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Editorial

Beyond the "Neglected Middle": Unlocking the Second Window of Opportunity in Ethiopian Adolescent Health

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“"The youth of Africa are not just the leaders of tomorrow, but the drivers of today. Failing to invest in their health and well-being risks transforming our greatest demographic asset into an insurmountable crisis."

— African Union Commission (Adolescent and Youth Health Framework)

Adolescence (ages 10–19) is a vital period of biological, cognitive, and social development. Globally, over 1.8 billion youth aged 10–24 exist, with 90% living in low- and middle-income countries (1). In Ethiopia, adolescents and youth comprise over one-third of the population, forming the primary demographic driver of the nation's future (2). Despite this, adolescent health has historically been secondary to early childhood mortality and adult disease burdens (3). Re-centering focus on this age group provides a crucial second window of opportunity to consolidate child survival gains, prevent adult chronic disease, and yield a triple dividend for adolescents today, their future adult lives, and subsequent generations (1).

The epidemiology of adolescent health in Ethiopia is rapidly evolving. Alongside persistent sexual and reproductive health challenges—such as early marriage, teenage pregnancy, maternal morbidity, and HIV (4)—new threats are emerging. Social media misuse, depression, anxiety, self-harm, and substance abuse are rising due to rapid urbanization and digital exposure (5). Concurrently, adolescents face a double burden of malnutrition, where stunting and micronutrient deficiencies coexist with non-communicable disease risk factors (6). Despite these expanding risks, primary care infrastructure remains oriented around acute pediatric infections or adult clinical care, lacking tailored adolescent pathways.

Furthermore, in conflict-affected regions across Ethiopia, protracted violence and climate shocks have caused severe internal displacement, service disruption, and rising school dropouts (7). This

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instability severely escalates gender-based risks—exposing adolescent girls to sexual violence, abuse, early pregnancy, and forced marriage, while stripping away psychosocial and reproductive care (8). By disrupting community structures and schooling, conflict undermines safe transitions to adulthood (7,8). Consequently, national health strategies must move beyond peaceful-context assumptions to embed trauma-informed care, gender-responsive protection, and health-education linkages into humanitarian responses.

Advancing adolescent health requires addressing key systemic barriers, such as non-disaggregated age data, scarce funding, and provider biases (4,6). However, significant opportunities exist. Ethiopia's expanding primary healthcare network, rising youth digital engagement, and multi-sectoral policy momentum provide a strong platform for reform (2). Broadening health services beyond reproductive care to encompass mental health, nutrition, injury prevention, and non-communicable disease screening offers a comprehensive model suitable for urban and rural settings.

Achieving this vision requires coordinated action across the health ecosystem. The Ministry of Health and Regional Health Bureaus must lead structural integration through disaggregated metrics, sustainable financing, and inter-ministerial alignment (2,6). Academic institutions should evaluate cost-effective delivery models and integrate adolescent health into health professions curricula (3,5). Development partners must align funding behind national frameworks, while the private health sector should expand confidential, standardized care in urban centers.

The Ethiopian Pediatric Society (EPS) and the Ethiopian Journal of Pediatrics and Child Health (EJPCH) hold a clear mandate to lead this movement (9,10). Pediatricians are uniquely positioned to manage health across the developmental continuum and establish formal transition protocols for adolescents with chronic illness into adult care. EPS must leverage its position to guide policy, lead continuing professional education, and foster specialized training (9). Simultaneously, EJPCH provides the necessary platform to generate, review, and disseminate regional research that directly informs practice and policy (10).

Ultimately, the future of adolescent health in Ethiopia depends on shifting from isolated interventions to integrated, system-wide care delivery. Prioritizing youth well-being during this demographic shift will determine whether Ethiopia realizes a powerful demographic dividend or faces widening health inequities. Through sustained political commitment, multi-sectoral partnership, and active association leadership, Ethiopia can build a resilient health system that empowers its adolescent population to reach their full potential.

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