



AstraZeneca 

Young Health Programme

A global community investment initiative

with founding partners



# The Young Health Programme

A global initiative promoting adolescent health

**“Good habits formed  
at youth make all  
the difference.”**

**Aristotle**



# The Global Youth Challenge

**Globally about one in six people are adolescents, aged 10-19, a total of 1.2 billion. In sub-Saharan Africa the proportion is almost one in four (23%)<sup>1</sup>. Although the habits and behaviours set down in adolescence have a dramatic effect on their, and their societies', long-term health and success this huge group receives only limited health research and attention – and between 2003 and 2015 just 1.6% of development assistance for health was spent on adolescents<sup>2</sup>.**

Some of these behaviours give real cause for concern because of their causal link to today's #1 killer: non-communicable diseases (NCDs).

- The number of obese children and adolescents (aged 5 to 19 years) worldwide has risen tenfold in the past four decades<sup>3</sup>
- Approximately 25 million boys and 13 million girls aged 13–15 smoke cigarettes or use smokeless tobacco<sup>4</sup>
- Hazardous and harmful drinking patterns, such as drinking to intoxication and binge drinking, seem to be on the rise among adolescents<sup>5</sup>

Many of these arise from societal or environmental pressures and circumstances, but if these behaviours, and the mental health issues which can be associated with them, are carried on into adulthood the economic consequences are immense. By one widely accepted analysis the cost of lost

output from the most common NCDs is projected to reach nearly US\$47 trillion between 2011 and 2030<sup>6</sup>.

As today's huge cohort of young people become older the costs may be even higher, especially when other age-related factors are taken into account. For example:

- 93% of the world's children are exposed to ambient fine particulate matter (PM2.5) levels above the WHO air quality guideline<sup>7</sup>
- Approximately 16 million girls aged 15 to 19 years and 2 million girls under age 15, become pregnant each year<sup>8</sup>

The AstraZeneca Young Health Programme (YHP) was set up in 2010 to address the issues of youth health with a specific focus on behaviours that can lead to NCDs.

This is the story of what the YHP has learned and contributed from 2010 to 2019 and where we plan to go next.



**“We need to stop blaming the individual and understand how the physical and social environment contributes to the risks.”**

**Dr. Stefan Swartling Peterson, Chief of Health,  
UNICEF, NYHQ**

1 UNICEF (2016) Adolescent Demographics. Available at <https://data.unicef.org/topic/adolescents/demographics/> accessed 1 October 2019

2 Li Z, Li M, Patton G (2018) Global Development Assistance for Adolescent Health From 2003 to 2015, JAMA Netw Open. 2018 Aug; 1(4): e181072. Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2696504> accessed 1 October 2019

3 US Department of Health and Human Services (2012) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Available at [https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf\\_NBK99237.pdf](https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf) accessed 1 October 2019

4 The Tobacco Atlas. Available at <https://tobaccoatlas.org/topic/youth/> accessed 1 October 2019

5 WHO (2011) Global Status Report on Alcohol and Health, p10. Available at [https://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/msbgsruprofiles.pdf](https://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf) accessed 1 October 2019

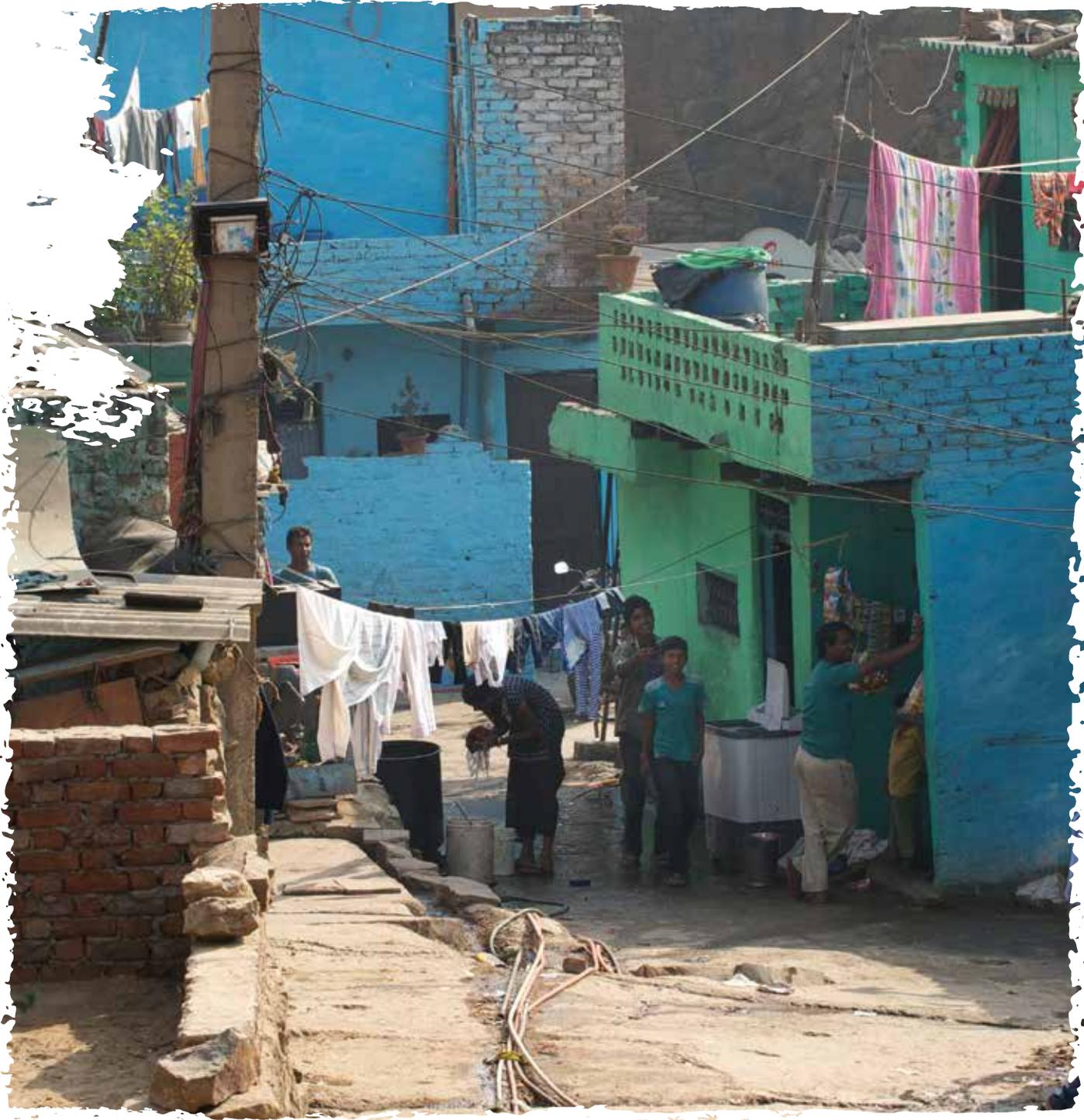
6 Bloom E, Cafiero ET, Jané-Llopis E et al (2011) The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum, p29. Available at [http://www3.weforum.org/docs/WEF\\_Harvard\\_HE\\_GlobalEconomicBurdenNonCommunicableDiseases\\_2011.pdf](http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf) accessed 1 October 2019

7 WHO (2018) Air Pollution and Child Health, p2. Available at <https://apps.who.int/iris/bitstream/handle/10665/275545/WHO-CED-PHE-18.01-eng.pdf?ua=1> accessed 1 October 2019

8 UNFPA (2015) Girlhood not Motherhood: Preventing Adolescent Pregnancy p7. Available at [https://www.unfpa.org/sites/default/files/pub-pdf/Girlhood\\_not\\_motherhood\\_final\\_web.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Girlhood_not_motherhood_final_web.pdf) accessed 1 October 2019

“I am incredibly proud of the work being done through the YHP to improve the health outcomes of young people.”

Marc Dunoyer, Chief Financial Officer, AstraZeneca



# Why Youth Health?

**“Adolescents are at a point in development when misalignment between the speed of development of different processes and anatomy makes them think, feel and respond differently. Understanding and applying this knowledge is key if we are to realise the potential of the next generation.”**

Professor Robert W. Blum, Johns Hopkins Bloomberg School of Public Health

Health in youth is a significant determinant of health in adulthood. For example:

- Overweight children are at least twice as likely to become overweight adults as ‘normal’ weight children<sup>9</sup>
- Half of all mental illness begins by the age of 14, but most cases go undetected and untreated<sup>10</sup>
- 88% of adults in the USA who smoke daily report that they started smoking by the age of 18<sup>11</sup>

Effectively addressing these and other harmful risk behaviours and issues early on has the potential to transform the life course of an individual and the health of whole societies.

The YHP was set up to identify how this can be done effectively in a diverse world with a variety of cultural norms and structures and levels of economic development; and to encourage these measures to be adopted broadscale.

## Global policy on NCDs

When we started on this journey NCDs were just beginning to get the attention that they deserve but youth health was barely on the radar.

Since then NCDs have rapidly moved up the health policy agenda, as demonstrated by the establishment and growth of the NCD Alliance and increased prioritisation by the United Nations General Assembly, with three High Level Meetings on the prevention and control of NCDs since 2011.

These have moved from committing to ‘reduce risk factors and create health-promoting environments’ in 2012<sup>12</sup> to a commitment to ‘integrating, across the life course, action on the prevention and control of non-communicable diseases and the promotion of mental health and well-being’<sup>13</sup> in 2018.

Much of the response has been focused on regulation, with thoughtful analysis of the most cost-effective regulatory ‘best buys’<sup>14</sup> showing where governments can achieve the greatest return.

## What is ‘youth health’?

The World Health Organisation defines ‘young people’ as being between the ages of 10 and 24 and an ‘adolescent’ as being between 10 and 19. Our work is with young people across this age range but especially with adolescents in their transition from childhood to adulthood which, in practice, takes place at a variety of ages and rates.

9 Singh AS, Mulder C, Twisk JWR, et al, 2008, Tracking of childhood overweight into adulthood: a systematic review of the literature, *Obesity Reviews* 2008 Sep;9(5):474-88. Available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1467-789X.2008.00475.x> accessed 1 October 2019

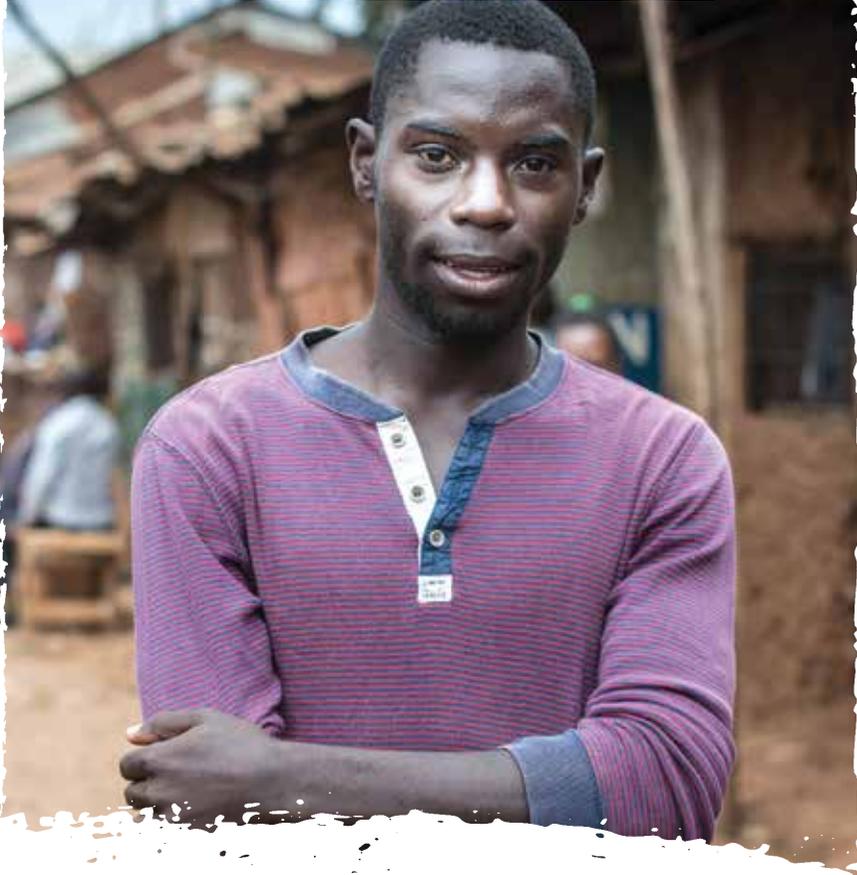
10 WHO (2018) World Mental Health Day 2018. Available at [https://www.who.int/mental\\_health/world-mental-health-day/2018/en/](https://www.who.int/mental_health/world-mental-health-day/2018/en/) accessed 1 October 2019

11 US Department of Health and Human Services (2012) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Available at [https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf\\_NBK99237.pdf](https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf) accessed 1 October 2019

12 UNGA (2012) 66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, para 42. Available at [https://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf](https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf) accessed 1 October 2019

13 UNGA (2018) 73/2, Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, para 18. Available at <https://digitallibrary.un.org/record/1648984?ln=en> accessed 1 October 2019

14 WHO (2018) Spending Less, Saving Lives. Available at <https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?ua=1> accessed 1 October 2019

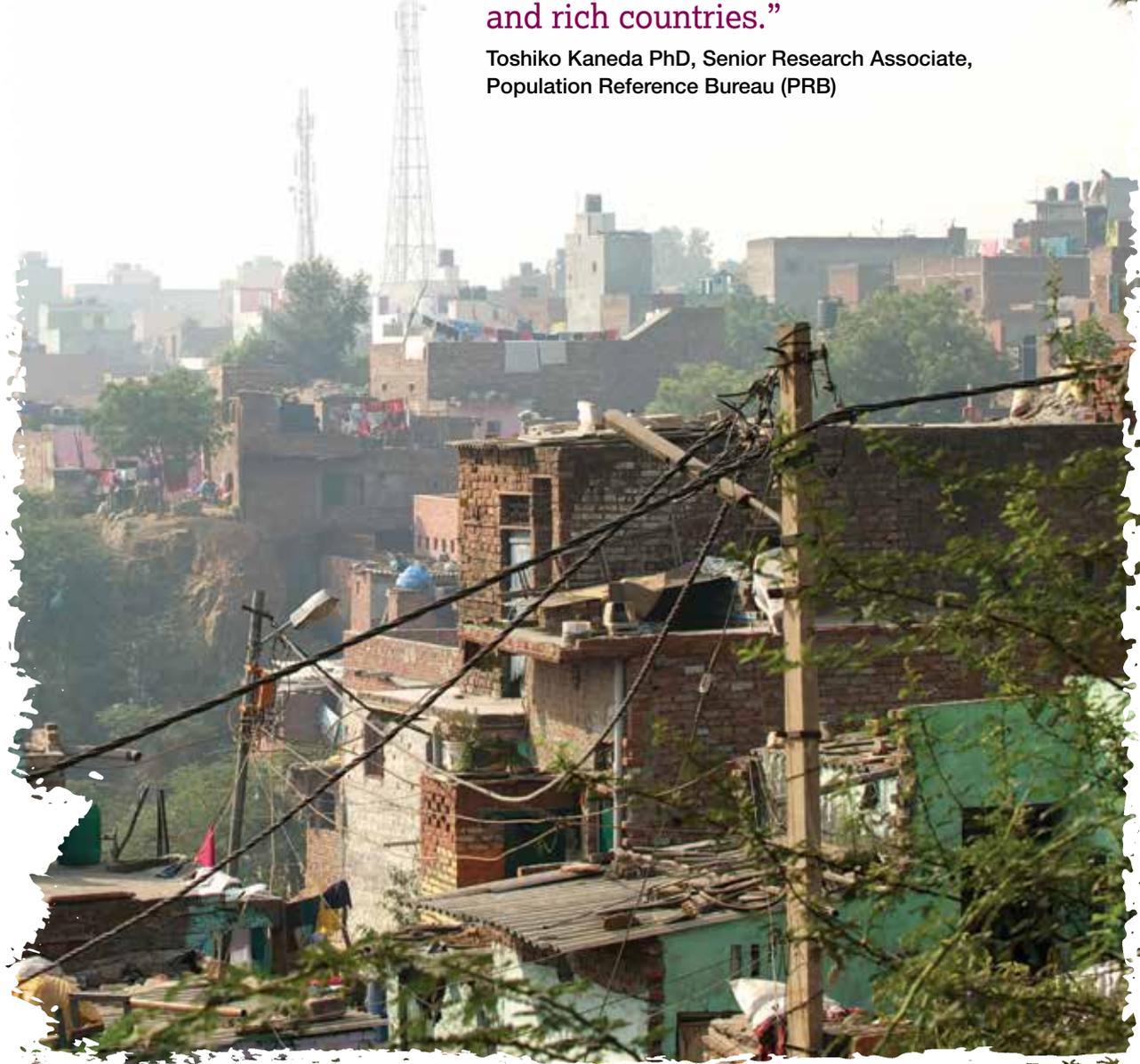


“As a company, we are committed to the health of our patients, employees, our environment and the communities we reach through our medicines and by promoting human health and wellbeing. The YHP is an important component of this work because we are supporting and protecting the health and wellbeing of future generations and in turn, of future nations.”

Katarina Ageborg, EVP, Sustainability, AstraZeneca

“At the start no-one was talking about the link between NCDs and youth, it was just about old people and rich countries.”

Toshiko Kaneda PhD, Senior Research Associate, Population Reference Bureau (PRB)





“Our young people use illicit and sub-standard products, local products. The cigarettes are very poor quality and the alcohol is illegal and very risky.”

Mohit Ahuja, Manager,  
Young Health Programme India



We work to bring the youth perspective and voice to bear on NCD-related policy issues, whilst recognising that:

- Regulations may be agreed but they can take a long time to have an effect locally, and enforcement can vary.
- Actions such as changes in duty rates often don't affect the products that young people consume.
- The central importance of working with and supporting young people to address NCDs has yet to be fully appreciated.

- There are wider societal and structural issues that need to be addressed to provide the environments in which change can easily happen.

The YHP has a vital role to play to put young people front and centre of the issue and to make real change happen for, and with, them on the ground.

“Gender inequality has been identified as a fundamental barrier to girls leading healthy lives.”

Rose Caldwell, Chief Executive, Plan International UK



“The YHP didn’t have just the usual low- and middle-income country focus because the research showed issues were being faced by higher income countries as well.”

Helen-Marie Seibel, Global Lead,  
Community Investment and Philanthropy, AstraZeneca



# The YHP Journey

**When we started our journey with the YHP we were quite clear that this programme could not be about doing something for young people; but rather with young people: listening to them, working with them and supporting them. This principle has stayed with us throughout.**

Our initial and continuing focus has been on disadvantaged communities – whether in high-income countries such as the Torres Strait islanders in Australia or the street-involved youth of Hamburg, or in the informal townships and urban settlements around big cities like Delhi and Nairobi.

Our approach is research-led, supporting advocacy to achieve change at scale, and running a diversity of programmes on the ground to see what could work and how. Our founding partners, Plan International and the Johns Hopkins Bloomberg School of Public Health (JHBSPH), brought specific expertise and different ways of thinking that have been central to the YHPs success.

Our first major piece of research, the Welfare of Adolescents in Vulnerable Environments (WAVE) by the JHBSPH, substantiated what we were seeing in our programmes – the challenges may be much the same worldwide, for example sexual health, alcohol, drugs or social alienation, but the levels of each and how they could be addressed were very different. It was clear that activities had to be very specific to the societies in which they operated.

We approached this through a mixture of national and global programming. In some countries we focus in on one main issue, like the programme aimed at preventing teenage suicide in South Korea. In other countries we take a holistic approach that addresses a range of risk factors

together, from gender equality and sexual and reproductive health and rights to those associated with NCDs: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. Addressing NCD risk factors has become the common strand running through YHP activities.

In 2015, at the same time as NCDs were rising to the top of the global health agenda, the new Sustainable Development Goals<sup>15</sup> came into force. SDG 3 – Good Health and Wellbeing – included specific targets to reduce premature mortality from NCDs by one third by 2030 and address these issues and those of mental health and sexual and reproductive health<sup>16</sup>.

The work that we had been doing between 2010 and 2015 aligned nicely with the SDGs but concentrated on a core aspect that had not yet been addressed by policymakers – the crucial and central role of addressing risk behaviours in adolescence.

One of our programmes, in China, specifically addressed air pollution and young people – a matter of considerable national concern. In 2018 the UN General Assembly added ‘human exposure to indoor and outdoor air pollution’ formally as an NCD risk factor, and noted for the first time ‘the significant impact of non-communicable diseases on children’<sup>17</sup> so again the YHP was ahead of the curve.

**“We wanted to do something different; something other companies were not tackling. The themes of youth and health came through really strongly and we quickly came to understand that targeting youth was probably the most impactful way to make a difference to overall health.”**

**Maya Morris, Head of Global Medical Standards, AstraZeneca (Head of Global Community Support when the YHP was conceived and launched)**

**“It needs all hands on deck [to deliver the SDGs] and the corporate sector brings in things that no-one else can.”**

**Tanya Barron, former CEO, Plan International UK**

**“When the YHP started there was little understanding within AstraZeneca of the social issues faced by youth, whilst the NCD community thought it was brilliant.”**

**Sarah Shillito, former Associate Director, Global Community Investment, AstraZeneca**

<sup>15</sup> UNDP (2019) Sustainable Development Goals. Available at <https://www.undp.org/content/undp/en/home/sustainable-development-goals.html> accessed 1 October 2019

<sup>16</sup> UNDP (2019) Sustainable Development Goal 3. Available at <https://www.un.org/sustainabledevelopment/health/> accessed 1 October 2019

<sup>17</sup> UNGA (2018) 73/2, Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, paras 12 and 31. Available at <https://digitallibrary.un.org/record/1648984?ln=en> accessed 1 October 2019





“Lots of young people start smoking and drinking, but many give up once they have heard about the risks. They start when they are 14 or so and gradually get to the alcohol as well.”

Neeraj, Peer-educator, Delhi

“To make other such projects successful, they should be gamified and interactive.”

Gizem Senyurt, Corporate Communication Specialist, AstraZeneca Turkey

“The YHP demonstrates that AstraZeneca is a formidable partner in governments’ disease prevention efforts. In East Africa the average age of our employees is 27, so they really plug in and get involved.”

Dr. Sylvia Vito, Regional Director and Head East Africa, AstraZeneca



**26**  
countries



**6**  
continents



**3m+**  
people reached



**50,000**  
peer educators



**20,000**  
frontline health workers trained in adolescent health



**5,000**  
AstraZeneca volunteers



# The YHP Now

**In 2019 the YHP is a robust and respected programme, still based on listening to and amplifying the voice of youth and still based upon the original three ‘pillars’:**

## Research

- 3 peer-reviewed papers
- 7 national programme-based research papers
- Global and regional open-access databases of NCD risk factors in youth

We fund research from international specialists such as Imperial College London, the Population Research Bureau, RTI International and the Economist Intelligence Unit. This research fills gaps in data on youth health and the NCD risk factors, creating resources that government agencies, NGOs and researchers can use to inform the development of policy, programming and interventions.

## Programmes

Our programmes have continued to develop both in their content and their reach. In 2019 there are 18 programmes in operation across the six continents. Eight of these programmes are built using a holistic framework that includes activities, advocacy and awareness focused on the 5 NCD risk factors, mental health, sexual and reproductive health and rights, and gender equality. These programmes run in: Brazil, India, Indonesia, Kenya, Mexico, Myanmar, Thailand and Vietnam.

A further ten programmes focus on specific issues that are especially important to the country or community: Australia (diet), Canada (diet, exercise and emotional well-being), China (air quality), Germany (social integration), Portugal (diet, exercise and emotional well-being), Romania (exercise), Russia (physical activity, tobacco), Turkey (physical activity)

and Serbia (tobacco). Others are in development, including new programmes for the UK and USA, which were among the first countries to implement YHP programmes.

We are continually innovating to see what works best and sharing good practice. We have learned that peer-education is an effective approach for reaching young people with health information. Our peer-educators are recruited from the local community, and trained not just in the issue but also in communication and presentation skills which they then use to discuss the issues and encourage change among their family, peers and the wider community.

Increasingly we are exploring opportunities to take our projects online, especially in areas where penetration of smartphones among youth is high.

## Advocacy

Working in partnership with the experts is a hallmark of our programme. This is especially true in our advocacy work, where we are careful to respect the different roles of intergovernmental organisations and agencies and civil society groups.

Prevention of NCDs cannot just be dealt with in adolescence but throughout life, so whilst we provide sustained funding to NCD Child we also support the NCD Alliance and the advocacy work they are doing to call for more action on NCDs and especially to ensure that young people and their unique needs and voices are considered.

All published resources are available at <https://www.younghealthprogrammeyhp.com/resources.html>.



**“The strength of the YHP is the unique combination of programmes on the ground, research and advocacy, which creates an effective and evidence-based programme.”**

**Jeske Pajmans, Global Programme Manager,  
Young Health Programme**

“NCD Child’s side events at the WHO are powerful because young people are featured.”

Janna Patterson, MD MPH FAAP, Senior Vice President, Global Child Health & Life Support, American Academy of Pediatrics

“The YHP supports grass roots community based activity as well as national advocacy platforms. It gives the young people an opportunity to represent themselves.”

Dr. Mychelle Farmer, Chair, NCD Child



**24**

research publications, policy papers and workshops



**20+**

high level meetings



**75**

One Young World YHP scholars





## Empowering Youth

We want to ensure that the unfiltered voice of youth is given a platform. We have helped young people to engage and be heard and to develop their skills and extend their networks through regional seminars and scholarships to attend the annual One Young World Summit. We also support their role as speakers and leaders at global, regional and national convenings, like the World Health Assembly.

We have supported the production of briefing papers which have been widely used, ranging from very specific work on homelessness to the much broader perspective of Universal Health Care.

### Volunteering

In some countries the YHP offers opportunities for volunteering. These tend to be for the issue specific programmes and can be highly rewarding for those involved – whether clients or co-workers. For example in China volunteers went to schools to teach about air quality, in Turkey they ran parkour sessions to help encourage physical activity, in Sweden they provided one-on-one mentoring for vulnerable young people as well as helping with publicity and knowledge-sharing in Brazil, Kenya and other countries.

**“I hope that I can give back to the society, help more people in need, let them feel good things and feel positive energy.”**

**Miss Gao, AstraZeneca volunteer (Shanghai)**

“Telephone access generally is huge in Kenya – smart phones and internet are pretty cheap. We have a What’s App group where they share information about NCDs, and peer educators and project staff use their own Facebook pages to post about YHP activities, but the YHP is not very big on technology right now.”

Danor Ajwang’, Manager,  
Young Health Programme Kenya



# Our YHP Challenges

**We know that the YHP on its own will not deliver the positive change we want for young people and their health. That will require partnership across sectors, a significant mobilisation of resources, and commitment at the most senior levels.**

To mobilise what resources there are we need to find and test the best solutions, be able to prove that they work and then communicate them effectively to other stakeholders. This is a massive task. Here are some of our challenges in achieving our goals and how we are addressing them.

## Monitoring and Evaluation

We are trying to change life trajectories by encouraging healthy behaviours in youth so that they persist in adulthood. To monitor this effectively requires longitudinal studies, or repeated observations of the same variables over many years. Our timeframes are shorter than this, and many of the people we work with come from constantly changing communities, so we have to estimate what happens in later life.

We use detailed independently-collected data from our programmes to assess changes in knowledge and behaviour – typically over two to five years – and then try to assess over the longer term the likely effects. The retention of behaviour changes varies widely so we use different methodologies to assess this based upon social return on investment (SROI). We also use the data that we collect to compare programmes and approaches to see what works best and where.

Our country reports and SROI analysis are available at <https://www.younghealthprogrammeyhp.com/resources.html>.

## Local Stakeholder Engagement

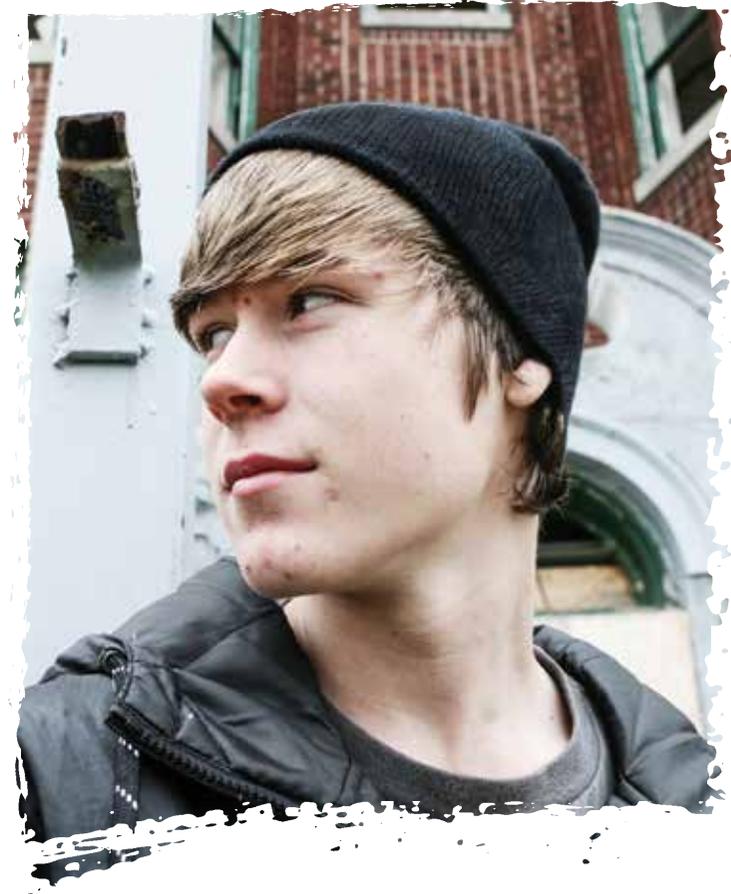
Our young people bring a fresh approach and energy to discussions with local authorities and have been successful in raising awareness of youth health needs and increasing the number of youth-friendly services. It is more difficult to generate long-term and sustainable changes in policy, not least because politicians and policy priorities change. We have experimented with more focused advocacy such as with the Coalition of Youth Advocates (COYA) in Kenya with good effect.

We are lending our expertise and experience in government relations and health information to improve the skills of the young people and their understanding of how health systems work and, where possible, opening doors so that their messages can be heard.

## Engaging with Digital

Since 2010 smartphone use, and data usage, have risen even in some of the most disadvantaged communities and this medium has become a vital form of communication. Whilst peer-to-peer communication is the most effective way to communicate on an individual basis social media does offer opportunities to improve the reach, targeting and frequency of our messaging and the opportunity to engage on a different level.

We are experimenting with social media in our Serbian and Turkish programmes and expect this to grow as a part of our work.



**“The YHP is really important in understanding what works for adolescents. That’s a gap we could plug by having more data.”**

**Rachel Nugent PhD, RTI**

# Some YHP Achievements to Date

## Recognition

“AstraZeneca’s approach to philanthropic activities is very strong: it targets local health needs, and is aimed at long-term improvements, while monitoring and evaluating pre-defined objectives.”

Access to Medicine Foundation, 2016

We have won awards at local, national and international level including:



Community Investment  
of the Year, 2018



Business of the Year,  
2019

## Advocacy

Supported the growth of other organisations to move NCDs and youth health up the policy agenda locally, nationally and globally.

## Empowerment

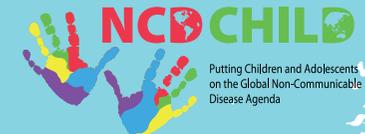
Funded 15 grass-roots organisations led by young people to ‘step up’ to the next level with their own programmes to educate and inspire youth to lead healthier lives.

## Lives affected

Delivered programmes in **26** countries across **6** continents. Reached over **3m** young people with health information. Trained over **50,000** young people as peer educators or in the delivery of health interventions. Trained almost **20,000** frontline health providers in adolescent health. Reached **60m** people through awareness and media campaigns. Worked with almost **5,000** AstraZeneca colleagues, who have contributed over **40,000** volunteer hours.

## Partnerships

Our many partners around the world include:



# YHP Young Voices

Over the past 10 years, we have been lucky enough to get to know many remarkable young people who work tirelessly to improve the health and wellbeing of their peers. Here are some of their voices.

“A friend of mine was already a peer-educator and encouraged me to join and my sister has too. My communications skills and confidence have improved dramatically – I organised a signature campaign to the local government to establish an open-air gym in a community park. We handed this over to the officials, and now the gym has been established.”

**Neeraj, Delhi**

“I lost my Grandfather because of his addiction to cigarettes, it was heart breaking. My work with the YHP has involved collaboration with government to support its targets of child-friendly health services and smoke-free zones.”

**Gian, Jakarta**

“In Brazil teenagers don’t really get medical check-ups and there is very little proper discussion about risk behaviours. I’ve used my skills in graphic design and digital marketing to help fix this through the YHP.”

**Denise, Brazil**

Being a peer-educator has changed my life. I discovered that I loved street theatre and now the Common Cause Social Group that we created is a registered NGO, and we make our livings from our performances. The experience has also helped me to negotiate with my family and take control of my education and marriage and other decisions.”

**Jyoti, Delhi**



Report developed by Powering Partnerships October 2019



AstraZeneca PLC, 1 Francis Crick Avenue,  
Cambridge Biomedical Campus, Cambridge CB2 0AA  
[www.astrazeneca.com](http://www.astrazeneca.com)



This Report is printed on Heaven 42 which is FSC® certified virgin fibre.

The pulp is a mix; partly bleached using an Elemental Chlorine Free process and partly bleached using a Totally Chlorine Free process. It is printed in the UK by L&S Printing Ltd using environmental printing technology. Both the manufacturing mill and the printer are registered to the Environmental Management System ISO 14001 and are Forest Stewardship Council® chain-of-custody certified.

This Report is also available on our website, [www.astrazeneca.com](http://www.astrazeneca.com)