will find a way to include adolescent nutrition in the agenda early in the project development, for e.g. by including adolescents in kick-off meetings, on the advisory board or in another capacity early in the project.
- 5. Should JSI be involved in the successor project, the consortium will explore with their African University partner, extending nutrition leadership development activities to include younger adolescents.

Save the Children

- 1. Save the Children will follow up on this event through the meeting on adolescent nutrition that Save the Children Italy is holding with IFAD in the September meeting and ensure meaningful participation as part of it.
- 2. Save the Children will take the current evidence available on adolescent nutrition and translate it into tools for young people to lead their own campaigns.
- 3. Save the Children commits to prioritise adolescents in its nutrition (and non-nutrition) programmes, and research and generate evidence on what works, why and how in different contexts.

SUN Civil Society Network

1. The Scaling Up Nutrition civil society network will develop youth leaders within the SUN movement and support them to access opportunities to influence decision-makers in their countries and globally.

Global Affairs Canada (GAC)

- 1. Global Affairs Canada will follow up on all conversations held at the consultation so that youth-based organisations can be connected to different resources GAC is aware of, and connect them with local missions as relevant.
- 2. Global Affairs Canada will review the SPRING Call to Action to determine how we can engage on the Call to Action.

Concern Worldwide

- 1. Concern Worldwide will scale up their civil society network, develop youth champions and provide them with platforms to talk with decision makers.
- 2. Concern Worldwide will start conversations within Concern Worldwide to include adolescent nutrition in their advocacy, learning and evidence sharing across the organisation.

Nutritional International

- 1. Nutrition International commits to ensure that its new and on-going programmes and partnerships for adolescent nutrition in 11 countries respond to gender inequities and inequalities, and consider the needs of both girls and boys.
- 2. Nutrition International also commits to advance the agenda on indicators for adolescent nutrition to promote gender equality and nutrition, across sectors and to work with other sectors, especially education, as equal partners.

World Food Programme (WFP)

- 1. WFP will make it a priority to ensure that school-feeding programmes are nutrition sensitive, including that food is nutritious (adequate content of vitamins and minerals and balanced content of macro-nutrients) and safe, that different age groups are appropriately targeted, and that there is health and nutrition awareness building.
- 2. WFP will expand the body of knowledge and evidence around the gap for meeting nutrient requirements of adolescent girls and boys and possible ways to address this, through Fill the Nutrient Gap assessments, including Cost of the Diet analyses.

United Nations International Children's Fund (UNICEF)

- 1. UNICEF commits to reach 100 million adolescents (70 million girls and 30 million boys) with adolescent nutrition services to address all forms of malnutrition. UNICEF will work with other partners and countries to ensure that the programmes are gender responsive.
- 2. UNICEF Office of Research Innocenti will link with GAGE and Young Lives to discuss the feasibility of introducing a nutrition lens to their work. UNICEF will set up a meeting in the next four weeks to begin conversations.

Food and Agriculture Organization (FAO)

- 1. FAO will stop calling adolescents 'children'.
- 2. FAO will have a meeting in Rome before the end of the year to discuss school-based nutrition education programmes in low and middle income countries in which, it will involve adolescents.
- 3. In projects at community level, it will involve adolescents and not only caregivers in the design and implementation of these projects.

Shornokishore Network Foundation (SKNF)

- 1. SKNF will continue to value the input of adolescents.
- 2. SKNF will sign the SPRING Call to Action.
- 3. SKNF will work with organisations at the local, national and international level for adolescents.
- 4. SKNF will create a 20-minute video on the adolescent nutrition consultation, which will be aired as a documentary through channel I that will be broadcast in Bangladesh and six continents.

Division of Human Nutrition and Health of Wageningen University & Research (WUR), Netherlands

- 1. The Division of Human Nutrition and Health at WUR will continue dialogue with GAIN and other organisations to build evidence base and inform on what various organisations are doing, in a collaborative spirit without competition.
- 2. The Division of Human Nutrition and Health at WUR will continue to engage with adolescents as part of the on-going research programme, Ten2Twenty in Ghana, Nepal, Mexico and the Philippines. In addition, adolescents will be involved in planning the design of another study in Indonesia involving the management of poultry farms.
- 3. WUR will sign the SPRING Call to Action.

World Health Organization (WHO)

- 1. WHO will convene governments and partners to improve food procurement in schools.
- 2. WHO will ensure that the debate on adolescents lands in parliament and will work with the Inter-Parliamentary Union (IPU) and the Scaling Up Nutrition (SUN) movement.
- 3. WHO will advocate for weekly iron and folic acid supplementation to ensure it is scaled up in countries where anaemia prevalence in adolescents is a public health problem and work with Nutrition International on the issue.

APPENDIX 4: LETTERS FROM THE ADOLESCENTS

Letter 1:



RAFSI ALBAR

To whom it may very much concern,

'Give me 1,000 parents so they will pull Semeru mountain until the roots. But if you give 10 youths, so they will shake the world.'

Madams/sirs, that was a quote you must have all remembered very well being stated by one of the founding fathers and the first president of Indonesia. That reminds us of the true power and big role to play that youth have.

Madams/sirs, I am just another 16-year-old schoolboy, but take a close attention to what I am about to say, representing millions of my peers.

We have seen how we have actually grow up in a world where we don't get the necessary needs that we really require to live. We now have learned and acknowledged the fact that we have been raised in a lifestyle that pulls us into a path we must not go.

We have had enough.

We must now change.

You may not and don't necessarily need to know each of us simply as names. You may not and don't necessarily need to understand our individual ambitions that we have. You may not and don't necessarily need to suffer the way we do in keeping up with academic demands

You must and need to know that we are living beings with rights. You must and need to know that we do have our own desire that we want to live through. You must and need to know that we need the right supplements and nutrition to sustain our lifestyle.

We asked for nothing much but our voices to be heard in real ways like we have never been heard before. We want that in every single meeting that you hold, we are present. We don't request that you invite a full hall of us, we want you to take at least a small portion of us in the room you are. Simple to say for us and may not sound logical for you at first but if we want to fix this problem, we fix this together.

Sincerely yours,

Rafsi Albar

Letter 2:



To the Minister of Health and Education.

ANNET KAMBUNGO

Dear Sir,

My name is Annet Kambungo. I am a 16-year-old peer leader of the patience girls club under the Zambian Female Youth Livelihood and Nutrition Enhancement Project implemented by Concern Worldwide.

Under this project, we were taught issues to do with nutrition in order to improve our understanding and our nutritional status. This made me realise the importance of such education and think that this education should be taken to the rest of the country. I am aware of the very high burden of malnutrition in the country and the various efforts that government offers to deal with this, unfortunately these efforts have been very weak at a community level.

I therefore ask for a redesign of these efforts to include nutrition education for all across the country. I would also like to request that enough resources are allocated to this initiative.

My second request is for government to take seriously and adequately implement the policy on school feeding. Most schools have signed up and agreed to the school feeding but due to lack of resources they are not able to feed the children to the required standard when it comes to nutrition. Some feed them only once in a while just to make them full without taking into account the nutritional value of the food they're given.

The government needs to allocate enough resources to this programme and ensure they're monitored and given the required capacity for the to work with succeed.

I look forward to a positive response from your office. If you need to speak with me I am available to discuss how us adolescents are able to help to you.

Yours Faithfully,

Annet Kambungo.

Letter 3:

AKA MUKUBESA

To the Minister of Finance.

Dear Sir,

My name is Akakululbolwa Mukubesa, a peer leader of the lubosi girls club in limulunga district. The club was established by Concern Worldwide under the Zambian Female Youth Livelihood and Nutrition Enhancement Project. Through these clubs, we learnt issues to do with nutrition, health, agriculture and life skills. We were also able to have recreation activities among ourselves and with other girls from the community. Now that concern and the project is closing, we are worried about the future of our club. On behalf of my club members, I would like to ask your office to support the ministry of community development, health, agriculture, youth and sport, to take over clubs and continue to support us with resources and information. Some of our friends are not schooling because they don't have money to pay for school fees so we need our clubs to continue so that they are educated. With this support they will continue to be empowered with information needed for us to develop into responsible citizens of the country.

Sincerely,

Akakululbolwa Mukubesa

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2016-2025



