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MLE reports personal fees from Roche, Medtronic, Cellnovo, Dexcom, Abbott Diabetes Care, Eli Lilly, Novo Nordisk, and AstraZeneca, outside the area of work commented on here. MLE is planning a research collaboration with Mellitus Health (a company supporting insulin dose titration). RG reports no competing interests.

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Optimising the continuum of child and adolescent health and development

Published Online
March 13, 2019
[http://dx.doi.org/10.1016/S0140-6736\(19\)30488-X](http://dx.doi.org/10.1016/S0140-6736(19)30488-X)

A little over 15 years ago, some of us produced a *Lancet* Series of papers on child survival and what needed to be done to address the 10 million deaths among children younger than 5 years annually.¹ The Series, published soon after the launch of the Millennium Development Goals (MDGs), led to concrete actions and increased accountability. The Series and further work highlighted the high proportion of child deaths in the neonatal period,² the neglected issue of stillbirths,³ the challenges related to inequities and marginalised populations,⁴ and the strategies to address maternal and child health in community and primary care settings.⁵ Subsequent improvements in child survival during the MDG period were remarkable.

The MDGs were instrumental in promoting a culture of accountability around measurable targets of reproductive, maternal, newborn, and child health. Review mechanisms for tracking progress by countries and the UN agencies included the promotion of accountability for reproductive, maternal, newborn, and child health and nutrition interventions through the Countdown to 2015 initiative, with a focus on coverage and inequities.⁶ Additionally, the creation of partnerships such as the Partnership for Maternal, Newborn and Child Health were crucial in building global coalitions for advocacy and action.

As the MDGs ended, additional activities and action plans marked the thinking around the global compacts

not only for reducing child mortality but also for ensuring that children who survived also thrived. Alongside the global action plan to address the persistent burden of childhood pneumonia and diarrhoea and efforts to reduce newborn mortality and stillbirths,⁷ the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 expanded the objectives to include survive, thrive, and transform, building upon the Sustainable Development Goals (SDGs) Agenda for 2030.⁸ The importance of tackling maternal and child malnutrition was reinforced with clear recommendations to implement both nutrition sensitive and specific interventions.⁹ Three consecutive *Lancet* Series on early childhood development provided evidence and a call for action¹⁰ that the foundations of adult health and wellbeing be established early in life and that effective interventions be available to support children's early health and development. New research also brought greater visibility to the health issues in older children and adolescents. These advances led to growing appreciation of the need to integrate health, nutrition, and early child development and to extend efforts beyond child survival to adopt a life-course perspective to child and adolescent health and development.^{11,12}

3 years into the SDG era, there are several reasons to be concerned. Despite progress, the field remains fragmented with isolated action plans and strategies that largely focus on maternal and newborn health,

children younger than 5 years, and, to a limited extent, adolescents. A major challenge has been effective implementation in countries and integration of preventive and curative actions across the developmental years. Many nutrition programmes remain poorly linked with the health systems or other health programmes; few have substantive nutrition-sensitive components; and school-age children and adolescents remain neglected. Despite strong evidence, there is little implementation of early childhood development programmes and insufficient effort to address mental health issues in young children and adolescents. The health sector has received most attention, with insufficient collaboration with other sectors (eg, education) and contexts (eg, conflict) for maternal, child, and adolescent health and development. Even within the health sector, there has not been adequate recognition of the low and unreliable quality and poor services that parents and children encounter when they come for care.¹³

As we reposition child and adolescent health and development within the SDGs, it is important to link our investments with the development of human capital, defined as the stock of knowledge, skills, attitudes, health, and other personal characteristics that enable individuals to realise their full potential as productive and responsible members of society.¹⁴ In conceptualising the life course from birth to adulthood in terms of trajectories (eg, healthy growth, learning), there are predictable developmental stages (eg, early childhood, adolescence) and settings (health services, schools) in which interventions could be introduced and monitored across the life course. A life-course perspective views human development and capabilities as the sum of exposures and opportunities from one generation through to conception, infancy, childhood, adolescence, and adulthood of the subsequent generation.

The development of more integrated frameworks for preventive and curative actions must also ensure that those at greatest risk are not left behind and extend actions beyond the health sector. Achieving universal health coverage will require greater attention to high-quality health services, especially for adolescents who are the least well served by the health system. Good quality consists of competent providers, competent systems, and good user experience. Too many births occur in facilities that cannot properly care for sick infants, and in many settings the quality of services for sick children

is substandard, with system-wide deficits with minimal services provided to children older than 5 years, let alone adolescents. Discrimination and disrespect are common features of sexual and reproductive services for adolescents, including those who are pregnant.

In a new *Lancet* Series aimed for release in mid-2020, we shall focus on structural solutions that place the child and family at the centre of the health system's mission. We shall examine how we could apply the structural approaches recommended by the *Lancet Global Health Commission on High Quality Health Systems*¹³ to improving child and adolescent health. We aim to underscore evidence-based actions that support collaborations across sectors, such as health, education, social media, and social protection, all critical to achieving sustainable progress and reducing disparities.

The Series will focus on equity, with analyses of data from cohorts and national surveys to forecast how present-day inequities in child and adolescent health, nutrition, and development are likely to impact on human capital in current and future generations. These principles are equally applicable to many high-income countries, and while underscoring the challenges in low-income and middle-income countries, we believe that our recommendations will have universal applicability.

The SDGs have set an ambitious agenda at a time that the world is facing complex problems compounded by massive socioeconomic inequalities, conflict, and climate and environmental disasters, with major impact on child and adolescent health, now and in the future. While we are concerned that the gains in early child



health achieved in the MDG period are at risk of slowing down or reversing, we are optimistic that we can do much better. As we once again assemble in Bellagio, Italy, in September, 2019, we hope that our discourse will stimulate action and concerted efforts to optimise child and adolescent health for generations to come.

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We are the members of the *Lancet* Optimising Child Health Series Steering Committee. We declare no competing interests. Start-up funding for this Series has been provided by the Centre for Global Child Health, The Hospital for Sick Children, Toronto, ON, Canada, and the Countdown to 2030 consortium.

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Why accountability matters for universal health coverage and meeting the SDGs

At the December, 2018, Partnership for Maternal, Newborn, and Child Health (PMNCH) Partners' Forum in Delhi, India, accountability was recognised as a key pillar of achieving the goals of the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy). Nevertheless, accountability continues to be used in different ways within the Every Woman, Every Child ecosystem and across the many global health initiatives in the UN Sustainable Development Goals (SDGs). Given that

efforts to advance universal health coverage (UHC) and other global health agendas, such as non-communicable disease, are now considering separate accountability mechanisms, lessons gleaned from 3 years of work by the UN Secretary-General's Independent Accountability Panel (IAP) are relevant to understanding what accountability means and why it matters for the Global Strategy, and for UHC.

In 2010, then-UN Secretary-General Ban Ki-moon set out a Global Strategy on Women's and Children's