



# WORKING FOR A BRIGHTER, HEALTHIER FUTURE

How WHO improves health  
and promotes well-being for  
the world's adolescents



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# Foreword

**The impacts of the COVID-19 pandemic go far beyond the suffering and death caused by the disease itself. It has disrupted education, mental well-being and livelihoods, compounded existing inequalities and undermined past gains. For adolescents, these insults to health and well-being can have lifelong consequences.**

It has long been assumed that adolescents are healthy. Most are, but many adolescents face health challenges that have been historically unacknowledged and which the COVID-19 pandemic has exposed. Data show that the considerable gains from investments in maternal and child health programmes are not sustained in adolescence: the reduction in child mortality is not mirrored by a similar reduction in adolescent deaths. Of the world's 1.2 billion adolescents, many have missed out on high-quality, responsive health services that take account of their specific needs. Over 2000 adolescents die every day, mainly from preventable causes. And yet, at the same time, improvements to adolescents' health and well-being far outweigh their costs, they last a lifetime, and they are passed on to future generations.

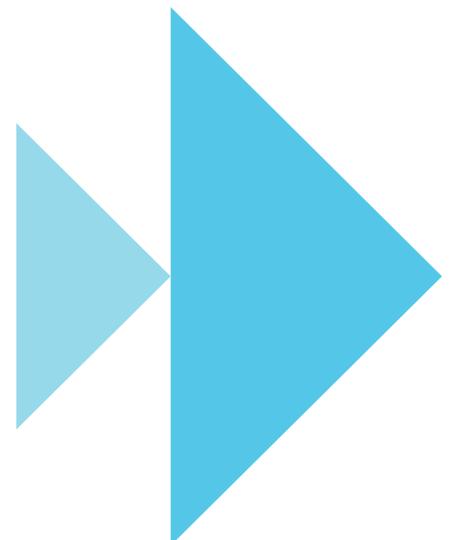
This is why this first WHO report on adolescent health is so important. This report illustrates WHO's work across the range of issues in adolescent health and shows how WHO has increased its portfolio of research, set norms and standards, encouraged country support and advocacy and extended the scope of its work at regional and country levels. We have created an interdepartmental working group to coordinate the work, in order to better address the multifaceted needs of the global adolescent population.

Central to WHO's work in adolescent health is engaging with adolescents themselves. We created the WHO Youth Council to provide a platform for young people to give advice on health and development issues directly to our leadership. This report provides many examples of WHO engagement with young people in all aspects of its work.

While much has been achieved in raising the profile of adolescent health, more work needs to be done to improve advocacy, coordination and implementation of programmes. WHO is working to collect and analyse data by age and gender; support the development of adolescent-responsive national strategies and plans; and help shape high-level policies to address the environmental, economic and other social determinants of adolescent health.

We must work together to improve adolescent health today, so that the health of future generations will be better tomorrow.

**Dr Tedros Adhanom Ghebreyesus**  
WHO Director-General



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# Abbreviations and acronyms

AA-HA!	Accelerated Action for the Health of Adolescents
COVID-19	coronavirus disease-2019
CSE	comprehensive sexuality education
HPV	human papillomavirus
mhGAP	Mental Health Gap Action Programme
NCD	noncommunicable disease
PAHO	Pan American Health Organization
SDG	Sustainable Development Goal
SRH	sexual and reproductive health
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

# 1. Introduction

Adolescents are not older children or younger adults: adolescence is a unique, formative stage of human development. Notwithstanding, adolescents are extremely diverse – in culture, nationality, wealth, education, family and many other ways. In all societies and settings, they have key developmental experiences as they transition from childhood to adulthood. This complex passage involves rapid physical growth, hormonal changes, sexual development, new and conflicting emotions, increased cognitive and intellectual capacities, moral development and evolving relationships with peers and families.

Evidence from biological, neurocognitive, clinical and epidemiological research confirms that these years are highly formative for lifestyle patterns and human capital. For the first time since childhood, adolescents can decide independently of the adults around them what to eat and how much, whether to do regular sports or sit all day in front of a tablet and whether to try psychoactive substances. Yet, despite evidence from neuroscience that adolescence provides a unique window of opportunity to shape neurodevelopment, there is little early intervention in this age group. We have opportunities to shape the environmental contexts of adolescents, including through educational systems, public health policies and specific interventions that could support them on a pathway for neurodevelopment that is conducive to a healthy lifestyle. The challenge is to design policies that make healthy choices easy and unhealthy choices difficult, expensive or inaccessible.

This report describes the cross-cutting work of WHO to improve adolescent health and well-being. It charts the wide-reaching, complementary work across the Organization to address the health and well-being of the over 1.2 billion adolescents, aged 10–19 years,<sup>1</sup> on whom future economic and societal development depend. This report also highlights concerns and emerging priorities for investment and action in adolescents' and young people's health that go beyond the 2030 Sustainable Development Goals (SDGs). It flags the need for sustained investment, increased adolescent engagement and continued collaboration among sectors to address challenges that could hinder progress in enhancing the health and well-being of 16% of the global population.

**This report describes the cross-cutting work of WHO to improve adolescent health and well-being. It charts the wide-reaching, complementary work across the Organization to address the health and well-being of the over 1.2 billion adolescents, aged 10–19 years, on whom future economic and societal development depend.**

<sup>1</sup> WHO uses the term "adolescent" to denote individuals aged 10–19 years and the term "young people" to denote those aged 10–24 years.



## 1.1 Health challenges of adolescents

**Improving adolescent health no longer requires justification. Although adolescents are thought of as a healthy group, nearly 0.9 million adolescents globally died in 2019 (1).**

The leading causes of death among adolescents in 2019 are road traffic injuries, diarrheal diseases, tuberculosis, interpersonal violence and self-harm (1). Furthermore, tens of millions of adolescents fall ill or are injured during this critical period, and their mental health is often overlooked. Some attitudes, types of behaviour and values adopted during adolescence increase the risk of illness and disability in the future.

The causes of mortality and morbidity among adolescents differ by sex and age and also by geographical region. The leading causes of mortality among young adolescents (10–14 years) are diarrheal diseases, road injuries and lower respiratory infections (1). Although early adolescence is one of the most critical phases of human development, this stage of the life-course is one of the least well understood. While biological processes are universal, social contexts vary considerably. Individuals in early adolescence are expected to assume socially defined gender roles that shape their future. In certain parts of the world, young adolescents are married, leave school and experience early pregnancy.

The leading health issues of adolescents aged 15–19 years include those related to behaviour, such as alcohol and tobacco use, unsafe sex, road injuries, poor diet, inadequate physical activity, diseases such as tuberculosis (TB) and mental disorders. In 2019, suicide was the fourth leading cause of death in 15–19-year-old adolescents (1). Gender-based violence – emotional, physical and/or sexual – perpetrated by a husband or partner starts early

and in 2018 affected almost one in four adolescent girls aged 15–19 years who have ever been married or had a partner (3). Early pregnancies can have both immediate and lifelong negative consequences for both the mother and the child; girls under 18 are two to five times more likely to die in childbirth than women in their twenties, and their children are more likely to die in infancy. Child marriage remains common, with an estimated 66 million women now aged 20–24 years who were married before the age of 18 years. Despite an overall increase in the demand for contraception with modern methods by girls and women aged 15–24 years, the number with unmet need increased from 68.4 million in 1990 to 73.1 million in 2016 as a result of demographic change (4).

One in 20 adolescents worldwide contracts a curable sexually transmitted infection each year, and, each day, over 6500 adolescents and young people aged 10–24 are infected with HIV. In 2020, there were 1.7 million adolescents living with HIV worldwide, of whom 88% live in sub-Saharan Africa. Adolescents account for 11% of new HIV infections (5). In 2020, there were 150 000 new HIV infections among adolescents, more than three quarters of which were among adolescent girls (6).

Fig. 1 shows the five main causes of death of adolescents, and Fig. 2 shows the five main causes of years of life lost due to disability, a measure of the non-fatal disease burden, among adolescents globally in 2019.

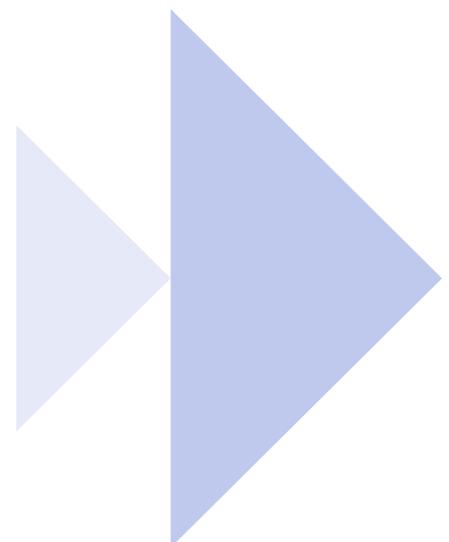
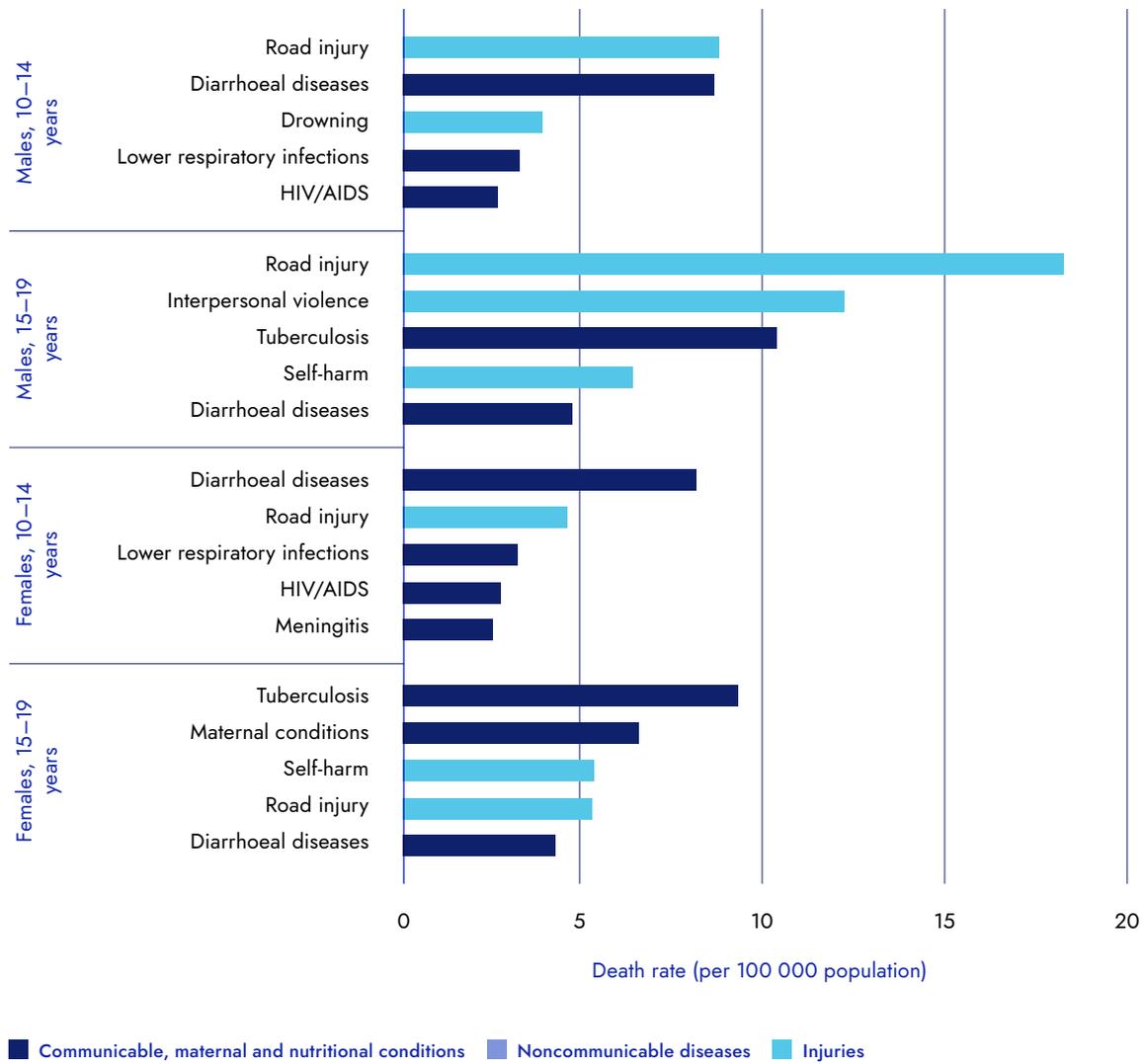
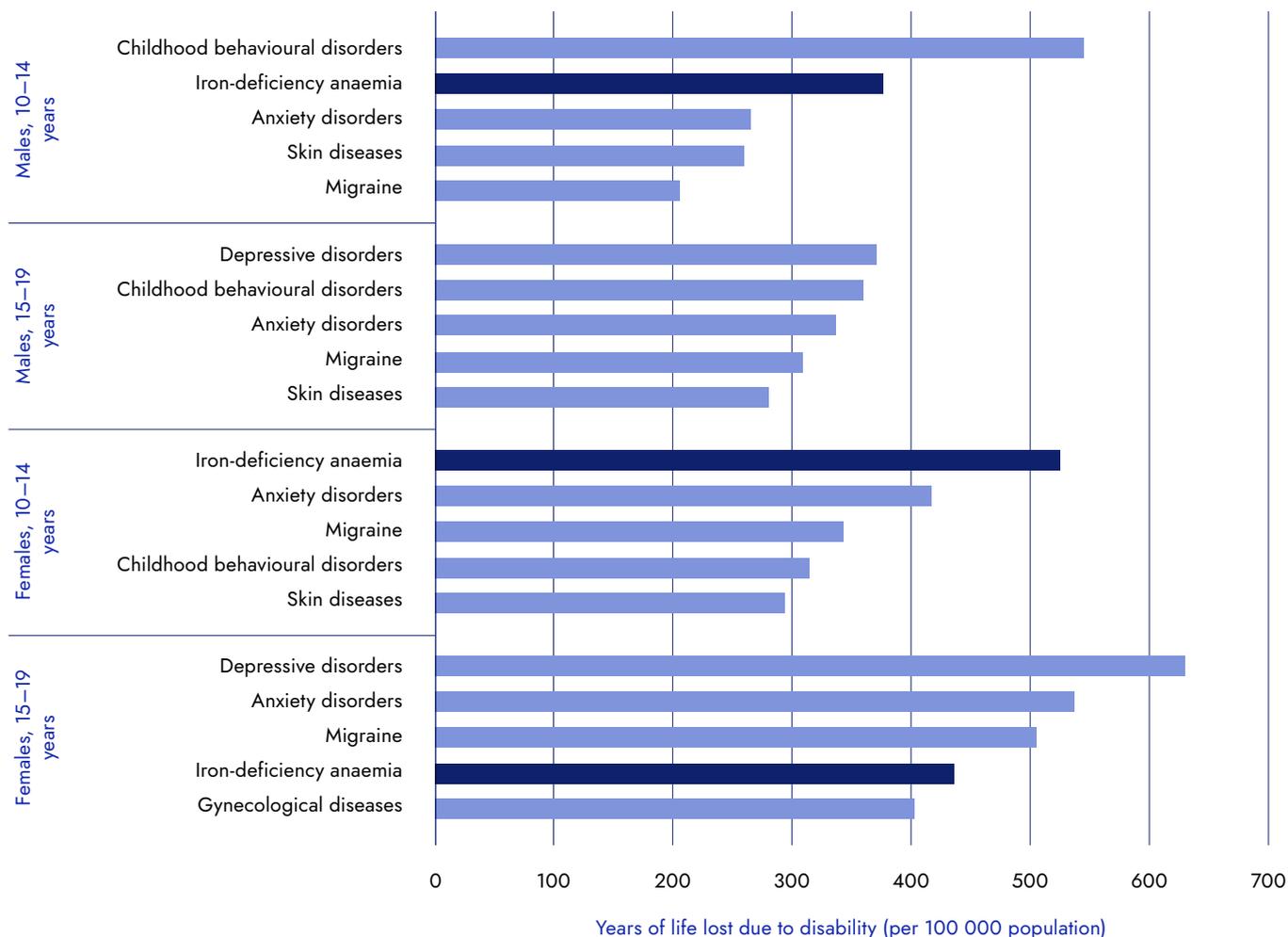


Fig. 1. Five main causes of death among adolescents globally, by sex and age, 2019



Source: WHO global health estimates 2019 (1)

Fig. 2. Five main causes of years of healthy life lost due to disability among adolescents globally, by sex and age, 2019\*



■ Communicable, maternal and nutritional conditions ■ Noncommunicable diseases ■ Injuries

Source: WHO global health estimates 2019 (2)

\* In our analysis, we considered four subcategories of neonatal conditions (rather than neonatal conditions as a group of conditions as in other standard analyses of the Global Health Estimates), including preterm birth complications; birth asphyxia and birth trauma; neonatal sepsis and infections; and other neonatal conditions

Although most adolescent health issues are preventable or treatable, adolescents face multiple barriers to accessing health care and information.

**Restrictive laws and policies, parental or partner control, limited knowledge, distance, cost, lack of confidentiality and provider bias can all prevent adolescents from getting the care they need.**

The consequences of ill health in adolescence continue into adulthood. Two thirds of premature deaths in adults are associated with childhood or adolescent conditions and the types of risky behaviour that are common in this age group. For example, in a sample of adolescents in 61 countries, 11% of 13–15-year-olds smoked (4), 81% of those aged 11–17 years did not have enough physical activity, and 14% of adolescents partook in heavy episodic drinking (8).

Adolescents are also vulnerable to external and environmental risks (9) such as unsafe water, sanitation and hygiene, air pollution, climate change and hazardous chemicals. Electronic waste (e-waste) is a growing concern, as unsafely discarded e-waste is often handled by adolescent workers, exposing them to toxic chemicals and heavy metals, many of which are associated with reduced intelligence quotient, attention deficit, lung damage and cancer. For example, exposure to lead affects learning and memory, and even low levels of exposure can lower the intelligence quotient, reduce the attention span, increase antisocial behaviour and reduce educational attainment. In 2019, exposure to lead accounted for > 62% of the global burden of intellectual disability. In 2016, some 52 000 deaths among children and adolescents aged 5–15 years were attributed to ambient and household air pollution from the burning of wood and other biomass for household heating, cooking and lighting (10). Children and adolescents are particularly vulnerable to the effects of climate change, which is expected to cause an additional 95 000 child deaths a year from undernutrition by 2030 (11).

Lack of a clean water supply, adequate sanitation and hygiene affects millions of children and adolescents globally, both at home and at school, causing debilitating diseases and preventing adolescents from having a safe, healthy environment in which to grow and learn. For example, adolescent girls are often unable to participate in class when they are menstruating if there are no proper sanitation and disposal facilities, which compromises their education.

**Adolescents are vulnerable to peer pressure, marketing and social media, which have an increasing influence in this age group.**

Poisoning from lifestyle products, such as skin-lightening creams, which contain mercury and other hazardous chemicals, affect language skills, attention and coordination. Of particular concern are endocrine-disrupting chemicals, which can leach into food from certain kinds of packaging and may be especially damaging to adolescents, whose bodies are still developing.

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## 1.2 Triple dividends of investing in adolescent health

Although the health and well-being of adolescents directly affects the health of future societies, this dynamic demographic has attracted little investment from governments, despite the promise of returns. Although adolescents bear 11% of the global disease burden, they received only 1.6% of development assistance for health up to 2015 (12); health expenditure tends to be disproportionately skewed towards adults and the elderly (13). National spending on child and adolescent health accounts for 6.7–8.1% of total health spending, even though this group accounts for 15–19% of the population (14).

**“Adolescents are the present and the future. In my country, around 50% of the population are young people and investing on their health means investing in 50% of the population.”**

– Lulit Mengesha, medical student and volunteer for education on adolescent sexual and reproductive health, Ethiopia

In some countries, adolescents account for as much as a quarter of the population, and the number is expected to increase up to 2050, particularly in low- and middle-income countries. In most countries, however, health systems and services are designed mainly for young children or adults. Although there have been tangible improvements in adolescent health during the past decade, there has been no sustained focus or investment. Increased investment would sustain earlier gains in young child health and further enable adolescents to become healthy adults who can contribute positively to society.

**For every dollar invested in adolescent health, there is an estimated 10-fold health, social and economic return (15), and the investment has a “triple dividend”: benefits for adolescents now, for their future adult lives and for their children (Fig. 3).**

WHO has progressively strengthened its work in adolescent health, increasing its portfolio of research, norms and standards, country support and advocacy and spreading the work across 15 departments (Annex 2) to address the multifaceted needs of the global adolescent population. It has increased its engagement with adolescents in programmes to address sexual and reproductive health (SRH), HIV, TB, mental health, substance use disorders, disability, violence, injuries, food safety and zoonoses, as well as addressing environmental health and chronic physical illness. Intense advocacy has resulted in high-level policy changes with regard to specific issues, such as prevention of child marriage and tobacco promotion and use and recommendations on food packaging and diets. To increase its internal capacity further, WHO established the Interdepartmental Technical Working Group on Adolescent Health and Well-being (Fig. 4), which coordinates work on adolescent health at headquarters and ensures effective internal and external communication and collaboration. The Working Group, with a diverse group of young people, collaborated to produce this report, which illustrates what is being done by WHO and its partners and to make the case for greater synergy, investment and action in adolescent health and well-being to contribute to achievement of all global health goals (Annex 4).

Fig. 3. Triple dividend

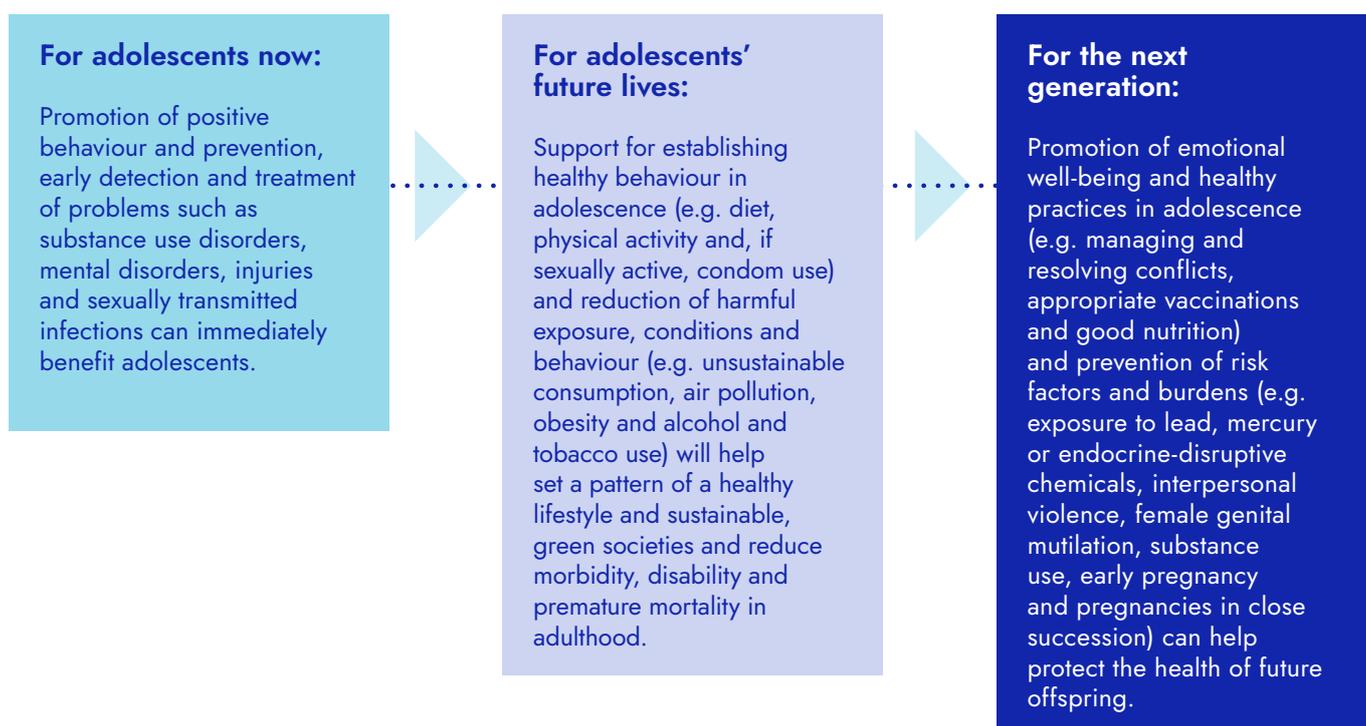
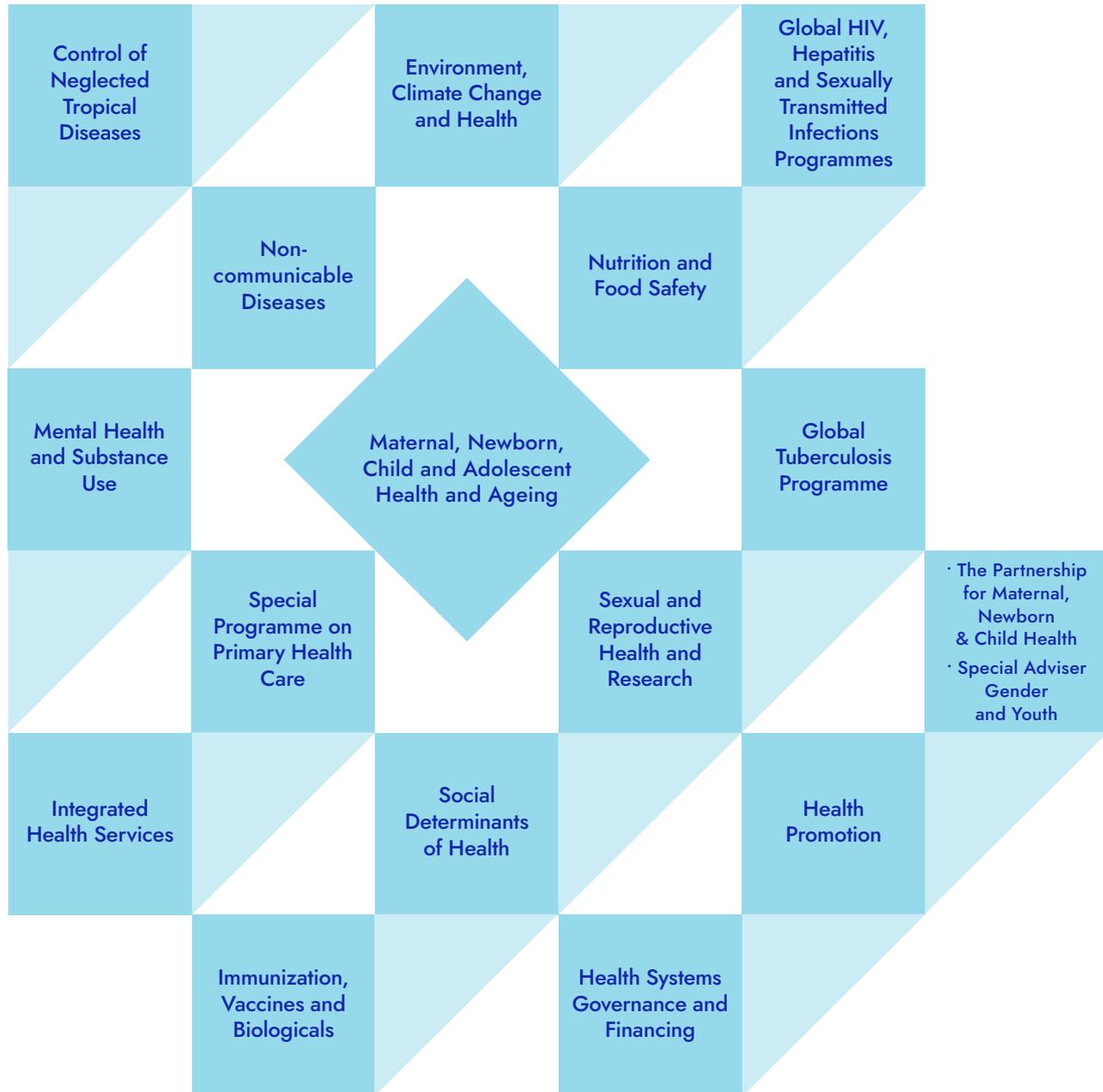


Fig. 4. Interdepartmental Technical Working Group on Adolescent Health and Well-being



### 1.3 WHO's strategic focus on adolescent health

Work on adolescent health and well-being is an integral part of WHO's Thirteenth General Programme of Work, through three strategic frameworks.

The Sustainable Development Goals (SDGs), which seek to achieve global economic, social and environmental sustainable development by 2030, will not be realized without investment in adolescent health and well-being. *The Global strategy for women's, children's and adolescents' health (2016–2030) (16)* was launched in 2015 to support achievement of the SDGs. It envisions a world in which every woman, child and adolescent realizes their rights to physical and mental health and identifies adolescents as central to achieving the SDGs. To support implementation of the Global Strategy goals related to adolescent health and development and in response to a request from Member States at the Sixty-eighth World Health Assembly in May 2015, United Nations partners, led by WHO, prepared *guidance to support country implementation for accelerated action for the health of adolescents (AA-HA!) (17)*.

The WHO secretariat reports annually to the World Health Assembly on progress in implementation of the global strategy and its AA-HA! component.

#### The Adolescent Well-being Framework

Good health includes the absence of disease and infirmity. Its positive dimension is defined as the capacity of individuals to cope well with daily tasks and access resources to maintain and restore health and good functioning in the face of adversity. These capacities are inseparable from positive aspects of well-being such as connectedness, agency, resilience, education, employment and opportunities, optimal nutrition and safe, supportive environments. These are both the determinants and the results of good health. To emphasize the importance of investing in positive aspects of health and protective factors, WHO, the Partnership for Maternal, Newborn and Child Health and other global partners arrived at a consensus Framework for adolescent well-being in 2019 (18), which defines "well-being" as the support, confidence and resources necessary to thrive in secure, healthy relationships, realizing their full potential and rights. The framework is underpinned by five domains (Fig. 5).

Fig. 5. Five domains of adolescent well-being



## WHO's Thirteenth General Programme of Work

Promote health · Keep the world safe ·  
Serve the vulnerable

WHO's Thirteenth General Programme of Work 2019–2023 (19) is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations.

### Global goals – The triple billion

#### WHO triple billion target – a 5-year plan to ensure:

- 1 billion more people benefit from universal health coverage
- 1 billion more are better protected from health emergencies and
- 1 billion more are enjoying better health and well-being.

Achievement of the triple billion targets for adolescents requires expertise from all of WHO and increasing global leadership for adolescent health; strengthening the evidence base by investing in data, research and innovation; developing guidance, setting norms and standards; working with countries to improve adolescent health; and supporting adolescents during emergencies.

WHO uses the available evidence to make recommendations that are relevant for or specific to adolescents in all health areas, including positive development, health systems, communicable diseases, noncommunicable diseases (NCDs), SRH including HIV, unintentional injury, violence, mental health, substance abuse and self-harm. Fifteen departments at WHO headquarters (Annex 2), adolescent health focal points in the six regional offices and child,

adolescent and/or school health focal points in WHO country offices lead work to achieve the [programmatic targets](#) of the WHO Thirteenth Programme of Work.

The principles of adolescent participation and serving the vulnerable underpin the WHO approach. Meaningful youth engagement is central to the success of policies and programmes and can provide adolescents with opportunities to develop the skills they will need to live full, productive lives and to challenge and change their social environments. WHO considers adolescents central partners in improving their health and tries to include them at all stages of its work, catalysing their engagement in advocacy. In support of WHO's three billion targets and universal health coverage, WHO ensures gender rights and equity so that the stigmatization and exclusion of the past no longer limit health programmes and services and ensure better access for all adolescents.

This report provides examples of WHO's work, social, economic and cultural protective and risk factors and the importance of working with the many people who touch adolescents' lives and influence their health and well-being.

**The examples in this report are illustrative and offer a glimpse of the depth and breadth of WHO's contributions to adolescent health. They are not intended to be exhaustive.**

This report appears at the beginning of a new decade, which is already fraught with challenges, such as the COVID-19 pandemic, and which is the last decade in the count-down to achievement of the 2030 SDGs. It is the first of a series of biennial reports on WHO's work on adolescent health through collaboration, coordination of new initiatives and establishment of ambitious objectives with development partners and adolescents (Fig. 6). WHO's aim is to ensure that this unique group is no longer the "missing millions" but a key group on the global health agenda and that the approaches to improving adolescent health are appropriate, inclusive, coherent and holistic and leave no one behind.

Fig. 6. Working for a brighter, healthier future: How WHO improves health and promotes well-being for the world's adolescence



**1. WHO's increasing global leadership for adolescent health** describes WHO's leadership in ensuring that adolescent health is high on the global health agenda. Examples include WHO's influence in shaping global and regional commitments, convening and coordinating forums to develop evidence-based global strategies and orchestration of strategic partnerships to amplify advocacy, resources and action for adolescent health.

**2. WHO's commitment to working with adolescents** is based on recognition of adolescents as central, equal partners in shaping health solutions, including the development of guidelines, strategies, communications and campaigns.

**3. Strengthening the evidence base with data, research and innovation** provides examples of WHO's work to improve standard measurements of adolescent health, enhance national capacity to collect and translate data into evidence for national adolescent health policy and use of data to hold countries accountable and reinforce research on adolescent health.

**4. Providing guidance and setting norms and standards** gives examples of how WHO generates comprehensive guidance on adolescent health, how it can be improved with innovative approaches and models of care, how inequalities in adolescent care can be addressed and how evidence can result in more effective policies and better decisions on adolescent health.

**5. Improving adolescent health in every country** illustrates the way in which WHO engages in dialogue with countries and offers technical assistance for change to improve policies, create adolescent-responsive health services and overcome stigmatization and discrimination, which create barriers to access for many adolescents.

**6. Supporting adolescents during emergencies** provides examples of WHO's work to mitigate the disruption and trauma associated with humanitarian emergencies and the more recent upheaval caused by the COVID-19 pandemic. It includes examples of recommendations for integrating adolescent-specific considerations into COVID-19 guidance, examples of adolescent-targeted COVID-19 communication and guidance on maintaining the capacity of health systems to meet the needs of adolescents during the pandemic.

**“This report is hugely important and allows governments, organizations and individuals to see the work the World Health Organization is doing, across all departments, in the area of adolescent health. It highlights the resources and support WHO provides, and describes examples of the benefits of strong adolescent health. It is a clear sign of WHO’s commitment to all ages – preparing people for healthy and happy lives.”**

– Joshua Tregale,  
climate activist, United Kingdom



## 2. WHO global leadership in adolescent health

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Keeping adolescent health on the radar – driving the agenda

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Building strategic partnerships, convening and brokering solutions

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Strategic, credible, evidence-based advice to achieve impact



### “Health is a political choice.”

– Tedros Adhanom Ghebreyesus,  
Director-General of WHO

## 2.1 Keeping adolescent health on the radar – driving the agenda

WHO, with other United Nations agencies, governments and stakeholders, has mobilized global support for adolescent health, helping to galvanize advocacy and political momentum, which has raised adolescent health high on the global health agenda. To engage more partners, memoranda of understanding have been signed between WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children’s Fund (UNICEF) and others, aligning their priorities towards meeting the global goals for adolescent health.

The United Nations High-level Meeting on Universal Health Coverage in 2019 (20) was the last chance before 2023, the mid-point of the SDGs, to mobilize the highest political support for the entire health agenda under universal health coverage and sustain and harmonize health investments. WHO is also a key driver of a multi-stakeholder call to action to prioritize adolescent well-being before the Global summit on adolescents in 2023 that will review progress and aim to increase political and financial investment in this population group.

WHO led development of the [Global strategy for women’s, children’s and adolescents’ health 2016–2020 \(16\)](#), which provides opportunities to improve adolescent health by helping them to “survive, thrive and transform” by realizing their rights to health, well-being, education and full and equal participation in society.

### Montevideo Consensus on Population and Development

Regional commitments to adolescent-friendly SRH services have gained new momentum. The Pan American Health Organization (PAHO) organized the first Latin American and Caribbean Inter-governmental Conference on Population and Development in 2013, which included a strong civil society component and achieved consensus to advance SRH and rights, including a call to revise restrictive laws on abortion. This agreement, the [Montevideo Consensus on Population and Development](#), was the most forward-looking document on SRH and rights agreed to date.

### The eastern and southern Africa commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people

Ministers of education and health from 20 countries in eastern and southern Africa affirmed their joint commitment to deliver comprehensive sexuality education (CSE) and SRH services for adolescents and young people. The [Commitment \(21\)](#) was based on a regional report, “Young people today: Time to act now” (22), endorsed by WHO, which reviewed the trends and status of SRH and HIV among adolescents and young people in the region.

### Accelerating the promise – sexual and reproductive health and rights of adolescents

WHO and PAHO made substantial technical input to the International Conference on Population and Development +25 in 2019, which celebrated and took stock of progress made in adolescent SRH and rights in the 25 years since the original Conference in Cairo in 1994. While celebrating achievements, it identified the work that remains to be done to meet SRH needs and fulfil the SRH rights of adolescents in a statement entitled [Accelerating the promise \(23\)](#).

## 2.2 Building strategic partnerships, convening and brokering solutions

Strategic partnerships are key to WHO’s work in adolescent health, and WHO forms allegiances throughout the United Nations – as “one UN” – sharing accountability, driving global advocacy and convening Member States, civil society and experts on adolescent health to seek solutions and lead action. Many important global commitments and strategies for adolescent health could not have been drafted and approved without WHO’s leadership and convening power.

### Strengthening the United Nations’ engagement with and for young people

WHO provided input into the United Nations Youth2030 Strategy, an ambitious system-wide strategy to guide work with and for young people around the world. It seeks to strengthen the United Nations’ capacity to engage young people and benefit from their views, insights and ideas (24). It will ensure that the work on youth issues is coordinated, coherent and holistic. WHO was critical in ensuring that informed, healthy foundations for young people’s access to high-quality education and health services are one of the priorities of the strategy.

### Coordinating the United Nations' work on adolescent health

In 2017, WHO led establishment of the [United Nations H6+ Technical Working Group on Adolescent Health and Well-being](#), part of the H6 Global Strategy for Women's, Children's and Adolescents' Health Coordination Group. It serves as a platform for information-sharing and coordination of activities, as appropriate. The founding members of the Group were UNAIDS, UNESCO, the United Nations Population Fund (UNFPA), UNICEF, UN Women, the World Bank, the World Food Programme and WHO. Full membership of the Group is open to any United Nations organization. Founding associate members include the Partnership for Maternal, Newborn and Child Health and the United Nations Major Group for Children and Youth. Other organizations may be invited to join as associate members. The group meets monthly, and the chair and convening agency rotate among the agencies on a voluntary basis.

### Building support for health-promoting schools through a United Nations alliance

WHO has built an alliance with UNESCO, UNICEF, the Food and Agriculture Organization of the United Nations, the World Food Programme, UNFPA, UNAIDS and the United Nations Environment Programme to support school health and health-promoting schools programmes and initiatives to build strategic partnerships for the WHO/UNESCO initiative [Making Every School a Health-promoting School](#), which will serve over 2.3 billion school-age children and will contribute to the target of the WHO Thirteenth General Programme of Work of "1 billion lives made healthier" by 2023.

### Joint WHO/UNICEF programme on mental health and psychosocial well-being and development of children and adolescents

Depression is one of the leading causes of illness and disability among adolescents, and suicide is the fourth leading cause of death in older adolescents. In 2020, WHO and UNICEF organized a [Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents](#) with the aim of promoting

mental health, psychosocial well-being and development, reduce suffering and enhance the quality of life of children and adolescents by strengthening countries' capacity to use evidence-informed, human rights-based, multisectoral strategies to provide opportunities, support and services for children, adolescents and their carers and to increase visibility, awareness and investment at national and global levels. The Joint Programme will last through 2030, with a phased action plan to consolidate strategy, align messaging, mobilize resources and partnerships and expand capacity at all levels for impact in countries. The joint programme establishes mutual commitments, a shared framework and a coordinated strategy to change laws, policies, services and family and community environments for better mental health and psychosocial well-being for the next generations.

**"Adolescents are very diverse group as adults and I believe every adolescent who feels they do not achieve their full potential can be called a disadvantaged group ... but in particular the focus needs to be on migrants and young people who face struggles because of their sexual identity."**

– Ali Ihsan Nergiz, medical student and youth activist, Turkey

### Global Alliance to Eliminate Lead Paint

The [Global Alliance to Eliminate Lead Paint](#) is a joint initiative of WHO and the United Nations Environment Programme to catalyse achievement of international goals to prevent children's exposure to lead from paints and to minimize occupational exposure to lead paints. Its broad objective is to promote phasing-out of the manufacture and sale of paints containing lead and eventually to eliminate the risks that such paints pose. Lead is one of 10 chemicals of major public health concern, with devastating effects on child and adolescent health.

### 2.3 Strategic, credible, evidence-based advice to achieve impact

Strategic, evidence-based guidance, norms and standards have been produced for all topics in adolescent health to support global and regional policies and programmes. For example, *Health for the world's adolescents* (25) brought together all WHO guidance on the health issues that affect adolescents, drew attention to the importance of adolescent-responsive health systems and of moving from projects to strengthening the capacity of health systems for the world's 1.2 billion adolescents. The importance of adolescent-responsive health systems and the adolescent health-in-all-policies approach was further promoted in *AA-HA!*, which was published by WHO in collaboration with UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, the World Bank, the Every Woman, Every Child initiative and the Partnership for Maternal, Newborn, Child and Adolescent Health, in 2017. It provides guidance for countries in implementing the Global strategy for women's, children's and adolescents' health (2016–2030). It has been adopted by the WHO regions of Africa, the Americas, the Eastern Mediterranean and South-East Asia, which have developed regional plans and initiatives on adolescent health and new or revised, comprehensive national adolescent health strategies.

#### Amplifying definitions of adolescent well-being in global consultations

After issuance of the Adolescent health and well-being framework 2020 (26), WHO, the Partnership for Maternal, Newborn and Child Health and the United Nations H6+ Technical Working Group on Adolescent Health and Well-being commissioned background papers for regional multi-stakeholder consultations, summarizing key policies and interventions for each aspect of the framework.

**“[adolescents are] central to everything we want to achieve, and to the overall success of the 2030 Agenda.”**

– United Nations Secretary-General  
Ban Ki-moon, 2015



### 3. WHO's commitment to working with adolescents

WHO is committed to working with adolescents to improve their health and encourages their participation as equal, central partners in designing and promoting solutions to address global health issues. WHO is part of a growing movement to ensure that adolescents are involved in accountability systems, so that they can contribute to holding institutions and decision-makers accountable to their constituents. Over the past decade, WHO has built strong engagement with young people in a range of programmes and initiatives.





From youth movements for accelerating action to end TB, to engaging youth against AIDS to disseminate research and consultations on the environment and NCDs, WHO has used appropriate platforms and networks – digital, in-person, audio-visual, media, publications – to reach out to young people, solicit their views and ideas and draw on and learn from their experiences (see for example Box 1).

### Box 1. “I Thrive” – PAHO Youth for Health Group

Youth participation has always been recognized as important by PAHO, but, in the absence of structural mechanisms, their involvement remained ad hoc. To formalize and mainstream youth engagement in PAHO's work, the PAHO Youth for Health Group was established in 2018, with the following objectives: mainstream meaningful, sustainable dialogue and partnership between PAHO and young people in the Americas on their health and well-being; facilitate and advocate for meaningful, sustainable youth participation in health in PAHO Member States; establish a group of youth health influencers who strategically use social media platforms to improve the health and well-being of their peers; and support regional and country youth-led health initiatives. The group operates under the theme “I Thrive” and, since its establishment, has been engaging with programmes and activities throughout the Organization and has served as a consultative group to advise on social media and communication strategies and messages targeting young people. They had a leading role in the design and implementation of COVID-19 outreach activities for young people (27).

**“A key hallmark of the World Health Organization's adolescent health work has been youth engagement and participation. This report has been no different, and the commitment to not only engage with young people but listen to them and respect them has been clear. The adolescent health work of WHO is clearly driven by adolescents' needs and inputs. ”**

– Joshua Tregale,  
youth activist, United Kingdom

Recently, WHO established the first [WHO Youth Council](#), which will provide advice on health and development issues that affect young people within a comprehensive, inclusive youth engagement strategy. As part of its response to the COVID-19 pandemic, through the [Global Youth Mobilization for Generation Disrupted](#), WHO mobilized a group of youth organizations to draw attention to the effect of the pandemic on youth development and to advocate for young people's involvement in responses.

### Meaningful adolescent and youth engagement

As a co-signatory of the [Global consensus statement on meaningful adolescent and youth engagement \(28\)](#), WHO works with organizations within and outside the United Nations system. The [statement](#) was written in a series of consultations among approximately 30 youth-led, youth-serving organizations all over the world, which provided recommendations and participated in drafting.

The Global Consensus Statement was applied by:

- **a submission to a special supplement of the *Journal of Adolescent Health*:** WHO involved young contributors in an inclusive, intentional, mutually respectful partnership in a WHO/UNFPA [supplement to the Journal of Adolescent Health \(29\)](#), which took stock of progress made in adolescent SRH and rights in the 25 years since the International Conference on Population and Development and set priorities for the future. To engage adolescent and youth contributors, WHO used a transparent, fair selection process, discussed and agreed on clear roles and responsibilities, supported contributors in fulfilling their functions as equal partners and paid and acknowledged them for their contributions. Their ideas, perspectives, skills and strengths added value to the supplement.
- **AA-HA!:** WHO collaborates with its Adolescent and Youth Constituency to involve young people in providing input to the design of adolescent health strategies and plans. For example, much of WHO's global guidance for adolescents, such as AA-HA!, was developed in consultation with adolescents, including those who are particularly vulnerable. Countries are following this example with national [AA-HA! strategies and plans developed with young people \(30\)](#).

Extensive consultations have also been conducted with young people on NCDs. For example, in May 2020, more than 3600 adolescents took part in a live-streamed seminar on the Internet, "Youth engagement with NCDs", involving the Global Coordination Mechanism secretariat, the Young Professionals Chronic Disease Network and the International Federation of Medical Students' Associations.

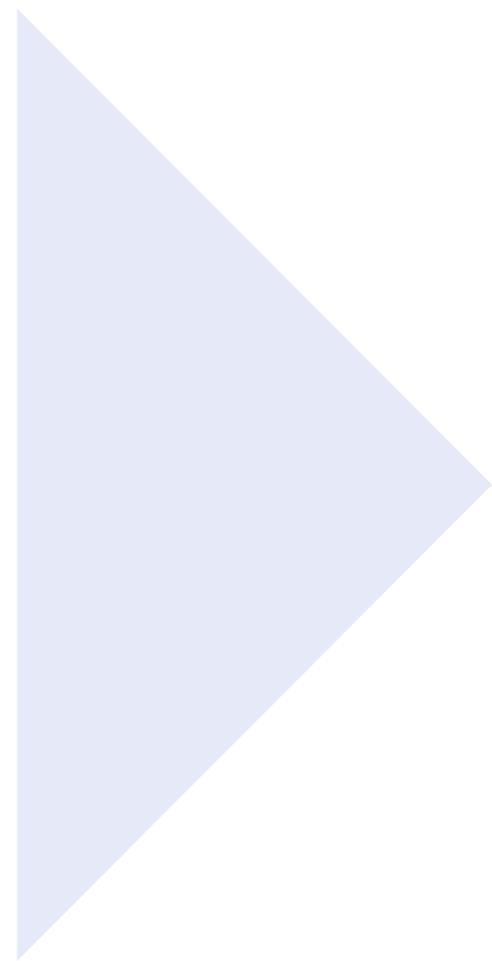
To accelerate achievement of the targets of the WHO End TB Strategy, the Global TB Programme has established a youth movement to mobilize an active adolescent constituency.

### Engaging adolescents and young people living with HIV in guideline development

Adolescents and young people living with HIV have been involved in development of the consolidated guidelines for use of antiretrovirals for preventing and treating HIV infection. Service delivery and psychosocial interventions to improve adherence and retention in care for this population are a focus. The guideline is expected to be launched in early 2021 (31).

**"I have witnessed great advancement in the adolescent health field, especially on meaningful participation of young people. It makes me hopeful about the future, and I think we will witness more changes with the help of this report."**

– Ali Ihsan Nergiz,  
medical student and youth advocate, Turkey



## 4. Strengthening the evidence base with data, research and innovation

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Setting global standards for collecting data on adolescents

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Ensuring access to health data for global monitoring

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Strengthening national capacity to collect and translate health data to inform policy

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Promoting the use of data for accountability

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Promoting research and innovation



## 4.1 Setting global standards for collecting data on adolescents

Strengthening measurement of health behaviour, determinants, outcomes, policies and programme implementation is a priority for WHO. Data are necessary to monitor the performance of health systems, improve programme decisions and increase accountability for adolescent health and well-being. The ways in which data are collected, analysed and reported are, however, inconsistent. The United Nations H6+ partnership therefore established the **Global Action for Measurement of Adolescent Health Advisory Group** to improve measurement, select core indicators and harmonize data collection and reporting. The group has selected priority areas for adolescent health measurement (32), mapped over 400 indicators currently used in this area (33) and is finalizing a list of prioritized indicators.

## 4.2 Ensuring access to data for global monitoring

Since 2014, WHO has produced regular global, regional and national estimates of adolescent deaths and disease, providing a comprehensive, comparable assessment of mortality, diseases and injuries for all regions of the world.

**In 2019, WHO launched a data portal, which holds data from all Member States on over 70 adolescent health indicators, including demographics, mortality, morbidity, risk factors, laws and policies.**

The main indicators are summarized and developed into easily accessible national profiles of adolescent health, which can be used to identify gaps and for global and national monitoring.

### Tracking HPV vaccine coverage

Vaccination against human papillomavirus (HPV) is the most effective intervention for eliminating cervical cancer and is recommended as a priority for adolescents, especially in countries with the highest cervical cancer rates. When WHO updated its first HPV vaccine coverage estimates in 2020, 104 countries reported that they had introduced HPV vaccination for adolescent girls (and a few also for boys). It was estimated that, in 2019, 15% of the global cohort of girls eligible for HPV vaccination (9–14 years old) had received the vaccine. With the growing number of low- and

middle-income countries that now include HPV vaccine in their national immunization schedule, WHO has analysed data collected annually for the past decade on changes in the patterns and types of interventions that are delivered with vaccination in schools, such as screening, commodities and information on life skills. Between 2008 and 2019, the number of countries that reported the provision of any other intervention at the same time as HPV vaccination increased by 17%.

### Global school-based student health survey

A collaborative surveillance project was set up to help countries measure and assess behavioural risks and protective factors in 10 areas among adolescents aged 13–17 years. The global school-based student health survey is a relatively low-cost survey in which a self-administered questionnaire is used to obtain data on young people's health behaviour and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide. To date, over 100 countries have either conducted such a survey or are doing so.

### Insufficient physical activity among adolescents

The first global and regional comparison of data on insufficient physical activity showed that urgent action is necessary to increase the physical activity levels of girls and boys aged 11–17 years. The study, written by researchers at WHO and published in *The Lancet Child and Adolescent Health* (34), found that 80% of school-going adolescents globally (85% of girls and 78% of boys) did not meet the current recommendation of at least 1 h of physical activity a day.

### International comparisons of alcohol use by young people

Worldwide, 26.5% of all 15–19-year-olds are current drinkers. The *Global status report on alcohol and health 2018* (8) and the *Global Health Observatory* provide data on alcohol-related indicators for adolescents. The global report presents a comprehensive picture of the effect of harmful alcohol use on population and adolescent health and the best ways to protect and promote their health and well-being. It also indicates the levels and patterns of alcohol consumption worldwide, the health and social consequences of harmful alcohol use and how countries are working to reduce the burden.

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#### Monitoring progress towards implementation of WHO's Comprehensive mental health action plan

WHO facilitates compilation of global information on policies, resources and programmes for mental health in its [WHO Mental health atlas survey](#), which is a tool for developing and planning mental health services in countries and regions and for monitoring achievement of the objectives and targets of WHO's Comprehensive mental health action plan 2013–2020. The 2020 report, which is being finalized, includes an extended set of indicators of child and adolescent mental health.

#### Progress in building health-promoting education systems

WHO is redesigning the Global school health policy and practices survey. To be completed by school leaders, the revised survey will ensure collection of evidence for the indicators in the [Global standards for health-promoting schools \(35\)](#) and thus assist national and global monitoring of progress in implementation.

### 4.3 Strengthening national capacity to collect and translate health data to inform policy

National health information systems for adolescent health must be strengthened.

**WHO has a critical role to play in supporting Member States in effective collection, analysis, reporting and use of data on adolescent health.**

Data disaggregated by sex, age and other factors essential to identify the specific health challenges of this age group are still not routinely collected, analysed or used. WHO supports extension of data collection systems to include neglected issues and marginalized populations to ensure equitable access for all adolescents, regardless of gender, ethnicity or socioeconomic status. WHO also supports countries in analysing the data and translating it into evidence for policy-making.

#### Choosing and collecting the right data for testing and treating adolescents for HIV

Data and strategic information remain more difficult to obtain for adolescents living with HIV than for other age groups. In 2020, WHO issued a [policy brief](#) on the key elements of the WHO consolidated HIV strategic information guidelines pertinent to HIV testing and treatment for children and adolescents (36). The brief was designed to support country teams in choosing, collecting and systematically analysing the strategic information necessary for strengthening programme management and monitoring testing and treatment of children and adolescents.

#### Building a better picture of TB in adolescence

In preparing its [2020 Global TB report \(37\)](#), WHO asked countries to submit age-disaggregated data for the age groups 10–14, 15–19 and 20–24 years (see Box 2). They also asked for data on resistance to TB drugs in children and young adolescents (< 15 years) and on treatment outcomes, in order to build a more accurate picture of TB incidence, challenges and treatment in young people. Strengthening the collection of data on children and adolescents with TB is one of the main topics in the report.

## Box 2. Strengthening collection of data on children and adolescents with TB

Since the call to action on childhood TB in 2011, the availability of data from surveillance and national studies has increased, as have estimates of disease burden. The road map towards ending TB in children and adolescents (38) includes an agenda for scaling up interventions for children (< 10 years) and adolescents (10–19 years) and highlights the main remaining gaps in data collection, reporting and analysis. In 2020, WHO asked countries to report national notifications of more disaggregated age groups (0–4, 5–9, 10–14 and 15–19 years, rather than the previous groupings of 0–4 and 5–14 years), the numbers of children and young adolescents enrolled in treatment for rifampicin- and multi-drug-resistant TB and their treatment outcomes (rather than for all age groups).

The number of TB notifications among children and young adolescents aged 0–14 years globally has increased, from < 400 000 in 2015 to 523 000 in 2019. The total of 1.04 million in 2018–2019 represents 30% of the 5-year (2018–2022) target of 3.5 million set at the United Nations high-level meeting. Of total global notifications in 2019, 97% were disaggregated by age, including the category 0–14 years.

WHO recommendations have evolved, from a focus on age disaggregation for new smear-positive TB cases until 2006, to the addition of disaggregated data for new smear-negative and new extrapulmonary TB cases between 2007 and 2012, to age disaggregation for all new and relapsed cases since 2013.

Adapted from 2020 Global TB Report (37)

## 4.4 Promoting the use of data for accountability

Decision-makers and policy-makers need a comprehensive picture of the risks and causes of disability and death. Data disaggregated by age, sex and region provide evidence of the causes of disparities and the basis for programmes to improve health and health equity.

## WHO Initiative on e-waste and child health

The WHO Initiative on e-waste and child health increases access to evidence and raises awareness of the health impacts of e-waste, improves health sector capacity to manage and prevent risks, track progress and promote policies to better protect child health and improve monitoring of exposure to e-waste, with interventions to protect public health. The first WHO report on e-waste and child health, *Children and digital dumpsites: e-waste exposure and child health* (39), calls for more effective, binding action to protect children from this growing health threat.

## Country profiles on adolescent sexual and reproductive health

While data on individual indicators such as the prevalence of child marriage or use of modern contraceptives provide useful information, they do not give an overall picture of adolescent SRH. In 2019, WHO issued a framework of indicators entitled Contraception within the context of adolescents' sexual and reproductive lives (40), which summarized the situation in country profiles. The profiles are intended primarily for national decision-makers on 10 domains of adolescent health: socio-demographic characteristics; sexual activity; child marriage and cohabitation; childbearing; childbearing intentions and contraceptive use; abortion; HIV/AIDS, sexually transmitted infections, HPV vaccination; gender-based violence; female genital mutilation; and menstruation. *Fifty country profiles* have been developed, which are being used to assist countries in committing to the Family Planning 2030 initiative.

## 4.5 Promoting research and innovation

Although much is known about what should be done to improve adolescent health, research on the health of this group has tended to lag behind that on both child and adult health. WHO collaborates with institutions and young people worldwide to plan the research agenda, to understand the cultural and social influences that shape their world and their behaviour and provide countries with evidence-based strategies to improve access to adolescent health, education and social services.

### Setting global research priorities for adolescent health

WHO leads in setting [research priorities for adolescent health \(41\)](#) and coordinates research networks for information exchange and to stimulate research into identified priorities. For example, during the COVID-19 pandemic, knowledge gaps are identified to face the new challenges for adolescents and adequate research undertaken to provide evidence for decisions to address the problems created. (See also section 7.2.)

### Research on shaping gender norms

Many processes shape gender norms in adolescence and influence adolescent health behaviour and attitudes. Since 2014, WHO has been collaborating with the Johns Hopkins Bloomberg School of Public Health (Baltimore (MD), USA) and other global research institutions in a multi-country study of how gender norms are shaped in early adolescence in various social and cultural contexts. [The Global Early Adolescent Study](#) is examining how gender norms and attitudes developed during adolescence influence adolescent health behaviour and outcomes, particularly SRH and mental health. The results of this study and other sources were used to update the [International technical guidance on sexuality education \(42\)](#), in which “understanding gender” is one of the eight key concepts, with learning objectives for different age groups.

### Documenting and synthesizing country experience in building support for CSE

The need for CSE is clearly recognized, with growing evidence of its effectiveness and cost–effectiveness and more frequent inclusion of the concept in international declarations and regional and national plans of action. Nevertheless, CSE in many countries has slowed or stalled. Since 2018, WHO has prepared case studies of how organizations and governments in [India \(43\)](#), [Mexico \(44\)](#), [Nigeria \(45\)](#), [Pakistan \(46\)](#) and the [USA \(47\)](#) have built support for and dealt with opposition to CSE. The case studies were used as the basis for a [global policy brief \(48\)](#) to mobilize global partners for a coordinated approach to address resistance to CSE.

### Guidance on ethical considerations for research on adolescent SRH

The participation of adolescents in health research poses legal and ethical issues, particularly in research on SRH. As research on this population group is crucial, in 2018 WHO prepared [guidance on ethical considerations in planning and reviewing research studies on SRH in adolescents \(49\)](#),

which outlines how the issues might be addressed and provides practical guidance to researchers and members of ethical review committees involved in SRH research with adolescents.

### Building the evidence base for anticipatory models of care for adolescents

Many adolescents have little contact with health services, especially for the prevention of disease, and may behave in unhealthy ways. Unlike children and pregnant women, adolescents are not covered by system-initiated contacts, e.g. scheduled health visits. WHO is leading the Y-Check multi-phase research programme on the effectiveness and cost–effectiveness of check-ups for adolescent health and well-being in three African cities (Cape Coast in Ghana, Mwanza in the United Republic of Tanzania and Chitungwiza in Zimbabwe). The programme involves research teams in Africa coordinated by WHO, with technical support from researchers at the London School of Hygiene and Tropical Medicine. The Y-Check research programme will provide evidence of the feasibility, acceptability, coverage and effectiveness of such check-ups for adolescents.

### Digital interventions on adolescent sexual and reproductive health

Digital tools are increasingly used to improve health worldwide. Digital health interventions can extend access to health information and existing services to adolescents and young people and deliver health messages in innovative ways that enable young people to make informed choices about their health and well-being. In 2020, the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction and UNESCO issued a framework and [guidance on youth-centred digital health interventions \(50\)](#). With a growing body of WHO guidance on digital health, the framework includes lessons learnt from the first generation of youth-focused digital health interventions for effective planning, development and implementation of digital solutions with and for young people for the health challenges they may face as they grow into adulthood. Digital health designers, developers, researchers and funders can use the framework and the accompanying resource repository to learn from the experience of experts in the field to better meet young people’s diverse health needs.

### Collection of digital data by school nurses to improve adolescent health

To strengthen the capacity of schools to provide high-quality health services and collect relevant data on adolescent health, in line with the [Global standards for quality health care services for adolescents \(57\)](#), in early 2019 WHO supported Colombia and Ghana in applying the [AA-HA! web platform](#). School health personnel were provided with a computer tablet, trained in accessing the dashboard and administering questionnaires and asked to encourage all students to provide feedback on their experience of the health services. Adolescents who visited the school infirmary completed questionnaires that elicited their expectations, knowledge and understanding of their health needs and how they could be met.

**“My experience of implementing the web platform has altered my perceptions. Adolescents are unique individuals with unique needs. I am now much more aware of the special challenges they face.”**

– School health nurse, Ghana

### STARS: a new WHO psychological digital intervention for adolescents

Digital psychological interventions offer an opportunity to reach distressed adolescents, increasingly in low- and middle-income countries where smartphone and social media use is rising among adolescents. WHO is leading the [STARS project](#) to create a digital psychological intervention for adolescents aged 15–18 years who are experiencing severe psychological distress that impairs their daily functioning, such as studying or other duties. The intervention is also expected to be useful to adolescents experiencing less severe distress. The intervention is intended to be usable by and engaging for adolescents.



## 5. Providing guidance and setting norms and standards

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Promoting integrated approaches to adolescent health and models of care

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Promoting high-quality health services for adolescents

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Promoting equitable service provision for adolescents

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Translating evidence into policy, programmes and national decision-making



**WHO sets globally applicable, science- and evidence-based norms and standards for adolescent health and well-being in a rapidly changing world. WHO guidance assists policy-makers and programme managers in improving the delivery of public health interventions, including health services, to promote, protect and improve health and well-being.**

### 5.1 Promoting integrated approaches to adolescent health and models of care

Much work has been done to promote positive development and healthy behaviour in adolescents and to provide guidance on prevention and standards for improving, integrating and more effectively delivering adolescent health care, within and outside the health sector. For example, [health-promoting schools](#) have been recognized as a strategic means to promote positive development and healthy behaviour, such as physical activity, physical fitness, recreation and play, balanced nutrition, prevention of tobacco use and prevention of bullying. [Many countries have implemented health-promoting schools approaches](#), such as [nutrition-friendly schools initiatives](#), which focus on school environments that promote nutritional well-being and physical activity, with several positive outcomes (52). Schools can also ensure that adolescents receive CSE and help to address harmful and unequal gender norms, attitudes, roles and relationships that can affect adolescents' current and future health.

WHO and UNESCO have been urging the education sector to make students' well-being a core mission of education and issued [Global standards for health-promoting schools in 2021](#) (35). The standards are based on previous global school health initiatives. They will provide a framework for health-promoting educational systems and thus a choice of a policy to "make every school a health-promoting school".

#### WHO guidelines, norms and standards for school health services

Over 2.3 billion school-age children spend one third of their time in a classroom. Schools provide a unique opportunity for children and adolescents to develop a positive outlook on life and establish a healthy lifestyle. School health services could regularly reach most school-age children with preventive, curative and supportive health interventions in high-, middle- and low-income countries. At least 102

Member States have either school-based or school-linked health services. WHO is [supporting Member States in strengthening school health services](#), and the first [guideline on school health services](#) (53) strongly recommends comprehensive school health services.

#### Helping adolescents thrive: promoting adolescent mental health by multisectoral action

Adolescence is a time of excitement and increased independence and freedom but also a time of feelings of uncertainty and perhaps anxiety. Many young people struggle to cope with academic and other pressures; some slide into depression and anxiety; and, tragically, some take their own lives. The [Helping adolescents thrive](#) programme, conceived by WHO and UNICEF, promotes mental well-being and prevention of mental health conditions among adolescents. [The Guidelines on promotive and preventive mental health interventions for adolescents - Helping adolescents thrive](#) (54) give evidence-informed recommendations on psychosocial interventions for mental health, prevention of mental disorders and reduction in self-harm and other risky behaviour of adolescents. The aim of the guidelines is to inform policy, service planning and strengthening of health and education systems and facilitate mainstreaming of adolescent mental health promotion and prevention among sector and delivery platforms. The guidelines are accompanied by a [toolkit](#) for translating the recommendations into programme decisions in countries. The toolkit addresses individual, family, community and societal risk factors to promote and protect adolescent mental health, with due attention to sociocultural contexts and care systems.

#### Guidelines and implementation tools to improve access to evidence-based care for adolescents with mental health conditions

The aim of the WHO Mental health gap action programme (mhGAP) is to improve mental health care by strengthening capacity in primary and secondary care for early recognition and management of mental health conditions. The mhGAP

Intervention guide is used in over 100 countries. It is currently being updated to include a specific module for mental health conditions in children and adolescents. An e-version of these guidelines is available, with training materials and a community toolkit (55).

#### Updated guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in low- and middle-income countries

The WHO guidelines on preventing early pregnancy and poor reproductive outcomes in adolescents in developing countries (56), published in 2011,<sup>2</sup> provide recommendations for action and research on prevention of adolescent pregnancy (preventing child marriage, providing sexuality education, providing contraceptives and preventing coerced sex) and of poor reproductive outcomes (preventing unsafe abortion and its consequences and improving care before, during and after childbirth). WHO is updating the guidelines in a phased manner, beginning with the sections on preventing child marriage and supporting married girls and increasing uptake and use of contraception by adolescents.

#### PAHO regional maternal, child, neonatal and adolescent health plan

As four regional strategies and plans on maternal, child, neonatal and adolescent health were ending, PAHO proposed an [integrated plan of action for women's, children's and adolescents' health](#) (57) aligned with the SDGs and the Global strategy for women's, children's and adolescents' health. The plan provided an opportunity to redefine and reposition adolescent health in the life-course continuum of the health of women, children and adolescents, beyond the prevention of disease to promotion of development of maximum capacities and access to opportunities to build health and well-being over time and across generations. The regional plan of action was approved by Member States in 2018 and covers the period 2018–2030.

#### Models of best care and contraceptive options for women and adolescent girls living with HIV

Responding to a call in 2019 by national HIV programmes for clarification of contraceptive options for women and adolescent girls living with HIV, WHO released the publication, [Providing contraceptive services in the context of HIV treatment programmes](#) (58), outlining the best models to reach women and adolescent girls, including effective contraceptive options with antiretroviral treatment and considerations of contraceptives for use according to age and need.

#### Adolescent-friendly models of care for those living with HIV

The key characteristics and actions for adapting and scaling up adolescent service delivery models of care are published in a [technical brief on peer-driven models of care](#) (59) for improving service delivery and HIV outcomes for adolescents living with HIV.

#### Updating recommendations for the treatment and care of adolescents and young people living with HIV

Adolescents and young people living with HIV face numerous psychosocial stressors, are underserved by current HIV services and have poor access and poor adherence to antiretroviral therapy, as well as viral load suppression. A systematic review of evidence and a meta-analysis of 30 trials was conducted to provide evidence of the benefits and harms, acceptability, feasibility, equity and preferences of adolescents and young people. The benefits of adhering to antiretroviral therapy, reduction of the viral load and other positive outcomes were outlined, and a [new recommendation to provide psychosocial interventions to all adolescents and young people living with HIV](#) was published (60).

#### Promoting self-care to empower adolescents to take charge of their health

Self-care can transform the health and well-being of young people, as it allows them to take charge of their own health and improve their access to information, services and commodities. In 2019, therefore, WHO published [Consolidated guideline on self-care interventions for health: sexual and reproductive health and rights](#) (61). Over 1000 young people with diverse backgrounds, including marginalized youth and young health professionals, were involved in development of the guideline through an online survey of global values and preferences for understanding and use of self-care (62).

<sup>2</sup> Note that WHO no longer uses the term “developing” countries.

### Developing psychological support for 10–14-year-old adolescents

Millions of young adolescents experience stress, anxiety and depression daily, yet the vast majority do not receive high-quality mental health support.

**The mental health “treatment gap” is estimated to be 85% for youth in low-income countries and even higher in countries affected by armed conflict.**

To address the gap, WHO has issued a psychological intervention manual, *Early adolescent skills for emotions (EASE) (63)* for 10–14-year olds with severe distress that impairs their functioning. The intervention is designed to be delivered by trained, supervised, non-specialist facilitators to groups of adolescents who live in adverse conditions and, separately, to their caregivers. It is being tested in a [randomized controlled trial at four sites, in Jordan, Lebanon, Pakistan and the United Republic of Tanzania](#).

#### Guideline: implementing effective actions to improve adolescent nutrition

This publication (64), issued in 2018, summarizes evidence-informed recommendations and principles for addressing malnutrition in adolescence to ensure healthy lives and well-being. The guideline includes recommendations including: promoting healthy diets; providing additional micronutrients by fortification of staple foods and targeted supplementation; managing acute malnutrition; preventing adolescent pregnancy and poor reproductive outcomes; promoting good nutrition before conception and antenatally; access to a safe environment and hygiene; promoting physical activity; and disease prevention and management.

#### Global guidelines on physical activity and sedentary behaviour among adolescents

Current global estimates show that over 80% of adolescents do not do enough physical activity. Furthermore, as countries develop economically, inactivity increases, with changing transport patterns, increased use of technology for work and recreation, cultural values and increased

sedentary behaviour associated with increased recreational screen time. The updated [guidelines \(65\)](#) recommend that adolescents do an average of 60 min of moderate-to-vigorous physical activity each day of the week, emphasizing that “every move counts” towards weekly totals, especially movements that can be done as part of everyday activities, and recommends reducing sedentary behaviour.

## 5.2 Promoting high-quality health services for adolescents

WHO works to improve the quality of health-care services so that adolescents find it easier to obtain the services they need to promote, protect and improve their health and well-being.

### Adapting global standards for quality health care for adolescents to country settings

WHO and UNAIDS produced the [Global standards for quality health care services for adolescents \(51\)](#) to assist policy-makers and health service planners in improving the quality of health care. The primary intention is to improve the quality of care for adolescents in government services, although the standards are also applicable to facilities run by nongovernmental organizations and the private sector. The aim of implementing the standards is to increase adolescents’ use of services and thus contribute to better health outcomes. WHO has worked with partners to adapt the global standards to national settings for adolescents living with HIV.

## 5.3 Promoting equitable service provision for adolescents

The provision of effective services for adolescent health and well-being requires clear understanding of why some groups of adolescents are left behind and the best responses. WHO is generating evidence on social and health inequality and is supporting national health programmes in ensuring equity, rights and gender-responsiveness and addressing social determinants of programme effectiveness.

### Innov8 approach for reviewing national health programmes

The Innov8 approach (66) is an eight-step analytical resource for operationalizing the SDG commitment to “leave no one behind”. The approach results in recommendations to improve programme performance through concrete actions to address health inequities, support gender equality, progressive realization of universal health coverage and the right to health and to address social determinants of health. The approach has been used in various national and subnational health programmes, strategies and activities, including for reproductive, maternal, neonatal, child and adolescent health; noncommunicable diseases; communicable diseases and environmental health and health promotion programmes.

### Assessing barriers to adolescent access to health services

A first step to achieving universal health coverage for adolescents is a national assessment of adolescent subpopulations who do not have effective health service coverage and identification of barriers to access. The *AHSBA Handbook* (67) for assessing barriers to access to health services assessment by disadvantaged adolescents outlines means for governments to assess health service equity and national and subnational barriers to identify the adolescents who are being left behind and determine why.

### Improving uptake of HIV prevention by hard-to-reach adolescent boys

Since 2007, WHO and UNAIDS have recommended voluntary medical male circumcision for the prevention of heterosexually acquired HIV in men. Over 25 million men and adolescent boys in East and southern Africa have been reached with these services. In 2020, WHO published guidelines on preventing HIV in high-burden settings by voluntary medical male circumcision (68), which cover reaching adolescent boys, sustaining programmes with a focus on adolescents and a series of case studies and examples of best practice in engaging adolescent boys.

### Global strategy to accelerate the elimination of cervical cancer as a public health problem

The elimination of cervical cancer as a public health problem includes addressing inequity and upholding the right of women and adolescent girls to access high-quality,

people-centred, equitable health services. The *Global strategy to accelerate the elimination of cervical cancer* (69) sets a target for 90% of girls to be fully vaccinated with HPV vaccine by the age of 15 years. Although the COVID-19 pandemic has affected health systems throughout the world, the strategy reiterates the moral imperative of ensuring that girls who are born today will live to see a world free of this disease.

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## 5.4 Translating evidence into policy, programmes and national decision-making

Knowledge derived from research and experience may be of little value unless it is put into practice. WHO enhances knowledge translation for the benefit of adolescent health and bridging the “know–do gap” by facilitating synthesis, exchange and application of knowledge to the benefit of adolescents.

### Information for effective national drug prevention systems

To ensure that programmes, policies and systems are truly effective, policy-makers require scientific evidence-based prevention strategies to ensure that children and young people, especially those who are most marginalized and poor, grow and stay healthy and safe in adulthood and old age. The second edition of the United Nations Office on Drugs and Crime (UNODC)/WHO International standards on drug use prevention (70) summarizes current scientific evidence of the effectiveness of interventions and policies for working with families, schools and communities. The document also identifies the main components and features of successful national drug prevention systems to assist policy-makers in improving their programmes.

### Improving the health of pregnant adolescents and adolescent mothers living with HIV

To address the needs of pregnant adolescents and adolescent mothers, WHO convened a session with global experts and stakeholders in 2019 to propose advocacy strategies and actions for this purpose (71).

### Delivering HIV pre-exposure prophylaxis to adolescents

Many of the adolescents who could benefit most from pre-exposure HIV prophylaxis face legal and social barriers to accessing health services. After the WHO recommendation in 2015 that “oral pre-exposure prophylaxis” should be offered as an additional choice for people at substantial risk of HIV infection, national partners requested practical advice on the introduction and implementation of this intervention. WHO developed a series of modules to provide the intervention to populations in various settings, and, in 2018, a module to address unique aspects of the delivery of HIV pre-exposure prophylaxis to adolescents and young adults (72).

### Action to prevent suicide

Suicide is the fourth leading cause of death among 15–19-year-old adolescents. The world is not on track to reach the 2030 targets of reducing the rate of suicide. WHO advocates for action to prevent suicide, ideally in a comprehensive national suicide prevention strategy. Governments and communities can contribute by implementing WHO’s approach to starting suicide

prevention (73), on which countries can build to develop a comprehensive national strategy.

### Lessons from 25 years of implementing health-promoting schools initiatives

WHO, UNESCO and UNICEF have long recognized the link between health and education and the potential role of schools in safeguarding the health and well-being of children and adolescents. WHO launched the Global school health initiative, with the aim of strengthening health promotion in schools, in 1995; however, few countries have introduced health-promoting schools in a manner that is sustainable and scalable. WHO systematically examined the peer-reviewed literature to identify barriers and enablers to implementing school health and health-promoting schools, which is summarized in implementation guidance for the Global standards for health-promoting schools and systems (74). Translation of lessons into practical guidance will assist national, subnational and local governments in developing, planning, funding and monitoring sustained whole-school approaches to health promotion. This will enable governments to meet nationally and locally relevant health and well-being priorities of students, parents, caregivers, school staff and local communities. In-depth case studies from eight countries (75) complement the evidence base.

## 6. Driving impact in every country

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Engaging in policy dialogue and providing strategic support to strengthen adolescent health programmes

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Providing technical assistance to strengthen adolescent-responsive health systems and address barriers to universal health coverage

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Leaving no one behind

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The distinctive physical, cognitive, social, emotional and sexual development of adolescence requires special attention in national policies and programmes. Support to countries is integral to WHO's mandate, and Member States rely on WHO to provide clear, accessible guidance that can be translated into action on the ground and adapted to their cultural and social contexts. WHO supports policy-makers and programme managers in deciding what and how to respond to the health needs of adolescents in their countries.

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## 6.1 Engaging in policy dialogue and providing strategic support to strengthen adolescent health programmes

Delivery of universal health coverage to adolescents requires policy dialogue and support to Member States in improving service delivery, assuring adequate financing, strengthening governance and preparing comprehensive plans. WHO supports governments in reaching adolescents with high-quality, well-coordinated, well-integrated programmes.

### Guidance on accelerated action for the health of adolescents (AA-HA!)

Since the launch of AA-HA! (17), WHO and partners have supported countries in updating or developing comprehensive strategies and plans for adolescent health. Through regional and national workshops, country teams examine their needs and priorities, with technical support from well-trained experts. Teams from over 75 countries in the Anglophone, Francophone and Lusophone regions

of Africa and Anglophone and Lusophone regions in the Americas, the Eastern Mediterranean and South-East Asia regions were trained in applying AA-HA! guidance for national priority-setting, programming, monitoring and evaluation.

### Lessons from Sudan (76)

The Directorate of Maternal and Child Health of Sudan's Federal Ministry of Health applied the guidance to its context with the ministries of General Education, Sport and Youth, Justice and the Interior and with United Nations agencies (WHO, UNICEF, UNFPA, UNHCR and the World Food Programme) and relevant civil society organizations in a multi-sectoral analysis of who should do what to improve the health and well-being of Sudan's more than eight million adolescents. Although much research is still necessary, evidence-based, effective interventions are available for Sudan to act now.

A country cannot prepare an effective adolescent health strategy without listening to the voices of its youth, and young people's engagement and participation were critical to the design, ownership and implementation of Sudan's adolescent health strategy. The Youth Union of the national Parliament was enlisted, and focus group discussions were held among young men and women and vulnerable groups, who shared their experiences of problems such as violence, substance abuse and mental health, allowing decision-makers to understand their perspectives and enhance understanding of adolescents' needs.

### Lessons from Barbados (77)

Guided by the AA-HA! approach, six priorities were selected for the adolescent health strategy in Barbados: positive development; violence, accidents and injury; SRH, including HIV; communicable diseases; NCDs; and mental health, substance use and self-harm.

“We needed something that would respond to the changing demographics in Barbados, the economic down turns, globalization, environmental changes and the constant introduction of new communication technologies,” said Dr Kenneth George.

The resulting 10-year strategy targets the adolescents most at risk by proposing: provision of strategic information and innovation; creating enabling environments and evidence-based policies; building integrated, comprehensive health systems and services; enhancing human resource capacity; identifying interventions for families, communities and schools; forming strategic alliances and collaboration with other sectors; and expanding social communication and media involvement.

### Using AA-HA! experiences to develop a field manual

After use of the AA-HA! guidance by Bahrain, Barbados, Belize, Botswana, Gabon, Guyana, Haiti, Rwanda, Saint Vincent and the Grenadines, Saudi Arabia, Somalia, Sudan and the United Arab Emirates, WHO summarized their experiences in a manual (78) for other countries to use in developing national adolescent health strategies and plans.

### Engaging parliamentarians in preventing child marriage

In crises, such as civil strife, war, pandemics like COVID-19 and epidemics like that of Ebola virus disease, girls and young women are vulnerable to sexual abuse, often resulting in unintended pregnancies, unsafe abortions or early marriage. WHO is working with the Interparliamentary Union, Girls Not Brides and the Global Programme to Accelerate an End to Child Marriage to address this risk and ensure continued investment, attention and action to prevent child marriage. The work with parliamentarians is intended to hold decision-makers accountable for supporting national



child marriage programmes and to execute a work plan revised to take into account the COVID-19 crisis (79).

### Encouraging voluntary medical male circumcision in Africa

WHO has established collaboration with support teams in East and southern Africa to integrate voluntary medical male circumcision into adolescent SRH services. In Zimbabwe, for example, WHO supported the Ministry of Health and Child Care in pilot-testing the Smart-LyncAges project (80) for identifying means to sustain voluntary medical male circumcision and improve links with adolescent SRH services. During the project, mechanisms were established for cross-referral of adolescent boys between the two services. Participatory approaches were introduced to ensure the participation of young people and their communities.

## 6.2 Providing technical assistance to strengthen adolescent-responsive health systems and address barriers to universal health coverage

WHO provides training and technical assistance in countries to enhance implementation and monitoring and address operational challenges when necessary. Many of the interventions used to diagnose, detect and manage health problems in adolescents are the same as those for adults; however, the way in which they are delivered must be responsive to adolescents' needs and preferences and to their evolving capacity to understand and consent to care.

WHO works with the health sector to ensure that such health services are:

- accessible and acceptable: Adolescents are able and willing to use health services.
- Equitable: All adolescents, not just selected groups, can obtain the available health services.
- appropriate: The health services that adolescents need are available to them.
- effective. The right health services are provided in the right way and contribute positively to their health.

### Global standards for high-quality health-care services for adolescents

Since the launch of the Global standards for quality of health-care services for adolescents (51), many countries have used them to develop national standards (e.g. Benin, Botswana, Ethiopia, Guatemala, Guyana, Haiti, Nigeria, Peru, Sri Lanka and Zimbabwe) (81). Other countries have used the guidance to assess the quality of the health-care services provided in facilities (e.g. Burundi, Chile, Colombia, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Lesotho, Madagascar, Mozambique, Swaziland, Uganda, Zambia and Zimbabwe). In the Syrian Arab Republic, for example, the global standards were used by health-care providers working in adolescent-friendly centres in five governorates.

### Mechanism for providing technical assistance for SRH and rights of adolescents and young people

In 2019, WHO established a mechanism for providing technical assistance for SRH and rights of adolescents and young people to support countries in designing, implementing, monitoring, evaluating and documenting their policies and programmes. By the end of 2020, the mechanism was providing support in nine countries (Afghanistan, Cameroon, Kenya, Malawi, Mali, Nigeria, Senegal, Sierra Leone and Togo). The mechanism works at all three levels of WHO and with partner organizations and initiatives such as FP2020/2030 and the Ouagadougou Partnership to provide effective, timely, efficient technical assistance. After 14 months of experience, this model has been shown to be feasible, even in the context of COVID-19, and practical for local expertise.

## Sierra Leone

In August 2019, Sierra Leone submitted a request for technical assistance in finalizing draft guidelines for the provision of high-quality care to pregnant adolescents and adolescent mothers. A three-person team from Save the Children (national, regional and global levels) was selected to support the Ministry of Health. The team revised the guideline, which was subsequently validated and published by the Ministry, UNFPA and WHO. A second phase of technical assistance is being provided for operationalization of the guidelines by routine training and support of health workers.

### Strengthening monitoring, evaluation and documentation of CSE programmes in Benin, Côte d'Ivoire, Niger and Togo

In 2019, in the context of the Muskoka initiative (82), WHO, with UNFPA and UNESCO, defined the value of delivering CSE in schools in four countries in West Africa. Experts conducted mapping exercises and organized meetings with national branches of CARE International to plan activities for each country. Programme support tools were adapted and translated, and government-approved teaching and learning materials were printed. Normative activities at national level and programme support at local level are under way.

### Building an adolescent-competent workforce in Ethiopia, India and Uganda

Training was organized in Ethiopia for human resources from eastern and southern African countries, including faculty members of Haramaya University and staff members of the Ethiopian Ministry of Health and Regional Health Bureau. A new adolescent health curriculum was developed to train health-care professionals in Ethiopia.

Similarly, in India, WHO supported medical colleagues at the University of Delhi in including core competences in adolescent health and development in institutional training of primary care providers. The Medical Council of India has since recommended that adolescent health and development be taught in pre-service training in four disciplines: physiology, community medicine, paediatrics and psychiatry. WHO is supporting Indian institutions in developing educational materials for use by faculty staff and in training educators to interview adolescents.

In Uganda, about one fifth of the population of 45.7 million are under 19 years (83). Yet, as in many African countries, adolescent medicine has not been recognized as a specialty, and health-care providers receive little training specific to adolescents. With WHO support, Makerere University in Kampala has increased training in adolescent health for postgraduate students based on the WHO training materials that were used by the Ministry of Health in preparing its Adolescent health training manual (84).

#### Training in identification and management of mental, neurological and substance use disorders in young people

People in all communities and age groups live with mental and neurological disorders, regardless of their standard of living. While 14% of the global burden of disease is attributed to these disorders, most of those affected – 75% of whom live in low-income countries – have no access to the treatment they need. The aim of the Bridging mental health gaps (mhGAP) action programme is to ensure access to the necessary care, particularly in low- and middle-income countries. With appropriate care and psychosocial support, tens of millions of people could overcome depression, schizophrenia and epilepsy, be prevented from committing suicide and start to lead normal lives, even when they have few resources. WHO mhGAP guidelines, related job aids and competence-based resources are used by nurses, general practitioners, teachers and community workers in their encounters with children, young people and adolescents in more than 100 countries in all WHO regions.

#### School mental health programme in the Eastern Mediterranean Region

The school health implementation network in the Eastern Mediterranean Region (85) is a regional collaboration for introducing child mental health programmes in schools. Coordinated by the WHO Regional Office, it builds the capacity of teachers and other school staff in Egypt, the Islamic Republic of Iran, Jordan and Pakistan to promote and introduce a multicomponent programme for identifying and managing mental health problems in schools and ensuring teachers' well-being.

#### Building capacity to recognize and treat environment-related diseases

A growing number of diseases in children and adolescents in rural and urban areas are linked to unsafe, degraded environments; however, many health-care providers are incapable of recognizing, assessing and managing environmental-related disease. WHO enables paediatricians,

family doctors, nurses and primary and other health-care workers to recognize and assess diseases linked to or triggered by environmental factors with the WHO training package on children's environmental health (86). The package consists of modules of internationally harmonized information and peer-reviewed materials to train health-care workers and to train them to train their peers and colleagues.

#### HIV technical assistance for adolescents in high-priority countries

In 2019, WHO headquarters worked with the Regional Office for Africa and country offices to provide technical assistance to 16 high-priority countries for implementation of WHO guidelines and recommendations, including adolescent HIV service delivery, adoption of the recommendation on adolescent-friendly health services and models of peer care.

### 6.3 Leaving no one behind

Many adolescents cannot access the health services they need. Services are frequently unresponsive to adolescents or stigmatize and discriminate against them for their gender norms, roles and relations, impeding access to services. Adolescents with disabilities, those who are out of school and those who belong to ethnic or sexual minorities are less well served by care services. WHO works to overcome barriers that prevent adequate coverage and contribute to health inequity, to leave no one behind.

#### The Innov8 approach for reviewing national programmes to reduce adolescent pregnancy in the Dominican Republic

WHO's Innov8 approach for reviewing national health programmes to leave no one behind was used in the Dominican Republic (87) to ensure that the national plan for the prevention of adolescent pregnancy was oriented towards equity, rights and gender and addressed social determinants of adolescent pregnancy. The Ministry of Health in the Dominican Republic, supported by PAHO, assembled a multisectoral committee to revise the national plan accordingly.

### WHO supports Nigeria and the United Republic of Tanzania in assessing barriers to health services for adolescents.

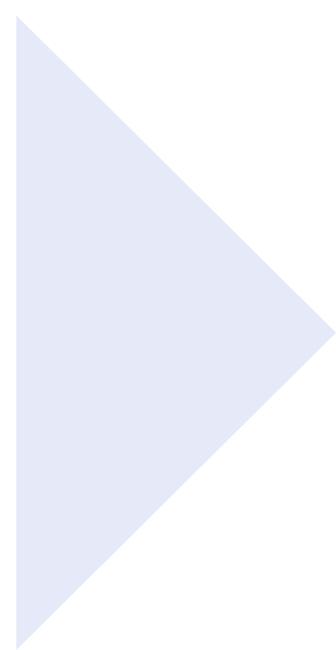
To continue towards universal health coverage for adolescents, Nigeria and the United Republic of Tanzania used the draft WHO handbook for assessing barriers to adolescent health services (67) of disadvantaged adolescents. The assessment identified barriers to access to SRH, HIV care and treatment and voluntary medical male circumcision services and showed that adolescent boys, young adolescents, rural adolescents and those living with HIV or with mental health problems are particularly disadvantaged. The results led to building of national capacity to identify barriers to effective coverage of disadvantaged adolescents with health services, remedial action to address the barriers to ensure more equitable health outcomes and integration of information on those being left behind into national monitoring and evaluation of health services for adolescents.

### Supporting low- and middle-income countries in introducing HPV vaccine

WHO supports decisions on and planning for introduction of HPV vaccine and evaluation, particularly in low-and middle-income countries. Between 2015 and 2020, nearly 50 countries were supported. Gavi, the Vaccine Alliance, provided technical assistance through partners to eligible countries. Introduction of HPV vaccination can be used not only to deliver other vaccines and health interventions but also to develop and strengthen platforms to improve the health of adolescents.

### Special initiative for mental health benefitting adolescents in 12 countries

Mental, neurological and substance use disorders account for more than 10% of the global disease burden. In low- and middle- income countries, more than 75% of people with mental disorders receive no treatment at all. In 2018, the WHO Director-General called for more action in the area of mental health, and the WHO special initiative for mental health (88) was established, covering the 5-year period 2019–2023, with the goal of ensuring the access of 100 million more people to high-quality, affordable mental health care by 2023. The aim of the initiative is to improve access in 12 countries, including Bangladesh, Jordan, Paraguay, the Philippines, Ukraine and Zimbabwe, in a life-course approach with targeted implementation strategies that benefit adolescents.



# 7. Supporting adolescents during emergencies

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Humanitarian emergencies

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The COVID-19 pandemic

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## 7.1 Humanitarian emergencies

Adolescents are especially vulnerable in humanitarian emergencies and fragile settings, and their health needs increase. Malnutrition, disability, unintentional injury, violence, SRH (e.g. early pregnancy, HIV and other sexually transmitted infections and unsafe abortion), water, sanitation and related health needs (e.g. menstrual hygiene) and mental health are all likely to increase in a conflict or crisis situation. WHO anticipates and responds to emergency situations to mitigate their impact on adolescents and empower them to take informed decisions in difficult circumstances.

### Child and adolescent health in humanitarian settings – Eastern Mediterranean Region

The guide to child and adolescent health in humanitarian settings (89) provides practical guidance for individuals and teams to address child and adolescent health during emergencies. It is relevant to all emergencies, including natural disasters, conflict and political instability, and for preparedness, response and recovery. It is being used in Sudan nationally and sub-nationally. The operational guide consists of four actions, which are part of a continuous cycle of activities (Fig. 7).

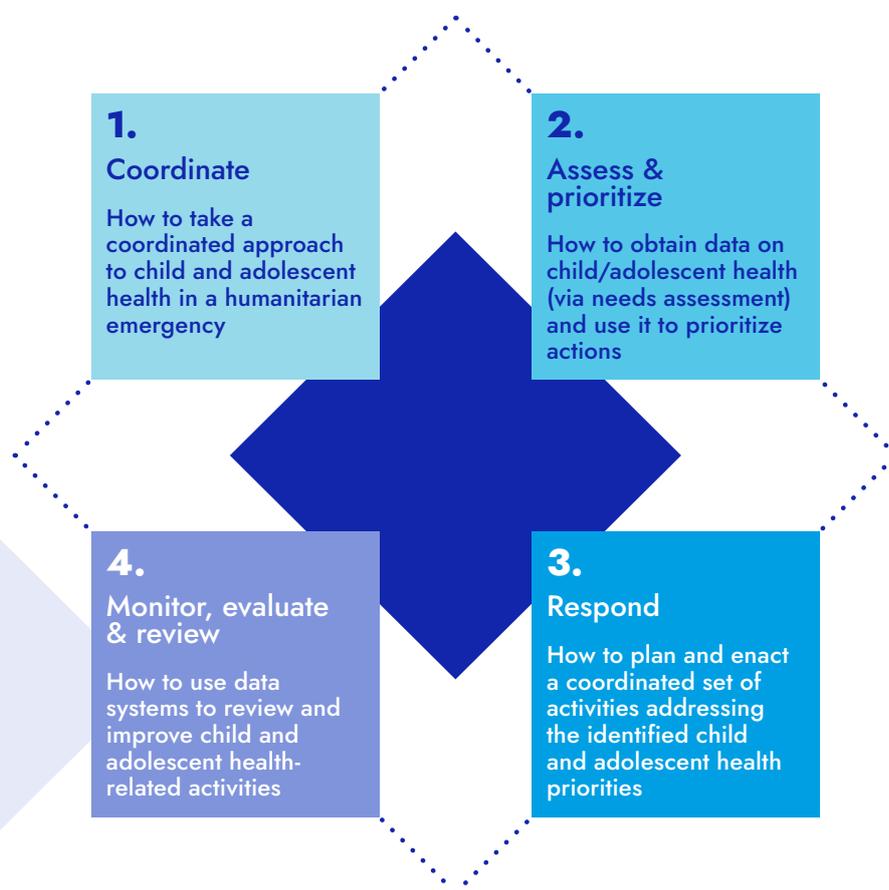
### Adolescent SRH toolkit for humanitarian settings

The aim of the toolkit (90) is to enable adolescents to make informed, autonomous decisions about their SRH, ensure that their rights are guaranteed and that they reach their full potential, whatever the circumstances in which they live. It provides strategies and tools to ensure SRH services for adolescents. It builds on recent advocacy and lessons from the past decade to prioritize life-saving SRH services. The toolkit does not recommend one approach but calls on users to tailor their approaches, not only during crises but also before their onset, during recovery and beyond, to long-term development.

### Improving knowledge and use of SRH services among adolescent girls and young women refugees – the SEEK trial

The aim of the SEEK trial (91) is to evaluate the feasibility, acceptability, effectiveness and cost–effectiveness of a low-cost, culturally appropriate psychosocial SRH intervention on use of SRH services, among adolescent Syrian girls and young women refugees (aged 15–24 years) living in Jordan, Lebanon and Turkey. The trial is being conducted in collaboration with the Eastern Mediterranean Public Health Network in Jordan, the American University of Beirut in Lebanon and Baskent University and Ankara University in Turkey.

Fig. 7. Four actions recommended in the guide to child and adolescent health in humanitarian settings



## 7.2 The COVID-19 pandemic

**“Young people are less at risk of severe disease and death from COVID-19 but will be the most affected by the long-term consequences of the pandemic, which will shape the world they live and work in for decades to come. The WHO Youth Council has been set up to hear the voices and experiences of young people, and to harness and expand their energy and ideas to promote and protect health for all.”**

– WHO Director-General

The COVID-19 pandemic presents an unprecedented challenge for adolescents and young people. Lockdowns, curfews, closure of schools and sports facilities have interrupted learning and social and recreational activities with peer groups, disrupting an important stage in their educational and social development. The pressures of the pandemic, uncertainty about the future and the loss and distancing of family members and friends have increased the rates of anxiety and depression. Throughout 2020 and into 2021, WHO has been working with diverse stakeholders, including adolescents and young people, to mitigate the negative impact of COVID-19 on adolescent health and well-being and ensure that essential adolescent services are maintained.

### Generating evidence on the direct and indirect effects of COVID-19 on adolescents

The pandemic has required major adaptations at all levels of the delivery of, access to and use of health-care services. Little is known about the short- and longer-term effects of such adaptations, particularly on adolescents. Knowledge gaps must be identified and adequate research undertaken to ensure evidence-based decision-making to address the problems created by the context of the COVID-19 pandemic.

WHO staff conducted a rapid review to identify priority research questions in maternal, newborn, child and adolescent health to mitigate the direct and indirect effects of the COVID-19 pandemic.<sup>3</sup> At the beginning of the COVID-19 crisis, there was little understanding of the effect on the provision of school health services. WHO approached the Global School Nurse Research Consortium, School Nurse International and the European Union for School and University Health and Medicine to conduct a cross-sectional, descriptive study to elicit the experience

of school health personnel (school nurses, school medical providers and school health assistants) in order to identify interventions and determine resource needs.<sup>4</sup> The survey, which was completed by 1277 school nurses, school medical providers and school health assistants in 43 countries, showed that school health personnel were feeling the stress of COVID-19 and that the disruption affected the critical role of school health services in the physical, social and emotional well-being of students and their families. As the pandemic continues, it is critical that governments, nongovernmental organizations and others provide the support, evidence, supplies and training that school health professionals require at the front line of the crisis.

To strengthen the evidence on the indirect effects of COVID-19 on adolescents, WHO supported inclusion of an additional module on COVID-19 in the global early adolescent study, a multi-country study coordinated by the Johns Hopkins Bloomberg School of Public Health (Baltimore (MD), United States of America (USA)) and WHO. The aim is to understand adolescents' perceptions of COVID-19 and the responses of their countries to the pandemic, particularly with regard to social distancing and isolation, on their health and well-being. WHO headquarters and the Regional Office for the Eastern Mediterranean also collaborated with the Gender and Adolescence: global evidence partnership to conduct similar research in Jordan and the West Bank and Gaza Strip.

### Assessing the impact of COVID-19 on services for mental, neurological and substance use disorders

Just when they are in great demand, mental health services for children and adolescents are reported to be disrupted. Less than 30% of countries reported no disruption to children's and adolescent mental health services. A WHO report of a survey completed by 130 countries during the period June–August 2020 (92) provides information about the extent of disruption to mental, neurological and substance use services due to COVID-19 and how countries are overcoming the challenges. The disruption of services for children and adolescents with mental health conditions or disabilities, including developmental disabilities, is described.

<sup>3</sup> A rapid research prioritization exercise on COVID-19 for maternal, newborn, child and adolescent health. Geneva: World Health Organization; 2021 (unpublished).

<sup>4</sup> Maughan E, Baltag V. School health personnel and COVID-19: Results of a global survey. Abstract submitted to Core Group Global Health Practitioners Conference – Unlocking Potential: Prioritizing Child & Adolescent Health in the New Decade.

## Integration of adolescent-specific considerations into norms and guidance and recommended COVID-19 responses

During 2020, WHO produced comprehensive guidance on integrating adolescent-specific considerations into recommendations on the provision of health services in the context of the pandemic.

### Prioritizing adolescent HIV services during the pandemic

The WHO adolescent HIV service delivery working group collaborated with UNICEF to issue an information note on prioritizing HIV services for adolescents during the COVID-19 pandemic (93).

### Community-based health care in the context of COVID-19

Guidance on community health care, including outreach campaigns, in the context of the COVID-19 pandemic (94) addresses the role of such care in the pandemic and the adaptations necessary to keep people safe, maintain the continuity of essential services and ensure an effective response to COVID-19. It is intended for national and subnational decision-makers and managers and complements other guidance, including on priority public health interventions, facility-based care, risk communication and community engagement. It also addresses different life-course phases, including adolescence, and adapting community activities for specific diseases.

### Maintaining essential health services: operational guidance for the COVID-19 context

Maintaining the continuity of health services for adolescents and meeting their evolving psycho-social needs is critically important during the pandemic. WHO has convened ministries of health in many regions to share their views and information and make recommendations.

WHO has issued guidance (95), which supersedes and complements guidance on community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic (94), and lists targeted actions at national, subnational and local levels to reorganize and maintain access to safe, high-quality, essential health services and adaptations specific to adolescents.

## Considerations in adjusting public health and social measures in the context of COVID-19

An annex to Considerations in adjusting public health and social measures in the context of COVID-19 (96) advises decision-makers and educators on reopening or closing schools. Such decisions have important implications for children, parents, caregivers, teachers and other school staff, communities and society at large.

### Responding to the SRH needs of adolescents during the COVID-19 crisis

Two technical briefs were developed by UNFPA, with contributions from WHO, to address the impact of COVID-19 on the SRH of adolescents and young people. The first is a set of frequently asked questions on COVID-19 and young people (97), and the second is entitled Not on pause: responding to the SRH needs of adolescents in the context of the COVID-19 crisis (98). The second sets out key considerations and, with the same structure as WHO's Maintaining essential health services (95), provides recommendations on delivering each component of the essential package of SRH and rights interventions (as defined by the Gutmacher-Lancet Commission (99)) to adolescents in the context of COVID-19. WHO and colleagues within and outside the United Nations system identified examples of governments and organizations that have applied the recommendations to provide ideas and inspiration.

To support dissemination of these technical briefs, WHO organized a "blended learning" e-course (100) for mid-career professions in government and nongovernment sectors with the Geneva Foundation for Medical Education and Research, FP2020 and UNFPA. The course included lessons and experiences in improving the SRH of adolescents in the 25 years since the International Conference on Population and Development and responses to the SRH needs of adolescents in the context of the COVID-19 crisis. Over 300 participants from more than 50 countries participated in the course.

## Provision of information and communication on COVID-19

WHO has established mechanisms to facilitate dialogue with young people during the COVID-19 pandemic, particularly on their mental health, and engaged them in developing, using and disseminating technical products (e.g. 101) to promote socio-emotional learning and coping strategies

and access to self-help mental health treatment (102) through digital platforms. WHO also produced resources to advocate for adherence to COVID-19 pandemic measures and to support parents, teachers, health workers and young people to tackle the daily stress of an enduring health crisis.

More than 34 600 young people took part in a mental health webinar series organized jointly by the Secretary-General's Envoy on Youth, WHO and UNICEF. Over 11 000 young people accessed tips on Taking care of yourself during stressful times (103), produced by the Inter-Agency Standing Committee Mental Health and Psychosocial Support Reference Group.

A live web series, "Adolescent health in the time of COVID-19", was produced to discuss health topics chosen by adolescents and young adults. WHO contributed to development and dissemination of the storybook My hero is you (104) to help children and young adolescents understand how to cope with COVID-19.

WHO convened several youth networks to collaborate on infodemic management and to mitigate the harm caused by false and misleading health information circulating online, in news outlets and in peer-to-peer discussions. The networks included the International Federation of Medical Students Associations, MoreViralThanTheVirus, The Global Shapers, the Global Alliance for Partnerships on Media and Information Literacy youth alliance and Promise to Humanity.

### Protecting human rights during the COVID-19 pandemic

The United Nations Inter-agency Network on Youth Development, of which WHO is a member, is committed to achieving the goals of the 2030 Agenda for Sustainable Development, the World Programme of Action for Youth and the United Nations Youth Strategy. Fundamental to the success of public health responses and recovery from the pandemic is respect for human rights, including economic, social and cultural rights as well as civil and political rights. To ensure the maintenance of those rights during the pandemic, the Inter-agency Network issued a Call to action (105), which addresses partnering, safely and effectively, with young people during and after the COVID-19 crisis, recognizing young people's actions and their potential to

advance the fight against the pandemic and understanding the specific impacts of the pandemic on young people while ensuring that responses to COVID-19 respect young people's human rights and include their specific needs.

### WHO manifesto for a healthy recovery from COVID-19

The COVID-19 pandemic has shown that neglecting environmental protection, emergency preparedness, health systems and social safety nets are false economies, and the bill is now being paid many times over. The aim of the WHO Manifesto for a healthy recovery from COVID-19 (106) is to create a healthier, fairer, greener world while investing to maintain and resuscitate the economy. Its six prescriptions and "actionables" are designed to meet the demands of adolescents and young people around the globe to protect and preserve nature and its biodiversity as the sources of human health and well-being.

### Compact for young people in humanitarian action during COVID-19: working with and for young people

This guidance note (107) is intended to assist humanitarian workers, youth organizations and young people working at local, country, regional and global levels in their responses to the pandemic. It explores the impacts of COVID-19 on young people and proposes actions that could be taken by practitioners and young people to ensure that preparedness and response plans and actions are youth-inclusive and youth-focused. Recommendations are provided for the five actions of the compact: services, participation, capacity, resources and data.

### Supporting parents and teachers during COVID-19

To help parents interact constructively with their children during confinement, WHO and the Parenting for Lifelong Health initiative have provided tips for parents and caregivers and answers to questions about measures and safety for students and teachers (108).

### Webinars for health ministries in the WHO Eastern Mediterranean and South-East Asian regions during COVID-19

In the Eastern Mediterranean Region, WHO supported governments and partners in better understanding WHO guidance on COVID-19 and its relation to schools. Considerations for public health measures in schools in the context of COVID-19 were discussed and further resources provided. In the South-East Asian Region, WHO supported Member States and partners in promoting health throughout the life-course during the COVID-19 pandemic in a [series of webinars](#) for programme officers in ministries of health, professionals, nurses, academics, technical officers in United Nations agencies and other partners. The objective of the webinars was to discuss the mental and psycho-social well-being of children and adolescents during the pandemic and promote a healthy diet, physical activity and engagement with adolescents and youth for their well-being.

**“The slum living adolescents are one of the most vulnerable groups who suffered the most critical challenges during this COVID-19 pandemic as the schools were under lockdown, health facilities limited services, mobility became more difficult which deprived them from essential SRH services and knowledge. Many also faced early marriage, intimate partner violence, increased risks of maternal and neonatal deaths.”**

– Nusrat Resma, Bangladesh

## 8. The decade ahead



The past two decades have transformed our world. Digitalization, communication, technological advances, globalization, conflicts and the movement of people have brought about seismic shifts, with untold pressures and new exposures that have radically influenced the world of adolescents, increased their health needs and defined the work of WHO more clearly. The powerful social, developmental, structural and demographic changes that are shaping the health and nutrition of adolescents in the 21st century have increased global inequalities in adolescent health. Earlier onset of puberty, delayed marriage and parenthood and evolving norms of femininity, masculinity, gender and identity have profound implications for mental and SRH.

Climate change threatens to undo progress made in child and adolescent health in past decades and will widen inter-generational inequity in health. Environmental risk factors such as chemical, radiological and biological contamination of air, food, water and soil, exacerbated by climate change, have a particularly hard impact on children and adolescents. Better stock should be taken of both traditional and emerging environmental hazards to children's health and a precautionary approach used to protect adolescents. Changes in global food systems due to climate change, urbanization and globalization create new conditions for the global "nutrition transition" from traditional to modern diets, with a triple burden of malnutrition in adolescents – undernutrition, "hidden hunger" and overweight.

Increased collective violence and armed conflict in some parts of the world inflict tremendous harm on adolescent health and development due to internal displacement, migration and malnourishment, and the effect of trauma on psychological well-being.

While greater connectivity offers opportunities for social activism and education, exposure to online media is also associated with obesity in children and adolescents due to insufficient physical activity, poor sleep quality and increased caloric intake. The long-term consequences on mental health of new ways of information processing during the formative period of brain maturation should be better understood, including the impacts of new pathways for socialization and the influence of peer pressure and bullying. Increased motorization without adequate road safety infrastructure puts millions of adolescents in low- and middle-income countries at risk of death from road traffic injuries (109).

A revolution in job markets has implications for the preparedness of future job seekers to cope with new stressors and to compete in a rapidly changing work environment. The structure of health and educational systems should ensure that they provide adolescents and young people with the capacity to cope with new stressors, solve problems and have the entrepreneurial mindset necessary for the changing work environment.

There are significant challenges ahead: persistent denial of adolescent sexuality, entrenched gender inequality, stigmatization of those with mental health problems and consequent delay in seeking help, continuing resistance to meaningful engagement of adolescents and young people in political processes, weak integration and multisectoral coordination, changes in population dynamics and in family and community structures and humanitarian, environmental and climate crises.

#### Mobilizing sustainable change for adolescent well-being

WHO will continue to advance the health agenda for adolescents during the next decade, responding to the social, political, environmental and epidemiological developments of the past few decades and anticipating new opportunities to proactively strengthen their intrinsic capacity for learning and social skills to ensure their well-being and that of future societies and economies.

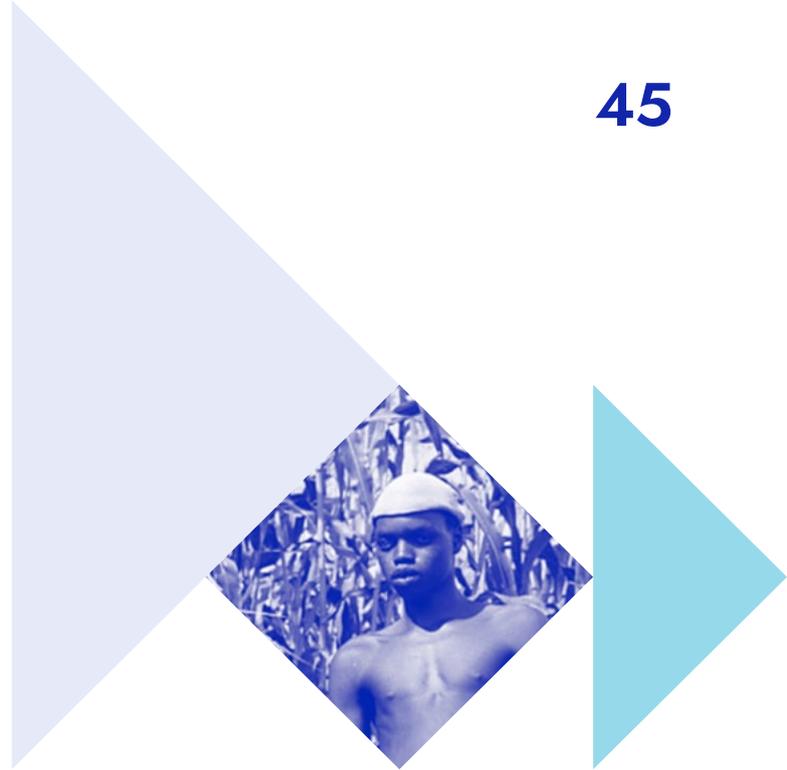
**“Environmental health is a critical issue for the future of adolescent health. Air pollution kills over 4 million people annually and causes long term health issues. Adolescents are also particularly susceptible to worsening mental health when faced with the climate crisis, and eco-anxiety is a significant concern for many adolescents. As climate change progresses, this is likely to worsen, and adolescents will bear the brunt of the consequences.”**

– Joshua Tregale, climate activist,  
United Kingdom

The actions that should be taken over the next 10 years include:

- mobilizing and making full use of political and social support for adolescent health policies and programmes;
- increasing and making effective use of external and domestic funding for adolescent health;
- developing, communicating, applying and monitoring enabling and protective laws and policies for adolescents and their health needs and well-being;
- using and improving data and evidence to strengthen advocacy, policies and programmes for adolescent health and well-being; and
- implementing adolescent health and well-being strategies at scale, ensuring quality and equity.

At all three levels of the Organization and its departments, WHO will address adolescent health and well-being from different entry points, collaborating as necessary and leveraging successful strategies, policies and programmes for future work. As major global transitions will affect all populations but will have disproportionate effects on adolescents and future generations, renewed global commitments and consensus should be made to catalyse progress. For example, the [WHO manifesto](#) for a healthy recovery from COVID-19 (106) highlights the opportunities for “building back better for a healthier, greener and fairer world”. The 2023 Global Summit on Adolescents will be an important opportunity to review progress and increase political and financial investment for this population group. Ensuring that societies are more resilient to future health threats will be crucial for ensuring sustainable change towards the vision of adolescent well-being and for achieving the broader SDGs.



**“I consider early marriage as one of the most pressing obstacles for realizing adolescent health and bodily rights. In low resource set ups this is driven by poverty social insecurity and impacting by causing increased risk for sexually transmitted diseases, cervical cancer, unplanned pregnancy, death during childbirth, and obstetric fistulas. Policies and programs must complement each other to effectively address this phenomenon with youth-led efforts in behaviour change communication, engaging local and religious leaders, involving parents, and empowering girls through education and life skill-based employment.”**

– Nusrat Resma, Bangladesh

### Advancing good health in the third decade of life

In the next 10 years, WHO will better address the health of people aged 20–29 years, the third decade of life, in which most of the biological, economic and social transitions that start in adolescence continue. Young adulthood is a pivotal time, with many key transitions, from education to employment, to formation of a family, to population movement (including from natural disasters and migration). Young adulthood, which is essentially the bridge between adolescence and later adult life, has been somewhat neglected in policy, programming and research. Globally, the death rates among 20–29-year-old young adults are higher than those of 15–19-year-old adolescents, with road traffic accidents, interpersonal violence, self-harm, HIV/AIDS and maternal conditions being the leading causes of death for both men and women. The choices made and the pathways taken by young adults strongly influence their future lives, including their health and well-being.

Given the intricate relations among education, employment, migration, family formation and health in young adults, evidence-informed policies are necessary to address the social transitions. WHO is developing approaches to improve the health of the nearly 1.2 billion young adults, most of who live in lower- to middle-income countries and who represent 15.3% of the global population.

**“Reports like this make me trust that WHO has young people’s agenda, my agenda, as a priority in its work. It makes me hopeful that adolescents’ health problems, such as lack of sexual and reproductive health information and mental health issues, are not neglected and will get better. Moving forward, in addition to scaling up what is already being done, I expect WHO’s work on adolescents will expand to accommodate marginalized groups particularly those in humanitarian settings.”**

– Lulit Mengesha, Ethiopia

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# Annexes



# Annex 1. WHO departments that participate in the Interdepartmental Technical Working Group on Adolescent Health and Well-being

## Control of Neglected Tropical Diseases

The Department coordinates and supports policies and strategies to enhance global access to interventions for the prevention, control, elimination and eradication of neglected tropical diseases, including some zoonotic diseases. The Department leads global efforts towards achieving and maintaining elimination of soil-transmitted helminth infections (STH) morbidity in pre-school and school age children, in establishing an efficient strongyloidiasis control programme in school age children, and in ensuring universal access to at least basic sanitation and hygiene by 2030 in STH-endemic areas.

## Environment, Climate Change and Health

The work of the Department of Environment, Climate Change and Health is to promote a healthier environment, intensify primary prevention and influence public policies in all sectors to protect health, including that of children and adolescents. The Department also addresses the causes of environmental threats to health and develops and promotes preventive policies and interventions based on understanding and analysis of the evidence base for environmental determinants of human health.

## Global HIV, Hepatitis and Sexually Transmitted Infections Programmes

The Department hosts WHO's Global HIV Programme, Global Hepatitis Programme and Global Sexually Transmitted Infections Programme, with three interlinked global health sector strategies for 2016–2021 for ending the epidemics of HIV, hepatitis and sexually transmitted infection. Adolescents living with HIV face further barriers than those of other populations to accessing testing and treatment, including health services that are not adapted to their needs and policies that require parental consent for services. The Department addresses the distinct, diverse needs of adolescents living with HIV to improve their HIV-related outcomes in four main areas: identifying gaps and developing global normative guidance on HIV prevention, testing, treatment and care for adolescents, supporting policy-makers and country programmes in rapid adoption, implementation and translation of guidance into action, convening and partnering with other United Nations agencies, donors and implementing partners on adolescent-friendly HIV services and advocating for the meaningful engagement of adolescents in their own care for improved health outcomes.

<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/overview>

## Global Tuberculosis Programme

The goal of WHO's Global Tuberculosis Programme is a world free of TB, with zero deaths, disease and suffering from the disease. The Department leads and guides global work to end the TB epidemic by advocating for universal access to people-centred prevention and care, multisectoral action and innovation. The health and well-being of children and adolescents are given particular consideration. For the annual global report, the Department is collecting age-disaggregated data for better understanding of the burden of TB in children and adolescents and progress made towards the targets of the United Nations General Assembly high-level meeting on TB. The Department hosts the secretariat of the Child and Adolescent TB Working Group, which launched a road map for ending TB in children and adolescents with 10 actions to improve TB prevention and case detection. The Department is preparing consolidated guidelines and an operational handbook on the management of TB in children and adolescents and also extending its work on paediatric TB drug optimization. It has created a youth movement to involve young people in accelerate action to end TB: <https://www.who.int/activities/mobilizing-youth-to-end-tb>. Materials on ending TB in children and adolescents are available at: <https://www.who.int/activities/ending-tb-in-children-and-adolescents>

## Health Promotion

The Department works to enhance people's wellbeing and reduce their health risks associated with tobacco use, alcohol consumption and physical inactivity, thereby contributing to better population health. The department advances comprehensive school health approaches that integrate health literacy, community engagement strategies and good governance for health, and fosters public health action in the settings of every-day life.

## Health Systems Governance and Financing

The Department aims to empower actors and increase accountability, transparency and responsiveness in health systems in support of progress towards universal health coverage (UHC). The Department contributes to articulating what adolescent-responsive health systems means for financing and health systems governance policies.

## Immunization, Vaccines and Biologicals

The Department addresses vaccine-preventable diseases and provides guidance on immunization, including for adolescents. Most of the vaccines are booster doses of antigens for immunization started in childhood (e.g. tetanus, polio and

meningitis vaccines). Others target a wider age range that may include adolescents and young people, like measles, influenza and COVID-19, and some, like the HPV vaccine specifically for adolescents. The Department, in collaboration with United Nations partners UNICEF, UNFPA, Gavi, the Vaccine Alliance, the US Centers for Disease Control and Prevention and international nongovernmental organizations, supports introduction of the HPV vaccine in lower- and middle-income countries and collaborates with other departments to implement the Global strategy towards eliminating cervical cancer, adopted in 2020. The Department annually monitors vaccine supply, prices, the status of introduction and coverage and strategies, such as school vaccination, delivery with other health interventions for school-aged children and adolescents and checking vaccination status at school.

### Maternal, Newborn, Child and Adolescent Health and Ageing

The Department leads WHO's work on the life-course, ensuring that every pregnant woman, mother, newborn, child, adolescent and older person will survive, thrive and enjoy health and well-being. The Department addresses population-specific health needs and barriers to equity throughout the life-course, reduces risk factors through multisectoral action and generates and synthesizes evidence and develops normative guidelines for maternal, newborn, child and adolescent health and ageing populations. The Department supports effective, efficient, equitable service delivery models, ensures impact in countries and monitors and measures progress. For adolescent health, the focus is on providing normative guidance and technical assistance for comprehensive, integrated programmes and services, delivering universal health coverage and primary health care, strengthening school health services, improving the quality of care, enhancing providers' capacity for integrated and comprehensive care and supporting intersectoral action.

### Integrated Health Services

The Department supports countries in moving their health systems towards universal health coverage, through equitable access to quality health services that are integrated, safe and people-centred across the care continuum. The department also leads the WHO efforts on essential health services and systems during the COVID-19 pandemic.

### Mental Health and Substance Use

The Department promotes mental health and works on the prevention of mental, neurological and substance use disorders throughout the life-course. It supports extended access to affordable, high-quality care for everyone who needs it, including children, adolescents and their carers.

### Noncommunicable Diseases

The Department provides leadership and an evidence base for international action on the surveillance, prevention and control of NCDs and particularly cardiovascular disease, cancer, chronic respiratory disease and diabetes. It also addresses the main NCD risk factors: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets. The aims of the Department

are to cover an additional one billion people with essential NCD health services and medicines by 2023; close the gap in data on NCDs and their related disabilities; promote partnerships to strengthen collaboration with governments, civil society and the private sector to screen, diagnose and treat NCDs; and define core work on NCDs and COVID-19.

### Nutrition and Food Safety

The Department addresses the burden of disease due to physical, chemical and microbial hazards in food and to unhealthy diets, maternal and child malnutrition, overweight and obesity. Another aim is to ensure universal access to safe, sufficient, nutritious food by setting international, evidence-based food standards, promoting action on nutrition in health systems, fostering sustainable food production and consumption, improving food environments and empowering consumers in all situations, monitoring nutrition status and managing international events on food safety, with Member States, United Nations partner agencies and non-State actors.

### Sexual and Reproductive Health and Research

The Department includes the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction, which is the main instrument in the United Nations system for identifying research priorities on SRH and rights; for promoting, conducting, evaluating and coordinating related interdisciplinary research; for collaborating with countries to build national capacity to conduct research; and for promoting the use of research results in policy-making and SRH programmes. The Department draws on research and global expertise to set norms and standards and develop global guidelines on SRH and rights (<http://www.who.int/reproductive-health/hrp>).

### Social Determinants of Health

The Department leads WHO's work to tackle the social, physical and economic conditions in society that affect our health. Colleagues compile evidence on what works to address the determinants, build capacity and advocate for accelerated action. Member States and partners are supported in preventing violence and injuries, such as road traffic injuries, drowning and falls, foster healthy ageing and improve equity and well-being through cross-cutting initiatives to enhance urban health and develop strategic frameworks and evidence-based policies.

### Special Programme on Primary Health Care

The Special Programme on Primary Health Care (PHC) assists countries in building PHC-based health systems that remain people-centred, resilient, and sustainable, integrating the work that is being done on PHC across the organization. The Programme works to achieve healthy lives and well-being for all by building people-centred, resilient and sustainable PHC-based health systems that uphold the right to health, promote social justice, empower individuals and communities and address the determinants of health.

## Annex 2. Resource bank for adolescent health

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WHO guidelines

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Norms and standards

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Policy directions, briefs and advocacy documents

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Implementation guidance, case studies, lessons

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Training packages and providers support tools

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Databases and resources for statistics on health, health-related  
behaviour and social determinants

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Policy databases

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Fact sheets

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Country profiles

## WHO guidelines

### HIV

- Guidelines: updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring (<https://apps.who.int/iris/handle/10665/340190>)
- Consolidated guidelines on HIV testing services (<https://www.who.int/publications/i/item/978-92-4-155058-1>)
- HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV (<https://www.who.int/hiv/pub/guidelines/adolescents/en/>)

### Mental health

- mhGAP guidelines (<https://www.who.int/publications/i/item/mhgap-intervention-guide---version-2.0>)
- Helping adolescents thrive ([https://www.who.int/docs/default-source/mental-health/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents-hat.pdf?sfvrsn=3db4085b\\_2](https://www.who.int/docs/default-source/mental-health/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents-hat.pdf?sfvrsn=3db4085b_2))

### Nutrition and physical activity

- Guideline: implementing effective actions for improving adolescent nutrition (<https://apps.who.int/iris/bitstream/handle/10665/260297/9789241513708-eng.pdf>)
- Guideline. Daily iron supplementation in adult women and adolescent girls ([https://apps.who.int/iris/bitstream/handle/10665/204761/9789241510196\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/204761/9789241510196_eng.pdf))
- Guideline: intermittent iron and folic acid supplementation in menstruating women ([https://apps.who.int/iris/bitstream/handle/10665/44649/9789241502023\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/44649/9789241502023_eng.pdf))
- Daily iron supplementation in infants and children (includes children and adolescents 5–12 years of age) ([http://apps.who.int/iris/bitstream/10665/204712/1/9789241549523\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204712/1/9789241549523_eng.pdf))
- Preventive chemotherapy to control soil-transmitted helminth infections in at-risk population groups (includes non-pregnant adolescent girls) (<http://apps.who.int/iris/bitstream/10665/258983/1/9789241550116-eng.pdf>)
- Global guidelines on physical activity and sedentary behaviour among adolescents (<https://apps.who.int/iris/rest/bitstreams/1315866/retrieve>)

### School health

- WHO guideline on school health services (<https://apps.who.int/iris/rest/bitstreams/1352177/retrieve>)

### Sexual and reproductive health

- WHO recommendations on adolescent sexual and reproductive health and rights (<https://www.who.int/reproductivehealth/publications/adolescent-srhr-who-recommendations/en/>)
- Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries ([https://apps.who.int/iris/bitstream/handle/10665/70813/WHO\\_FWC\\_MCA\\_12\\_02\\_eng.pdf;sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70813/WHO_FWC_MCA_12_02_eng.pdf;sequence=1))
- WHO recommendations on adolescent sexual and reproductive health and rights (<https://apps.who.int/iris/handle/10665/275374>)

### TB in children and adolescents

- WHO consolidated guidelines on tuberculosis: module 1: prevention: tuberculosis preventive treatment (with a focus on adolescents living with HIV) (<https://www.who.int/publications/i/item/who-consolidated-guidelines-on-tuberculosis-module-1-prevention-tuberculosis-preventive-treatment>)

### Violence prevention

- WHO guidelines for the health sector response to child maltreatment ([https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/technical-report-who-guidelines-for-the-health-sector-response-to-child-maltreatment-2.pdf?sfvrsn=6e0454bb\\_2&download=true](https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/technical-report-who-guidelines-for-the-health-sector-response-to-child-maltreatment-2.pdf?sfvrsn=6e0454bb_2&download=true))
- Responding to children and adolescents who have been sexually abused: WHO clinical guidelines ([apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-en](https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-en))
- Preventing youth violence: an overview of the evidence (<https://apps.who.int/iris/rest/bitstreams/812736/retrieve>)

## Norms and standards

### HIV

- Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics: recommendations and key considerations (<https://www.who.int/publications/i/item/978-92-4-000854-0V>)

### Quality of care

- WHO, UNAIDS. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents ([http://www.who.int/maternal\\_child\\_adolescent/documents/global-standards-adolescent-care/en/](http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/))

## School health

- European framework for quality standards in school health services and competences for school health professionals. Copenhagen: WHO Regional Office for Europe, Copenhagen (<http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2014/european-framework-for-qualitystandards-in-school-health-services-and-competencesfor-school-health-professionals>)
- Making every school a health-promoting school – global standards and indicators. (<https://apps.who.int/iris/rest/bitstreams/1352165/retrieve>)

## Sexual and reproductive health

- International technical and programmatic guidance on out-of-school comprehensive sexuality education (<https://www.who.int/publications/i/item/9780897140454>)
- International technical guidance on sexuality education (<https://www.who.int/reproductivehealth/publications/adolescence/comprehensive-sexuality-education/en/#:~:text=The%20International%20technical%20guidance%20on,sexuality%20education%20programmes%20and%20materials>)
- Guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents ([apps.who.int/iris/bitstream/handle/10665/273792/9789241508414-en](https://apps.who.int/iris/bitstream/handle/10665/273792/9789241508414-en))
- Practical guidance for conducting post-project evaluations of adolescent sexual and reproductive health projects (<https://apps.who.int/iris/handle/10665/328896>)

## Substance use prevention

- International standards on drug use prevention ([https://www.unodc.org/documents/prevention/UNODC-WHO\\_2018\\_prevention\\_standards\\_E.pdf](https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf))
- International standards for the treatment of drug use disorders. Revised edition incorporating results of field-testing (<https://apps.who.int/iris/rest/bitstreams/1273579/retrieve>)

## Policy directions, briefs and advocacy documents

### Cancer

- Global strategy to accelerate the elimination of cervical cancer as a public health problem (target for 90% of girls to be fully vaccinated with HPV vaccine by age 15 years) (<https://www.who.int/publications/i/item/9789240014107>)
- Global Initiative for childhood cancer (to improve outcomes for children with cancer by increasing countries' capacity to provide high-quality services and prioritize childhood cancer nationally, regionally and globally)

(<https://www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf?sfvrsn=83cf4552>)

- WHO position paper on human papillomavirus vaccines (<http://apps.who.int/iris/bitstream/handle/10665/255353/WER9219.pdf?sequence=1>)

## Environmental health

- WHO manifesto for green recovery from COVID and set of actionables (<https://www.who.int/docs/default-source/climate-change/who-manifesto-for-a-healthy-and-green-post-covid-recovery.pdf>)
- Mercury in skin lightening products (<https://www.who.int/publications/i/item/WHO-CED-PHE-EPE-19.13>)
- Burning opportunity: clean household energy for health, sustainable development, and wellbeing of women and children (<https://apps.who.int/iris/rest/bitstreams/909315/retrieve>)

## HIV

- HIV and young key populations: a technical brief ([https://www.who.int/hiv/pub/guidelines/briefs\\_\\_sw\\_2014.pdf](https://www.who.int/hiv/pub/guidelines/briefs__sw_2014.pdf); [https://www.who.int/hiv/pub/guidelines/briefs\\_ykp\\_2014.pdf](https://www.who.int/hiv/pub/guidelines/briefs_ykp_2014.pdf))

## Quality of care

- A standards-driven approach to improve the quality of health-care services for adolescents. Policy brief ([http://apps.who.int/iris/bitstream/10665/184035/1/WHO\\_FWC\\_MCA\\_15.06\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/184035/1/WHO_FWC_MCA_15.06_eng.pdf?ua=1))
- Building an adolescent competent workforce. Policy brief ([http://www.who.int/maternal\\_child\\_adolescent/documents/adolescent-competent-workforce/en/](http://www.who.int/maternal_child_adolescent/documents/adolescent-competent-workforce/en/))

## Substance use prevention

- Education sector responses to the use of alcohol, tobacco and drugs ([https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC\\_UNESCO\\_WHO\\_GoodPolicyAndPracticeInHealthEducation.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_UNESCO_WHO_GoodPolicyAndPracticeInHealthEducation.pdf))

## TB in children and adolescents

- Roadmap towards ending TB in children and adolescents (<https://www.who.int/tb/publications/2018/tb-childhoodroadmap/en>)

## Implementation guidance, case studies, lessons

### Comprehensive programmes

- Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation (<http://apps.who.int/iris/bitstream/10665/255415/1/9789241512343-eng.pdf?ua=1>)

- Accelerated action for the health of adolescents (AA-HA!). A manual to facilitate the process of developing national adolescent health strategies and plans ([https://www.who.int/maternal\\_child\\_adolescent/documents/adolescent-aa-manual-ah-strategies-plans/en/](https://www.who.int/maternal_child_adolescent/documents/adolescent-aa-manual-ah-strategies-plans/en/))
- How to plan and conduct telehealth consultations with children and adolescents and their families (<https://apps.who.int/iris/bitstream/handle/10665/350205/9789240038073-eng.pdf>)

### Environmental health

- Children's environmental health indicators (CEHI): Presenting regional successes learning for the future (<https://www.who.int/publications/i/item/WHO-HSE-PHE-EPE.09.1>)
- COP26 case studies on climate change and health ([https://www.who.int/docs/default-source/climate-change/cop26-cc--case-studies-5nov20.pdf?sfvrsn=524c7b21\\_1&download=true](https://www.who.int/docs/default-source/climate-change/cop26-cc--case-studies-5nov20.pdf?sfvrsn=524c7b21_1&download=true))
- Case study: chemical safety in schools in the Philippines (<https://apps.who.int/iris/rest/bitstreams/1325452/retrieve>)

### Equity

- Innov8 approach for reviewing national health programmes to leave no one behind: technical handbook (<https://apps.who.int/iris/rest/bitstreams/1061940/retrieve>)
- Handbook for conducting an adolescent health services barriers assessment (AHSBA) with a focus on disadvantaged adolescents (<https://apps.who.int/iris/rest/bitstreams/1209583/retrieve>)

### HIV

- AIDS free toolkit (<https://www.who.int/tools/aids-free-toolkit>)
- Adolescent-friendly health services for adolescents living with HIV: from theory to practice (<https://www.who.int/publications/i/item/adolescent-friendly-health-services-for-adolescents-living-with-hiv>)
- Learning session on HIV-affected adolescent mothers and their children in sub-Saharan Africa (<https://www.who.int/publications/i/item/learning-session-on-hiv-affected-adolescent-mothers-and-their-children-in-sub-saharan-africa>)
- WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 12: adolescents and young adults (<https://apps.who.int/iris/handle/10665/273172>)

### HPV

- Guide to introducing HPV vaccine into national immunization programmes ([https://www.who.int/immunization/documents/ISBN\\_9789241549769/en](https://www.who.int/immunization/documents/ISBN_9789241549769/en))
- HPV vaccine communication: Special considerations for a unique vaccine ([https://www.who.int/immunization/documents/WHO\\_IVB\\_16.02/en](https://www.who.int/immunization/documents/WHO_IVB_16.02/en))
- Options for linking health interventions for adolescents with HPV vaccination ([https://www.who.int/immunization/diseases/hpv/linking\\_h\\_interventions/en](https://www.who.int/immunization/diseases/hpv/linking_h_interventions/en))
- Considerations regarding consent in vaccinating children and adolescents between 6 and 17 years old ([https://www.who.int/.../policies\\_strategies/consent\\_note/en](https://www.who.int/.../policies_strategies/consent_note/en))

### Mental health

- Helping adolescents thrive toolkit. Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours. (<https://apps.who.int/iris/bitstream/handle/10665/341344/9789240026247-eng.pdf>)
- Live life: An implementation guide for suicide prevention in countries (<https://www.who.int/publications/i/item/9789240026629>)

### School health

- Making every school a health-promoting school – implementation guidance (<https://apps.who.int/iris/rest/bitstreams/1352169/retrieve>)
- Making every school a health-promoting school – country case studies (<https://apps.who.int/iris/rest/bitstreams/1352173/retrieve>)
- School vaccination readiness assessment tool ([https://www.who.int/.../policies\\_strategies/school\\_assessment\\_tool/en](https://www.who.int/.../policies_strategies/school_assessment_tool/en))
- School-based violence prevention: a practical handbook (<https://apps.who.int/iris/rest/bitstreams/1231471/retrieve>)

### TB in children and adolescents

- Best practices in child and adolescent tuberculosis care (<https://apps.who.int/iris/bitstream/handle/10665/274373/9789241514651-eng.pdf>)

### Violence prevention

- Improving efforts to prevent children's exposure to violence: a handbook to support the evaluation of child maltreatment prevention programmes (<https://apps.who.int/iris/rest/bitstreams/646146/retrieve>)

- INSPIRE: Seven strategies for Ending Violence Against Children (<https://apps.who.int/iris/rest/bitstreams/920857/retrieve>)
- INSPIRE Handbook: action for implementing the seven strategies for ending violence against children (<https://apps.who.int/iris/rest/bitstreams/1140319/retrieve>)

## Training packages and provider support tools

### Comprehensive care

- Core competencies in adolescent health and development for primary care providers. Including a tool to assess the adolescent health and development component in pre-service education of health-care providers (<https://www.who.int/publications/i/item/9789241508315>)
- Adolescent job aid (<https://www.who.int/reproductivehealth/publications/adolescence/978924159962/en/>)
- Assessing and supporting adolescents' capacity for autonomous decision-making in health care settings: a tool for health-care providers (<https://apps.who.int/iris/bitstream/handle/10665/350208/9789240039568-eng.pdf?sequence=1&isAllowed=y>)
- Web Annex. Algorithm for health-care providers. In: Assessing and supporting adolescents' capacity for autonomous decision-making in health care settings: a tool for health-care providers (<https://apps.who.int/iris/bitstream/handle/10665/350193/9789240039582-eng.pdf>)

### Environmental health

- WHO training package on CEH for health professionals (10 modules updated 2019/2020) ([https://www.who.int/ceh/capacity/training\\_modules/en/](https://www.who.int/ceh/capacity/training_modules/en/))
- A "green page" in the medical record: The paediatric environmental history (<https://www.who.int/news-room/q-a-detail/q-a-the-paediatric-environmental-history>)
- Massive open online course on e-waste with WHO pillar on child health (<https://www.who.int/news/item/28-02-2020-massive-open-online-course-on-e-waste>)

### Mental health

- WHO training package for non-specialist care providers (<https://apps.who.int/iris/handle/10665/259161>)

### Sexual and reproductive health

- The global early adolescent study toolkit and training suite (<https://www.who.int/reproductivehealth/publications/adolescence/geas-tool-kit-b/en/>)

### Violence prevention

- Responding to children and adolescents who have been sexually abused (<https://apps.who.int/iris/rest/bitstreams/1090527/retrieve>)

## Databases and resources for statistics on health, health-related behaviour and social determinants

### Demographics and health-related behaviour

- Adolescent health data portal (<https://www.who.int/data/maternal-newborn-child-adolescent-ageing/adolescent-data>)
- Health behaviour in school-aged children (<http://www.hbsc.org/>)
- Global school-based student health survey (<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey>)
- Global youth tobacco survey (<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-youth-tobacco-survey>)

### Environmental health

- Children and digital dumpsites: e-waste exposure and child health (<https://www.who.int/publications/i/item/9789240023901>)
- Progress on drinking-water, sanitation and hygiene in schools. Special focus on COVID-19 (<https://www.who.int/publications/i/item/9789280651423>)
- State of the world's sanitation: An urgent call to transform sanitation for better health, environments, economies and societies (with a section on sanitation in schools) (<https://www.who.int/publications/i/item/9789240014473>)

### Mental health and substance use

- Global information system on alcohol and health (<https://www.who.int/data/gho/data/themes/global-information-system-on-alcohol-and-health>)
- Atlas ([https://www.who.int/mental\\_health/evidence/atlas/mnh/en/#:~:text=Mental%20Health%20Atlas%20Project%20of,%2C%20medicines%2C%20and%20information%20systems](https://www.who.int/mental_health/evidence/atlas/mnh/en/#:~:text=Mental%20Health%20Atlas%20Project%20of,%2C%20medicines%2C%20and%20information%20systems))
- Survey of the impact of COVID-19 on mental, neurological and substance use services (<https://www.who.int/publications/i/item/978924012455>)

### Sexual and reproductive health

- Adolescent birth rate data ([https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adolescent-birth-rate-\(per-1000-women-aged-15-19-years\)?lang=en](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adolescent-birth-rate-(per-1000-women-aged-15-19-years)?lang=en))

## Violence prevention

- The global status report on preventing violence against children 2020 (<https://apps.who.int/iris/rest/bitstreams/1280976/retrieve>)
- Global database on prevalence of violence against women (<https://srhr.org/vaw-data>)

## Policy databases

### Comprehensive policies

- Adolescent health in national policies from the adolescent health data portal (<https://www.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies>)

### Environmental health

- Policy indicators on legally-binding controls on lead paint (<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/legally-binding-lead-controls>)

### Immunization

- Checking vaccination status at entry to, or during school ([https://public.tableau.com/views/SupplementalSurveyAnalysis-2019Dec16hidefilters-packagedGlobalSummaryStatisticsrecover-Copy/SurveyResultsbyCountry?%3Adisplay\\_count=y&publish=yes&%3Aorigin=viz\\_share\\_link&%3AshowVizHome=no](https://public.tableau.com/views/SupplementalSurveyAnalysis-2019Dec16hidefilters-packagedGlobalSummaryStatisticsrecover-Copy/SurveyResultsbyCountry?%3Adisplay_count=y&publish=yes&%3Aorigin=viz_share_link&%3AshowVizHome=no))
- Joint reporting form data on school vaccination activities ([https://cdn.who.int/media/docs/default-source/immunization/data\\_statistics/immunization\\_at\\_school.xls](https://cdn.who.int/media/docs/default-source/immunization/data_statistics/immunization_at_school.xls))
- WHO estimates of human papillomavirus immunization coverage, 2019 update (<https://www.who.int/immunization/hpv/monitor/en>)

### Mental health

- WHO MiNDbank an online platform for international resources and national/regional level policies, strategies, laws and service standards for mental health, substance abuse, disability and development (<https://www.mindbank.info/>)

### Sexual and reproductive health

- Global abortion policies database (<https://abortion-policies.srhr.org/>)

## Fact sheets

### Comprehensive

- Adolescent and young adult health (<https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>)

## Environmental health

- Lead poisoning and health (with a section on health effects in children) (<https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health>)
- Household air pollution and health (with impacts on child health) (<https://www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health>)
- Climate change and health (with impacts on children) (<https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>)
- E-waste and child health (<https://www.who.int/news-room/facts-in-pictures/detail/e-waste-and-child-health>)
- Children and air pollution (<https://www.who.int/news-room/spotlight/how-air-pollution-is-destroying-our-health/children-and-air-pollution>)

### Mental health

- Adolescent mental health (<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>)

### Sexual and reproductive health

- Adolescent pregnancy (<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>)

## Violence

- Youth violence (<https://www.who.int/news-room/fact-sheets/detail/youth-violence>)

## Country profiles

### Comprehensive overview

- Adolescent country profiles (in adolescent health data portal) (<https://www.who.int/data/maternal-newborn-child-adolescent-ageing/static-visualizations/adolescent-country-profile>)

### Environmental health

- Country profiles on climate change (<https://www.who.int/news/item/04-11-2020-who-publishes-series-of-profiles-on-climate-change-and-health-in-island-states>)

### Sexual and reproductive health

- Country profiles on adolescent contraception, in the context of adolescents' sexual and reproductive lives (<https://www.who.int/publications/i/item/WHO-SRH-20.67>)

## Violence prevention

- Global status report on preventing violence against children 2020. Country profiles (<https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020/gsrpvac-country-profiles>)

## Annex 3. Sustainable Development Goal targets specific for adolescents

- Reduce by at least half the proportion of children living in poverty in all its dimensions according to national definitions (target 1.2).
- Address the nutritional needs of adolescent girls (target 2.2).
- Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes (target 4.1).
- Substantially increase the number of youth who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship (target 4.4).
- Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for children in vulnerable situations (target 4.5).
- Ensure that all youth achieve literacy and numeracy (target 4.6).
- Build and upgrade education facilities that are child sensitive and provide safe, non-violent, inclusive and effective learning environments for all (target 4a).
- End all forms of discrimination against all girls everywhere (target 5.1).
- Eliminate all forms of violence against all girls in the public and private spheres, including trafficking and sexual and other types of exploitation (target 5.2).
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation (target 5.3).
- Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of girls at all levels (target 5c).
- Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of girls (target 6.2).
- Achieve full and productive employment and decent work for all young people, and equal pay for work of equal value (target 8.5).
- By 2020, substantially reduce the proportion of youth not in employment, education or training (target 8.6).
- Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms (target 8.7).
- By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization (target 8b)
- Provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of children (target 11.2).
- Provide universal access to safe, inclusive and accessible green and public spaces, in particular for children (target 11.7).
- Promote mechanisms for raising capacity for effective climate change-related planning and management in least-developed countries and small island developing states, including focusing on youth (target 13.b).
- End abuse, exploitation, trafficking and all forms of violence against and torture of children (target 16.2).

### Reference

Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/10665/255415/1/9789241512343-eng.pdf?ua=1>).





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