

Working for a brighter, healthier future

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

Second edition



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Cover photo: Teenagers with a WHO staff in Benguet. © WHO/Yoshi Shimizu

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Contents

Foreword	v
Acknowledgements	vi
Abbreviations and acronyms	vii
1. Introduction	1
1.1 Health challenges of adolescents	3
1.2 The dividends of investing in adolescent health	5
1.3 WHO strategic focus on adolescent health	10
2. WHO global leadership in adolescent health	15
2.1 Keeping adolescent health on the radar – driving the agenda	16
2.2 Building strategic partnerships, convening and brokering solutions	23
2.3 Strategic, credible, evidence-based advice to achieve impact	24
3. WHO commitment to working with adolescents	31
4. Strengthening the evidence base with data, research and innovation	37
4.1 Setting global standards for collecting data on adolescents	38
4.2 Ensuring access to data for global monitoring	39
4.3 Strengthening national capacity to collect and translate health data to inform policy	41
4.4 Promoting the use of data for accountability	42
4.5 Promoting research and innovation	42
5. Providing guidance and setting norms and standards	45
5.1 Promoting integrated approaches to adolescent health and models of care that maximize coverage	46
5.2 Promoting high quality health services for adolescents	48
5.3 Promoting equitable service provision for adolescents	49
5.4 Translating evidence into policy, programmes and national decision-making	49

6. Driving impact in every country	53
6.1 Engaging in policy dialogue and providing strategic support to strengthen adolescent health programmes	54
6.2 Providing technical assistance to strengthen adolescent-responsive health systems and address barriers to universal health coverage	57
6.3 Leaving no one behind	59
7. Supporting adolescents during emergencies	61
7.1 Humanitarian emergencies	62
7.2 Addressing the needs of adolescents in post-COVID-19 era	63
8. The decade ahead	67
References	70
Annex 1. WHO departments that participate in the Interdepartmental Technical Working Group on Adolescent Health and Well-being	79
Annex 2. Resource bank for adolescent health	83



Photos (clockwise from top):
 13-year-old Riyansh eats his lunch at the Krishna Vedic School in Nausori, Fiji. © WHO/Faizza Tanggol
 Correna Taofi holds a tortoise figure in a handicraft stall in Nuku'alofa, Tonga. © WHO/Mesake 'Isileli Taukolo
 Young African boy carries a basin on his head © Freepik
 Smiling adolescent girl in Estonia. © WHO/Gerli Sirk

Foreword

In 2021, WHO published the first report on its work on adolescent health and well-being, celebrating efforts across over 15 departments in WHO headquarters, as well as regional and country offices. Since then, I am proud to see that our work on adolescent health has made a powerful contribution to the three core priorities of the WHO's 13th General Programme of Work (GPW13): healthier populations; universal health coverage; and emergency preparedness and response.

This second edition reflects the priorities of the 14th General Programme of Work, expressed as the "Five Ps".

Promoting adolescent health, by addressing the root causes of ill health in adolescence, such as climate change, the conditions in which adolescents live and learn, physical activity and the products they consume.

Providing health for adolescents, by supporting countries to build adolescent-responsive health systems, including through school services, as part of their journey towards universal health coverage.

Protecting adolescent health from the impacts of health emergencies.

Powering adolescent health, by harnessing the power of science, research, digital technologies, data and communications, for example through

the Global Accelerated Action for the Health of Adolescents (AA-HA!).

And **performing** for adolescent health, by continuing to strengthen WHO's capacity to serve as a global leader in adolescent health.

In 2023, we launched the WHO Youth Council, and actively engaged young people through initiatives including the WHO Briefing Centre; the Global Model WHO; the WHO Youth Delegate Program; and the Global Forum for Adolescents and its 1.8 Billion Young People for Change campaign. Regional initiatives such as the PAHO Youth for Health Group and the South-East Asian Youth Network also grew stronger.

This report is testimony to how much we can achieve by working across boundaries. The interdepartmental working group on adolescent health and well-being that we created to better address the multifaceted needs of the global adolescent population, is instrumental to our integrated and system-oriented approach to adolescent health. I thank all our staff in country and regional offices as well as in HQ departments for tireless efforts in working with and for adolescents and youth, as we remain committed to promote, provide, protect, power and perform for the health and well-being of the world's 1.2 billion adolescents.



A handwritten signature in black ink, which appears to read "Tedros Adhanom".

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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Abbreviations and acronyms

AA-HA!	accelerated action for the health of adolescents
ADHD	attention deficit hyperactivity disorder
BCR	benefit–cost ratio
COVID-19	coronavirus disease 2019
CSE	comprehensive sexuality education
FGM	female genital mutilation
FP2030	Family Planning 2030
GDP	gross domestic product
GEF	Global Environment Facility
GFA	Global Forum for Adolescents
GPW14	14th General Programme of Work 2025–2028
GSHS	Global School-Based Student Health Survey
GYTS	Global Youth Tobacco Survey
HCV	hepatitis C virus
HPV	human papillomavirus
IQ	intelligence quotient
ITU	International Telecommunication Union
mhGAP	Mental Health Gap Action Programme
MOHFW	Ministry of Health and Family Welfare
NCD	noncommunicable disease
PAHO	Pan American Health Organization
PMNCH	Partnership for Maternal, Newborn and Child Health
SDG	Sustainable Development Goal
SRH	sexual and reproductive health
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNIDO	United Nations Industrial Development Organization
VMMC	voluntary medical male circumcision
WASH	water and sanitation
WFP	World Food Programme
WFUNA	World Federation of United Nations Associations
WHO	World Health Organization



Students lining up in gym class at school in Kazakhstan. © WHO

1. Introduction



Participants in Generation Green Youth Pre-event to
#MCEH, Hungary. © WHO/Mate Fülöp

- ◆ **Health challenges of adolescents**
- ◆ **The dividends of investing in adolescent health**
- ◆ **WHO strategic focus on adolescent health**

The 1.3 billion adolescents in the world today represent more than one sixth of the global population (1). They are extremely diverse, differing not only in age but also in developmental stage as well as culture, nationality, wealth, education, family, urban/rural residence and many other ways that have a great impact on their well-being and health. Nonetheless, across all societies and settings, people aged between 10 and 19 years share key developmental experiences as they transition from childhood to adulthood, which make adolescence a unique formative stage of human development. This stage is characterized by rapid physical growth, hormonal changes, sexual development, new and complex emotions, an increase in cognitive and intellectual capacities, moral development and evolving relationships with peers and families. Gender norms and attitudes that are formed during childhood and adolescence influence adolescent health behaviour and outcomes, particularly sexual and reproductive health and mental health (2,3).

Critically, adolescents are not simply old children or young adults. The many determinants that influence human health take particular forms and have unique impacts in adolescence. This is why adolescents require specific attention in national health policies, strategies and programmes.

The work in adolescent health has been progressively strengthened by WHO, which has expanded its portfolio to include research, norms and standards, country support and advocacy. The scope of work now spans more than 15 departments and covers all levels of the organization, addressing the multifaceted needs of the global adolescent population.

To further enhance its internal capacity, WHO established an Interdepartmental Technical Working Group on Adolescent Health and Well-being in 2020. The aim of the group is to provide a mechanism for coordinating initiatives related to adolescent health within WHO headquarters, and to ensure effective internal and external communication, coordination and collaboration. The group committed to produce biennial reports on WHO's work on adolescent health, and the inaugural edition was published in 2021 (4).

This is the second report in the series. It comes at a time when WHO is developing its Fourteenth General Programme of Work, 2025-2028, which aims to promote, provide and protect health and well-being for all people, everywhere. Inherent in this goal are the principles of equity in health service coverage, health systems that are responsive to population needs, as well as meaningful end-user engagement and participation in policy development and implementation. Investments in adolescent health and well-being are central to the realization of these aims.



PMNCH is delighted to partner with WHO on *Working for a brighter, healthier future*. The report highlights WHO collaborations and initiatives for improving adolescent well-being across the five domains of the adolescent well-being framework co-ordinated by PMNCH. Generating evidence in support of effective multisectoral programmes is vital for motivating leaders to prioritize this population group, which has historically received insufficient attention. In 2023, WHO collaborated with PMNCH on the '1.8 Billion Young People for Change' campaign. The Global Forum for Adolescents (11-12 October 2023) – the largest ever gathering dedicated to adolescent health and well-being – saw the launch of the Agenda for Action for Adolescents that highlighted immediate priorities for action drawing on inputs from 1.3 million young people globally. Through such initiatives, WHO and PMNCH have intentionally and consistently engaged adolescents and youth, and ensured their meaningful participation in efforts to improve adolescent health and well-being. The voices and perspectives of young people must be heard and acted upon when programmes and policies impacting on their lives are designed and implemented.

Rt. Hon. Helen Clark, Partnership for Maternal, Newborn and Child Health (PMNCH) Board Chair and former Prime Minister of New Zealand

The world is changing rapidly and many shifts – both positive and negative – have occurred since the first report was published. The current edition captures WHO responses to these changes, and describes the organization's efforts to continue elevating adolescent health and well-being through collaboration and coordination around new initiatives, expanding the scope of work and setting ambitious objectives with its development partners and adolescents.

1.1 Health challenges of adolescents

About 1.3 billion (16%) of the global population are adolescents: between the ages of 10 and 19 years. Over the past 20 years, mortality rates from all causes have declined among adolescents globally, with the largest decline in older (15-19 years) adolescent girls. However, progress has been uneven across different regions and adolescent population groups. According to the latest WHO global estimates (5), road injury is the most important cause of death for both younger (10-14 years old) and older (15-19 years old) adolescent males in 2019. Among adolescent females, the most important causes of death is diarrhoeal diseases in the younger group and tuberculosis (TB) in the older group. While some of the main causes

The report describes the cross-cutting work of WHO to improve adolescent health and well-being. It charts the far-reaching, complementary work across the organization to address the health and well-being of over 1.3 billion citizens aged 10 to 19 years, on whom future economic and societal development depend. Given that there is a considerable overlap between the terms 'child' (0-18 years) and 'adolescent' (10-19 years), the report often refers to 'child and adolescent health'.

of death (such as maternal conditions) varied by region, rates for other causes, including road traffic injury and suicide, are consistently high across regions (1).

Improving adolescent health no longer requires justification. Despite adolescents being regarded as a healthy group, an estimated 0.9 million people between the ages of 10 and 19 years died in 2019. Over 2400 adolescents die every single day.

Reductions in the burden of non-fatal conditions among adolescents have been limited over the past 20 years, and there have been increases in some regions and age groups. Across regions, the main conditions causing this burden are mental health conditions (e.g. depressive and anxiety disorders, childhood behavioural disorders), iron deficiency anaemia, skin diseases and migraine. Conditions such as malaria or drug use disorders are more common in certain regions (1,5). Oral diseases are also widespread affecting almost half of the world's population (45% or 3.5 billion people worldwide) including adolescents (6). The prevalence of health conditions contributing to developmental disability is 13.9% for those aged 15–19 years, with hearing loss, idiopathic developmental intellectual disability, attention deficit hyperactivity disorder (ADHD), cerebral palsy and vision loss being the most prevalent conditions (7).

Globally there has been progress on key indicators related to adolescent sexual and reproductive health such as age at first sex, age at first marriage and first birth, fertility, family planning, human immunodeficiency virus (HIV) infection, child marriage and female genital mutilation. However, progress on key indicators is modest and uneven, both within and across countries and regions, and is offset in some cases by population growth (1).

Across adolescent age groups and sexes, the most important risk factors for mortality and morbidity included iron deficiency, unsafe water source, low birth weight and short gestation, as well as unsafe sanitation.

Gender inequality and harmful social norms persist, alongside high rates of sexual abuse and intimate partner violence (1). The social contexts in which adolescents grow up influence their health outcomes. Where restrictive gender norms are established during childhood and adolescence, for instance, they can have short- and long-term effects on health, as well as on social, emotional and mental well-being, which persist across the life course (8). Girls may experience restricted access to educational opportunities, stigma associated with menstruation, or undergo early pregnancy, which can have negative consequences for both mother and child. They may also experience gender-based and other forms of violence, alongside harmful practices such as child marriage and female genital mutilation. Boys may also be at risk of poor health outcomes related to injury, violence, substance use and mental health-related issues due to norms surrounding masculinity (1).

Evidence for the importance of protective factors at individual, family and societal levels on adolescents' health and well-being is also growing (1). Connectedness with parents and youth-adult connectedness, engagement with school, school safety and social support promote positive development, play a protective role in relation to a range of poor health-related outcomes, and are associated with improved emotional and behavioural outcomes across countries and varied socioeconomic conditions (9). There is growing evidence that health literacy represents an asset for health and well-being, through which adolescents can pursue their full health potential as informed participants in decision-making about health and development (10).

Data are emerging on some less commonly explored health determinants, such as sleep and loneliness. There is increasing recognition that sleep has an important role in maintaining health and well-being among adolescents. This includes, for example, the positive impact of good sleep on weight control, mental health, pain and illness. Although the association between sleep and good health has been well demonstrated (11,12), and effective treatment is possible (13), epidemiological data on national

or regional disease burden, related risk factors and their distribution remain limited (7).

Loneliness in young people is increasingly recognized as a significant determinant of health and well-being (14). Although not yet routinely measured, the report of a 2021/2022 international survey of health behaviour in school-aged children provides some insights (15). In the survey, up to 16% of adolescents

reported feeling lonely 'most of the time' or 'always' in the past year. The proportion almost doubled between the ages of 11 years (8% for boys and 14% for girls) and 15 years (13% boys and 28% girls). The difference between girls and boys was consistent, with the former reporting higher levels of loneliness across age groups and all 44 countries surveyed in Europe, central Asia, and Canada (15).

1.2 The dividends of investing in adolescent health

There are many reasons why investing in adolescent health and well-being is crucial (7).


 Adolescents have a fundamental right to health, and bear a substantial proportion of the global disease and injury burden (Fig. 1).

Fig. 1. Adolescents suffer a high burden of disease from preventable causes



Source: For references pertaining to each estimate refer to: Global accelerated action for the health of adolescents (AAHA!): guidance to support country implementation (2nd edition). Geneva: World Health Organization; 2023 (7).




Investments in adolescent health and well-being brings a triple dividend of benefits (16) (Fig. 2).

Fig. 2. Triple dividend of investing in adolescent health and well-being



Source: Taken from: Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB et al. Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*. 2016;387(10036):2423-78 (16).

 While these interventions require large investments, they are estimated to bring substantial returns ranging between ten dollars return for every dollar invested, or much higher values in many cases (Fig. 3).

The economic and social returns on a wide range of investments to address main adolescent health and well-being problems are high, with benefit cost ratio (BCR) often around 10 or more, with even higher ratios in some instances, depending on the methodology adopted by the studies (17).

Fig. 3. Returns on investment in adolescent health and well-being



Source: For references pertaining to each estimate refer to: Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation (2nd edition). Geneva: World Health Organization; 2023 (1).

Evidence is strong that the costs of inaction on adolescent health and well-being over 2024–2035 has been estimated at US\$20.5 trillion, amounting to up to 6.1% of the projected total gross domestic product (GDP) of countries that are home to over 85% of the world's population (17).



Adolescents are not simply old children or young adults: they have specific and particular needs (Fig. 4).

Fig. 4. Adolescent needs: distinct from childhood and adulthood



 The 2030 agenda for sustainable development cannot be achieved without investment in adolescents, including their health and well-being.

Progress in adolescent health and well-being requires investment and action across multiple sectors, and is essential to achieve many of the 17 Sustainable Development Goals (SDGs) and their 169 targets (Fig. 5).

Fig. 5. Working together across sectors for adolescents' well-being



1.3 WHO strategic focus on adolescent health

WHO work on adolescent health and well-being is underpinned by three strategic frameworks.

- The **Sustainable Development Goals (SDGs)**, which seek to achieve sustainable and global economic, social and environmental development by 2030, will not be realized without investment in adolescent health and well-being. A sobering 2023 progress report showed that governments and the global community are failing youth in many dimensions of their well-being, such as employment, decent jobs, education and training that is fit for the future, gender equality, climate action and political representation (18).
- The **Global strategy for women's, children's and adolescents' health (2016–2030)** (19) 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 strategy goals related to adolescent health and development – and in response to a request from WHO Member States at the Sixty-eighth World Health Assembly in May 2015 – United Nations partners, led by WHO, prepared the Accelerated action for the health of adolescents (AA-HA!)

guidance to support country implementation of the global strategy. A second edition of the guidance was published in October 2023 (1). The AA-HA! guidance provides a logical framework for developing and implementing adolescent health and well-being programmes across the five domains of adolescent well-being (Fig. 6). The WHO secretariat reports annually to the World Health Assembly on progress in implementation of the global strategy and its AA-HA! component.

- The **WHO 14th General Programme of Work, 2025–2028 (GPW14)**. The new adolescent health and well-being programme focus is being developed as GPW14 is being discussed and agreed by WHO Member States. The broad goal that has been proposed for GPW14 is to promote, provide and protect the health and well-being of all people, everywhere (20). Acknowledging that the world is dramatically different since the adoption of the SDGs, GPW14 is conceived as a framework to manage contemporary health challenges, and be forward-thinking in addressing the impacts of the climate crisis on health as well as demographic changes, for example. The agreed GPW14 will also acknowledge the direct and amplifying effect that WHO's work has on the entire ecosystem for health, and the need to work with non-state actors, the private sector, youth representatives, and others towards achieving health for all.

Fig. 6. Five domains of adolescent well-being



Fig. 7. How WHO improves health and promotes well-being for the world's adolescents



This is the second edition in a series of biennial reports describing WHO work on adolescent health, which largely takes place through collaboration, coordination of new initiatives, and establishment of ambitious common objectives with development partners and adolescents (Fig. 7).

1. WHO **global leadership** for adolescent health emphasizes its commitment to prioritizing adolescent health on the global agenda. Examples include WHO influence in shaping global and regional commitments, convening and coordinating expert forums to develop evidence-based global strategies, and orchestration of strategic partnerships to amplify advocacy, resources and actions on adolescent health.
2. WHO **commitment to working with adolescents** reflects the recognition of adolescents as central, equal partners in shaping health solutions, including the development of guidelines, strategies, communications and campaigns.
3. **Enhancing the adolescent health evidence base** through data, research, and innovation showcases several WHO efforts. These include refining standard health metrics for adolescents, boosting countries' abilities to gather and analyse data for policy development, and leveraging information to ensure accountability and support research in adolescent health.
4. **Providing guidance and setting norms and standards** demonstrates 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 (see Annex 2).
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 represent real barriers to access for many adolescents.

6. **Supporting adolescents during emergencies** showcases examples of WHO work to mitigate the disruption and trauma associated with humanitarian emergencies, natural disasters and the consequences of the COVID-19 pandemic.

The WHO objective is to guarantee that adolescents, recognized as a distinct demographic group, continue to transition from being the 'missing millions' to a pivotal focus within the global health agenda. The aim is to ensure that strategies for enhancing adolescent health are appropriate, inclusive, coherent and holistic and leave no one behind.

The examples presented in this report are illustrative, providing a partial glimpse of the depth and breadth of WHO contributions to adolescent health.





Nurse Kai provides a third dose of COVID-19 vaccine to Ama in Mkontakay, Sierra Leone. © WHO / NOOR / Benedicte Kurzen

2. WHO global leadership in adolescent health



- ◆ **Keeping adolescent health on the radar - driving the agenda**
- ◆ **Building strategic partnerships, convening and brokering solutions**
- ◆ **Strategic, credible, evidence-based advice to achieve impact**

2.1 Keeping adolescent health on the radar - driving the agenda

Championing a comprehensive agenda for adolescent health and development

The past decade has witnessed unprecedented attention to a comprehensive agenda for adolescent health, an agenda that takes a holistic and multi-dimensional approach to promoting and addressing the health and well-being of adolescents (21). At the global level, building on successes in advancing sexual and reproductive health and with critical inputs from WHO, adolescent

health and well-being have been gradually reframed towards a more comprehensive approach including human immunodeficiency virus (HIV) and other infectious diseases, unintentional injuries, violence, communicable and noncommunicable diseases (NCDs), mental health and key risk factors - such as alcohol and drug use, tobacco use, sedentary behaviours and poor nutrition - as well as protective factors such as education and social connectedness (21). Crucial for this reframing was generating strong data showing the breadth of public health concerns for adolescent health and well-being. Table 1 highlights some examples of WHO roles in championing a comprehensive agenda for adolescent health and well-being.



13-year-old Nitisha eats lunch at school in Nausori, Fiji.
© WHO/Faizza Tanggol

Table 1. Selected WHO-led milestones and roles in advancing the comprehensive agenda for adolescent health and well-being

	Milestones	WHO roles
2015	◆ Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)	Includes adolescent health as a new strategic area and provides a roadmap that is comprehensive not only across health priorities, but also across SDGs and political, social, economic and environmental determinants of health and sustainable development (19).
2017	◆ Accelerated action for the health of adolescents: Guidance for country implementation	In support of the implementation of the Global Strategy for Women's, Children's and Adolescents' Health, this guidance calls for investing in comprehensive adolescent health programmes informed by national priorities. Following its publication and support by WHO and other UN partners, many countries have used the guidance to develop or update comprehensive strategies and plans for adolescent health and well-being (22).
2019	◆ Political declaration on universal health coverage	Adolescents took the spotlight in the lead-up to the United Nations High-level Meeting on Universal Health Coverage in 2019. The resulting political declaration stressed the need comprehensively address a broad range of health problems and their social, economic and environmental and other determinants of health by working across all sectors (23).
2020	◆ COVID-19 pandemic	Spotlighted the need to have a holistic response to the pandemic that considers the totality of adolescents needs such as access to services related to physical activity, nutrition, mental health, sexual and reproductive health (SRH), child protection, water and sanitation (WASH) and other services.
2020	◆ A future for the world's children? A WHO–United Nations Children's Fund (UNICEF)–Lancet commission	Calls for a comprehensive narrative that places children and adolescent's health and well-being at the centre of the SDGs and the notion of sustainability. Also recommends reconfiguring global, national and subnational governance mechanisms to provide strong multisectoral solutions (24).
2020	◆ United Nations (UN) H6+ agencies' Adolescent Well-being Initiative	Proposes a consensus conceptual framework for adolescent well-being that consists of five interrelated domains: a) good health and optimal nutrition; b) connectedness, positive values and contribution to society; c) safety and a supportive environment; d) learning, competence, education, skills and employability; and e) agency and resilience (25).
2021	◆ WHO, United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF initiative Making Every School a Health Promoting School	Calls to put learners' health and well-being at the core of the education agenda by investing in health promoting education systems, and publishes global guidance to inform a new generation of comprehensive school health programmes (26).
2023	◆ Second edition of Accelerated action for the health of adolescents: Guidance for country implementation	The case for investing in comprehensive adolescent health programmes informed by national priorities is made stronger by articulating how a more holistic understanding of adolescent well-being, based on the adolescent well-being framework, can inform a new generation of programmes (1).

Source: Adapted from: Baltag V. Leveraging the priority indicators to promote comprehensive adolescent health approaches. *Journal of Adolescent Health*, 2024 (in print) (1).

Advancing adolescent health and well-being at the Global Forum for Adolescents 2023

Far too many of today's 1.8 billion adolescents and youth (i.e. those aged 10–24 years) are underserved by existing policies, programmes and financial allocations intended to fulfil their well-being requirements. To change this, in 2023, the Partnership for Maternal, Newborn and Child Health (PMNCH) organized the Global Forum for Adolescents (GFA) from 11th to 12th October 2023, in collaboration with WHO and other partners (27). It was the world's largest-ever gathering focusing on adolescent well-being, made up of a global community of thousands of participants, and was estimated to reach more than 2.4 million people. The GFA brought together adolescents and youth, advocates and global decision-makers, and was the first-ever massive virtual event and galvanizing moment for global partners to share evidence, engage, spark multi-sectoral action and

promote political and financial commitments on adolescent well-being. Through 126 national events and a two-day virtual mainstage, the forum featured individual sessions on all aspects of adolescent well-being, product launches, plenaries, and art dedicated to well-being (27). The event culminated in the launch of the Agenda for Action for Adolescents, which captured the voices and needs of over 1.2 million young people globally, and set a course for governments and stakeholders from all sectors to develop and implement meaningful policies and programmes focused on adolescent well-being.

The forum was only one of many milestones in the multi-year 1.8 Billion Young People for Change campaign (Box 1), which seeks to generate attention for adolescent and youth issues, and advocate for their well-being in the lead up to the UN Summit of the Future in 2024.



Box 1. What Young People Want

The 'What Young People Want' initiative is a key part of the 1.8 campaign, and is gathering the perspectives, opinions and aspirations of young people across the world. The initiative has successfully created a platform for young people to have their voices heard and bring attention to the issues that matter most to them and their well-being. By directly gathering data and views from adolescents and youth globally, the initiative aims to create a better understanding of the needs and priorities of young people, to align with policy and decision-making processes and ensure they are tailored to their needs.

Organizations have a crucial role to play in this campaign, by mobilizing their youth networks and ensuring that the perspectives of young people are documented and heard. A dynamic dashboard has been developed to support the campaign, where organizations can access valuable insights and data gathered from young people.

Source: What Young People Want. 1.8 Billion Young People for Change campaign; 2023 (<https://www.1point8b.org/wypw>, accessed 7 February 2024) (28).

Strengthening the case for investing in adolescent health and well-being programmes

To strengthen the case for funding adolescent health and well-being programmes, an adolescent well-being investment case is being developed by Victoria University and PMNCH with oversight by an expert consultative group that includes WHO and other partners (Box 2). The adolescent well-being investment case

includes a global modelling toolkit, as well as a report that synthesizes current knowledge that substantiates the case for investing in adolescent well-being (e.g. the economic case, human rights imperative, the demographic and epidemiological transition) and revises, updates and expands previous models of investment (e.g. health, nutrition, education, road traffic injury, child marriage, etc.), as well as presenting the cost of insufficient action (17).

Box 2. Adolescents in a changing world: the case for urgent investment

The economic and social returns on a wide range of investments to address adolescent well-being are high, with the benefit-cost ratio (BCR) of 10 or above, and with much higher values in many cases.

Key areas for investment include:

- Malnutrition: hunger and undernutrition, micronutrient deficiencies and overweight/obesity.
- Mental health conditions: prevention and treatment.
- Learning, life skills and employment.
- Social norms and expectation of women, including reductions in child marriage and unplanned pregnancies.
- Violence and injury prevention.
- Preparation of adolescents to cope with emerging threats, such as climate change and the risk of further pandemics.

Although the global costs of the full suite of investments across these priorities are high – an average of approximately US\$300 billion per annum over the twelve years 2024–2035, which amounts to about 0.25% of average projected global GDP over the period – the costs of inaction are far higher. Estimates suggest that the costs of inaction over 2024–2035 is US\$20.5 trillion for studied areas and countries that include over 85% of the world's population. This amounts to 6.1% of the projected total GDP of these countries over this 12-year period.

This investment must cover all five domains of adolescent well-being and the linkages between them, and respond to the expressed needs of the adolescents themselves. It needs to be a global programme carried out at the local level, with initiatives tailored to the realities of individual countries and involving the young people themselves.

Transformative investment in three key platforms or systems is necessary: universal health coverage, including primary care; enhanced schools that focus on learning, health, nutrition and student well-being; and support systems based in local communities.

Source: Sheehan P, Rasmussen B, Sweeny K, Maharaj N, Symons J, Davidson S et al. Adolescents in a changing world: the case for urgent investment – Executive Summary. Melbourne: Victoria Institute of Strategic Economic Studies, Victoria University; 2023 (<https://pmnch.who.int/resources/publications/m/item/adolescents-in-a-changing-world-the-case-for-urgent-investment>, accessed 18 February 2024) (17).

Driving global transformation in adolescent mental health

The annual Global Ministerial Mental Health Summit was hosted by the Government of Italy in 2022 (29), and by the Government of Argentina in 2023 (30). Both events included key sessions on promoting coordinated action on adolescent mental health at global and national levels. In 2022, key messages for country delegations included the importance of investment in strengthening evidence-based community mental health services for adolescents including through strengthening the skills of the workforce in adolescent mental health. In 2023, the focus of the adolescent sessions was on the development of key multisectoral actions to support mental health. This includes the provision of mental health support within environments where young people spend their time, such as schools and workplaces, and ensuring the full inclusion, participation and leadership of young people, including those with lived experience, across the development and implementation of mental health policies and programmes.

The Global Alliance for Ending AIDS in Children by 2030

The Global Alliance for Ending AIDS in Children by 2030 (31) was launched in 2023. WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF convened countries and partners to drive action through a strong, strategic, and action-oriented alliance of multisectoral stakeholders at national, regional and global levels to work with women, children and adolescents living with HIV, national governments and partners to mobilize leadership, funding and action to end AIDS in children and adolescents by 2030. Working across four pillars, 12 'phase one' countries have developed contextual action plans with specific deliverables, including those focused on optimizing treatment and prevention, and with countries and communities at the centre. Commitments from the ministers of health from all countries have led to the declaration of political commitment made in Dar es Salaam, United Republic of Tanzania.



Leveraging political commitment to end TB in children and adolescents

The United Nations General Assembly held the second high-level meeting on the fight against tuberculosis on 22 September 2023 to advance science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic. The resulting political declaration recognizes children and adolescents among the vulnerable groups that are in need of particular attention, and commits to strengthen comprehensive care for all, including through nutritional, mental health and psychosocial support, and social protection (32).

To accelerate progress towards the targets elaborated during the 2023 high-level meeting on TB, the 3rd edition of the Roadmap towards ending TB in children and adolescents was published in 2023 (33). It recognizes the progress made over the past five years and outlines priorities and key actions. The 2023 roadmap retains the strong focus on TB in children, while also emphasizing the importance of addressing TB among adolescents. By providing evidence that adolescents also have high rates of TB and have specific age-related needs that should be considered to improve outcomes, the roadmap guides policy-makers in implementing adolescent-responsive actions to end TB in adolescents.

WHO manages the Child and Adolescent TB Working Group, one of the seven working groups of the Stop TB Partnership. To achieve decreased TB mortality and morbidity among children and adolescents, the objectives of the working group are to promote research, generate evidence for policy development, formulate and implement guidelines, mobilize human and financial resources, and collaborate with partners working in relevant fields (including maternal, child and adolescent health, the extended programme on immunization, and HIV). Its annual meetings bring together a broad range of stakeholders including paediatricians, national TB programme (NTP) managers and childhood TB focal points, maternal and child health representatives, technical and financial partners, community

and civil society representatives, and WHO staff from headquarters, regional and country offices (34). At the 2022 meeting, WHO provided an update on the burden of TB in children and adolescents and recent WHO policy developments with relevance to children and adolescents. This was followed by sessions during which members of the working group shared and discussed developments and experiences with respect to early implementation of the WHO consolidated guidelines and operational handbook on the management of TB in children and Adolescents (35). The 2023 annual meeting highlighted the launch of the third edition of the Roadmap towards ending TB in children and adolescents (33).

Spotlighting the impact of poor oral health on children and adolescents

Oral health has long been neglected in the global health agenda. The new WHO Global oral health status report (6) highlights the impacts of poor oral health on children and adolescents. The report provides a comprehensive picture of the oral disease burden, the resources available for oral health, and the challenges ahead. It shows that negative impacts from untreated caries are common among children and adolescents, frequently causing acute infection, dental pain and discomfort, affecting their ability to eat, speak, learn and sleep, and leading to poorer school attendance and educational performance (6). All of these negative impacts disproportionately affect children and adolescents from more disadvantaged backgrounds. In order to combat the substantial prevalence of oral diseases among adolescents, Member States have adopted the Global oral health action plan 2023-2030 (36), which builds upon the Global strategy on oral health and the World Health Assembly resolution on oral health (37). The Global Strategy on Oral Health and the Global Oral Health Action Plan 2023-2030 emphasizes the necessity of age-appropriate and tailored interventions across the life course to address the burden of oral diseases for adolescents (35, 38).

WHO call for menstrual health to be framed and addressed as a health and human rights issue

At the United Nations Water Summit in March 2023, WHO made a commitment to advocate for countries to include promotive, preventive and curative health services, as well as access to adequate water supply and sanitation in their national universal health coverage policies and strategies (39). This was a logical follow-up to the related call for action and commitment made at the Human Rights Council in 2022 (40). A decade and a half of incremental work on adolescent menstrual health provided the foundation and the springboard for these commitments. This includes discussions with adolescents from around the world on their health needs and problems, which highlighted menstrual health problems as important.

WHO has set out a vision of achieving the sexual and reproductive health and rights of adolescents globally, and provides substantive technical inputs by: generating evidence through research, evaluation, documentation and reviews; strengthening metrics; advocating for investment and action; building capacities of individuals and institutions; and supporting countries to strengthen their policies and programmes through the application of good science and good management. WHO has led the call for a framing of menstruation on the basis of rights and health, rather than hygiene (40,41).

Bringing hearing loss in adolescents to the attention of policy-makers

Hearing loss among children, adolescents and adults is frequently linked with feelings of inadequacy and low self-esteem. Adolescents often voluntarily expose themselves to dangerous levels of sounds while listening through headphones, stereo systems, in live music events or concerts, nightclubs, sporting events, the recreational use of firearms and also in fitness classes. The World report on hearing brings epidemiological and financial data on hearing loss to the

attention of policy-makers, and outlines available cost-effective solutions (42). The specific vulnerabilities of adolescents and mitigating strategies through safe listening practices in recreational settings, noise control in entertainment venues, changing attitudes towards noise, immunization and timely detection and treatment of ear infections, are also presented.

In support of the recommendations of the World report on hearing, the technical guidance Hearing screening: considerations for implementation provides Member States with advice for establishing evidence-based programmes for hearing screening in different target age groups and on facilitating early interventions for ear diseases and hearing loss in school-aged children, among other groups (43).

Reminding governments and civil society of the risks of lead exposure in children

The WHO International Lead Poisoning Prevention Week campaign is held annually to raise awareness about the health effects of exposure to lead and highlight the efforts of countries and partners to prevent exposure to lead, particularly among children. The ninth prevention week was held on 24–30 October 2021, and the tenth on 23–29 October 2022. The goals are to: raise awareness about the adverse health effects of exposure to lead; highlight the efforts of countries and partners to prevent exposure to lead, particularly in children; and urge further action to eliminate lead paint through regulatory action at country level (44). The focus of the 10th anniversary ‘Say No to lead poisoning’ campaign reminded governments, civil society organizations, health partners, industry and others of the unacceptable risks of lead exposure and the need for action (45). The campaign builds on the success of outlawing the use of lead in petrol and the progress achieved by many countries in establishing laws that limit the use of lead in paint, particularly those paints to which children are exposed in their homes, schools and playgrounds.

2.2 Building strategic partnerships, convening and brokering solutions

Working across the United Nations for adolescent and youth health

The United Nations (UN) has formulated 'Youth 2030' - the United Nations Youth Strategy - as a system-wide guide to working with and for young people around the world (46). The first Youth 2030 progress report was published in 2021 and highlighted the UN system's response to the needs of youth during COVID-19, as well as the impact of an ambitious UN reform process on youth programming by UN Country Teams (47). The second report, published in 2022, highlighted progress achieved in 2021 across the UN system by respective agencies and country teams (48).

A UN common agenda for school health

'Making Every School a Health Promoting School' is an alliance among the Food and Agriculture Organization of the United Nations (FAO), UNAIDS, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), UNICEF, the United Nations Environment Programme (UNEP), the World Food Programme (WFP) and WHO (25). Following the launch of the initiative in 2018, more global and regional declarations have called for greater investments in school health (49-51), and the Global School Meals Coalition was formed to restore, improve and scale up sustainable school meals (52).

To strengthen accountability for school health, WHO has collaborated with UNESCO and other partners in producing evidence on the status of school health programmes globally. In 2023, the groundbreaking report *Ready to learn and thrive* (53) was published that, for the first time, brings together multiple data sources to provide a global overview of school health and nutrition policies and programmes, showing that these are a practical, affordable and effective way to support learners' well-being and development.

WHO and FP2030 strengthen cooperation for adolescent sexual and reproductive health

WHO continues to build and leverage strong global partnerships and alliances to foster capacity and skills development, and provides leadership concerning evidence-based strategies to improve adolescent sexual and reproductive health in adolescents. WHO contributes to the UNFPA-UNICEF Global Programme to End Child Marriage, which supports the implementation of national strategies to accelerate action to end child marriage in 12 high-prevalence or high-burden countries (54). In 2022, WHO made eight commitments to Family Planning 2030 (FP2030), a global partnership of organizations working on family planning, including a commitment to support countries improve access to and uptake of contraception by adolescents. The partnership achieves this aim by supporting the development of sound policies and strategies on adolescents, and their effective implementation and monitoring, and by leveraging on the Adolescent/Youth Technical Assistance Coordination Mechanism (55,56). WHO works with the FP2030 partnership in developing bold country commitments to improve adolescents' access to and uptake of modern contraception, and to translate these commitments into action (54). In collaboration with FP2030, WHO has carried out an analysis of the adolescent and youth components of national commitments, comparing previous FP2020 commitments with the latest FP2030 commitments. This documents how country commitments have evolved over five years through a rapid review of the state of comprehensive sexuality education and adolescent responsive contraceptive services. This partnership and collaboration with FP2030 also incorporates work alongside the Geneva Foundation for Medical Education and Research to conduct a rapid review of the state of comprehensive sexuality education and adolescent-responsive contraceptive services.

The UNICEF/WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents

The joint programme works to strengthen the capacity of countries to implement evidence-informed and human-rights based multisectoral strategies to deliver opportunities, support and services for children, adolescents and their caregivers (57). The partnership operates at global, regional and country levels. At present, 13 countries are receiving targeted support from both agencies to implement activities to improve child and adolescent mental health. Areas of strategic support include strengthening of: leadership, governance and advocacy; service delivery and care systems; promotion and prevention activities in mental health; and information systems, evidence and research.

Establishing the Global Initiative to Support Parents to prevent child maltreatment

In low-, middle- and high-income countries, parenting interventions programmes are a strategy that has been shown to have major and long-lasting benefits in preventing child maltreatment: reducing violence both to and by young people, and improving a host of health, well-being and socioeconomic outcomes for children and adolescents now and into their futures. These programmes typically aim to strengthen caregiver-child relationships through play and praise, to help manage child and adolescent behaviours through effective, age-appropriate positive-discipline strategies. WHO played a leading role in the establishment of the Global Initiative to Support Parents to prevent child maltreatment and optimize child development. This multi-agency consortium aims to ensure that all parents and caregivers have access to quality, evidence-based parenting support interventions by the year 2027, according to their needs (54).

Adolescent HIV service delivery working partnership

WHO convenes the adolescent HIV service delivery working group, a group of 30 adolescent HIV specialists and advocates to support work on enhancing and providing adolescent-friendly services to adolescents. The group contributes to developing and disseminating important tools and resources for countries, partners and young people, as well as promoting, catalysing and facilitating communication, documentation and dissemination of best practices and joint learning on adolescent-friendly service delivery models. Related tools and resources contribute to the AIDS Free toolkit (58), which consists of the latest child and adolescent normative guidance, technical guidelines, policy briefs, case studies and advocacy resources to support efforts to achieve the AIDS Free targets in high-burden countries.

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

The second edition of the Global accelerated action for the health of adolescents guidance

The first edition of the Global accelerated action for the health of adolescents (AA-HA!) guidance to support country implementation was published in 2017 (22), and helped to draw attention to the need for a comprehensive response to adolescent health after decades of neglect.

The second edition of the AA-HA! guidance (1) is a collaborative effort spearheaded by WHO in collaboration with UNAIDS, UNESCO, UNFPA, UNICEF, UN WOMEN, WFP and PMNCH. Building on the solid foundation of the first edition and the voices of adolescents and young adults around the world, this multi-agency product has evolved to incorporate valuable learnings from the past six years, including those related to impacts of the COVID-19 pandemic. Latest estimates of mortality and disease burden, updated evidence and a broader focus on well-being, make the second edition a cutting-edge resource for policy-makers.

AA-HA! 2.0 offers insights into the current health and well-being landscape of the world's over 1.2 billion adolescents, underlining evidence-based solutions and presenting strategies for priority setting and planning, as well as implementing and evaluating health and well-being programmes. The inclusion of key implementation strategies and real-world case studies make this guide a practical tool for governments in designing and implementing a new generation of adolescent health and well-being programmes.

Policy and programmatic recommendations in support of multisectoral action for adolescents

The joint collection on adolescent well-being from *The British Medical Journal* and *PMNCH* (59) is another important contribution to generating evidence in support of the effectiveness of multisectoral programmes for adolescent well-being outcomes. The collection covers five domains and 27 sub-domains of well-being, and contains policy and programmatic recommendations in support of multisectoral action for adolescents. It aims to motivate leaders to change the historical lack of attention to adolescents' needs within policy-making, and examines how the domains of adolescent well-being impact future outcomes, and how these can be supported and promoted by evidence-based policy-making and programming.

Considering the impact of commercial practices on adolescents' health and well-being

Adolescence is typically a period during which risk-associated behaviours emerge from a natural curiosity. Certain businesses profit by channelling these exploratory impulses of adolescents into behaviours that may lead to harm or addiction. These include tobacco and nicotine use, drinking alcohol, consuming foods and beverages high in sugars, unhealthy fats and/or salt, using illegal psychoactive substances, and gambling. Such businesses devote considerable resources and effort to shaping the choice environments of adolescents by making health-harming behaviours attractive, convenient and affordable. These practices are aimed at

securing adolescents as the next generation of customers for health-harming products and form part of the commercial determinants of health.

Countries have a duty to address these determinants, including through regulatory measures and support to adolescent health and well-being initiatives. WHO has developed guidelines on Policies to protect children from the harmful impact of food marketing (60), which recommend countries to implement comprehensive mandatory policies to protect children of all ages from the marketing of foods and non-alcoholic beverages that are high in saturated fatty acids, trans-fatty acids, free sugars and/or salt (HFSS). The organization also prepared a technical report on Reducing the harm from alcohol by regulating cross-border alcohol marketing, advertising and promotion (61), which highlights marketing strategies and how specific audiences are targeted including adolescents. It also emphasizes the importance of controlling or prohibiting alcohol marketing - including its cross-border aspects - to reduce related harms. WHO also held a series of webinars on the commercial determinants of health (62) including one that covered the challenges of digital spaces, the role of big technology businesses, regulation of marketing and misinformation, and the need for enhanced health and digital literacy in a rapidly evolving digital world (63).

A framework for action for optimizing health, development, well-being and participation for young people with developmental disabilities

In September 2023, WHO and UNICEF jointly released a Global report on children and adolescents with developmental disabilities (7), which was launched at a high-level event hosted by the State of Qatar and the non-profit organization Autism Speaks on the sidelines of the UN General Assembly. The report was produced through inter-agency collaboration and with the engagement of experts and advocates. It provides the rationale for greater investments and accountability towards enabling inclusive environments and responsive multisectoral care systems for children and

young people with developmental disabilities. It sets out a concrete framework for action to accelerate changes in policies and systems.

Promoting the consumption of a healthy diet

Consuming a healthy diet throughout adolescence is important for supporting growth and development, as well as preventing malnutrition and NCDs. A WHO fact sheet has been developed to provide general practical advice on maintaining a healthy diet (64). In 2023, WHO guidance was updated on total fat (65), saturated and trans-fat (66), carbohydrates (67), and non-sugar sweeteners (68) to reduce the risk of unhealthy weight gain and diet-related NCDs. While there was insufficient data for developing recommendations for children and adolescents for total fat intake, in those aged 20 years and older it is recommended that it be limited to 30% or less of total energy intake. For children through to adults, it is recommended that fats primarily come from unsaturated fatty acids, with no more than 10% of total energy intake coming from saturated fatty acids and no more than 1% of total energy intake from *trans*-fatty acids. For carbohydrates, intake should come primarily from whole grains, vegetables, fruits and pulses, and it is suggested that adolescents (i.e. aged 10 to 19 years) and older consume at least 400g of vegetables and fruits, and 25g of naturally occurring dietary fibre in foods daily. WHO suggests that non-sugar sweeteners not be used as a means of achieving weight control or reducing the risk of NCDs. These recommendations complement existing WHO guidelines on consumption of free sugars (69) and sodium (70).

Addressing the consequences of exposure to lead on children's and adolescent's health and development

Lead has a profound impact on children's health and development due to the continued use of lead containing paints and pigments, the presence of unsound recycling of used lead-acid batteries and other lead-containing objects in many countries around the world. Young children are particularly vulnerable because lead targets their developing brains and

nervous systems, causing reduced intelligence quotient (IQ), behavioural problems and reduced educational attainment. In 2021, WHO published updated Guidelines for clinical management of exposure to lead (71). The guidelines recommend that an adolescent or an adult with a blood lead concentration > 70-100 µg/dL should be closely monitored for signs of clinical deterioration.

Informing evidence-based management of tuberculosis in children and adolescents

To support countries in preventing and managing TB in children and adolescents, the WHO Global Tuberculosis Programme published the WHO consolidated guidelines on tuberculosis (72). Module 5: Management of tuberculosis in children and adolescents (2022) is a consolidated guideline of new and existing recommendations for children and adolescents, based on new evidence related to diagnostic approaches for TB, treatment for drug-susceptible TB, drug-resistant TB and TB meningitis, as well as models of care relevant to children and adolescents (35). It complements existing WHO guidelines on the management of TB, recognizing the unique characteristics and needs of these groups, as well as those of their parents, caregivers and families. The guidelines provide policy-makers and implementing partners with evidence-based recommendations on the cascade of care for children and adolescents to: support the implementation of activities to prevent TB among children and adolescents at risk; improve TB case detection and treatment outcomes in children and adolescents with TB using effective models of care; and contribute to reductions in TB-related morbidity and mortality in children and adolescents.

Updating recommendations to expanding access to treatment of adolescents and children with chronic HCV infection

Simplified service delivery is important to reach as many adolescents with chronic hepatitis C virus (HCV) infection as possible. This can be done by expanding HCV testing and treatment services, through decentralized and

integrated HCV testing and treatment services. Updated recommendations on treatment of adolescents and children with chronic HCV infection, and HCV simplified service delivery and diagnostics (73) provide updated evidence-based recommendations on: priority HCV-related topics; expanding access to services through integration with existing services, such as in primary care, harm reduction, prisons and HIV services; and promotion of task-sharing through delivery of HCV testing, care and treatment by trained but non-specialist doctors and nurses.

Integrating psychosocial support for adolescents living with HIV

Adolescents and young adults living with HIV often experience mental and social issues, including depression, stigma, isolation, difficulties with treatment adherence and retention, sexual risk-taking practices and substance use. In addition, evidence indicates that they are underserved by current HIV services. Updated WHO recommendations on service delivery for the treatment and care of people living with HIV (74) provide new evidence in favour of implementing psychosocial interventions, which adopt psychological, social and/or behavioural approaches to developing skills and knowledge and are effective in improving adherence and suppressing of viral load, and are feasible in different settings. WHO has also developed a new technical brief on Integrating psychosocial interventions and support into HIV services for adolescents and young adults (75). This technical brief establishes the importance of implementing psychosocial interventions to optimize HIV outcomes and support mental health for adolescents and young people living with HIV and provides approaches, examples and emerging best practices and strategic actions to ensure that sustained investments in the health and well-being of adolescents living with HIV.

Adolescent-specific considerations in the Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring

The WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring (75) addresses the specific needs of adolescents by providing evidence-based recommendations for the screening, diagnosis and prevention components of the package of care for children and adolescents with advanced HIV disease, recommending potential ways to integrate screening and management of HIV with NCDs and mental health conditions. Additional recommendations and good practice statements relevant to adolescents include strategies to adhere to treatment and retain adolescents in care as they navigate the health system.

Giving priority to the health of pregnant adolescents and adolescent mothers living with HIV

HIV-affected adolescent mothers and their children are being left behind and multiple-level changes are needed to improve their outcomes. WHO published a technical brief on Safeguarding the needs of adolescent and young mothers living with HIV (76). The brief supports global dialogue and accelerated action on prioritizing services and support for adolescent and young mothers living with HIV. Specific programmatic examples and key strategies actions from across sub-Saharan Africa demonstrate that governments, health facilities, social services, communities, families and adolescent and young mothers need to work together to bridge the gap between adolescent- and adult-focused HIV and maternal health services.



Providing evidence for prevention of cervical cancer through the immunization of adolescent girls

Prevention of cervical cancer is best achieved through the immunization of adolescent girls before they become sexually active. The 2020 WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem (77) recommends that human papillomavirus (HPV) vaccines should be included in all national immunization programmes, and should reach 90% of all girls by age 15 by 2030. The WHO position paper on human papillomavirus vaccines (78), updated in December 2022, presents the latest evidence on vaccine safety, vaccination strategies and other considerations, guidelines and recommendations to inform national decision-making, and policy on HPV vaccination. Position papers and guidance are also available on other vaccines relevant to adolescents (79).

WHO works with Member States to improve advocacy and action to improve vaccine coverage, understand behavioural motivation underlying vaccination, and assist in introduction efforts with partners (80). In addition, WHO is planning to develop a framework for secondary group prioritization, which also covers adolescent boys who could be considered based on country resources and the public health consideration in the community.

Informing education campaigns to address myopia in children and adolescents

Myopia represents an important public health issue in the 21st century, affecting an estimated 2.6 billion people in 2020. In children and adolescents, compliance with spectacle-wearing among children and adolescents is often sub-optimal, which is commonly

attributed to misconceptions, particularly with parents, that using spectacles worsens the child's myopia, stigma and peer pressure, and a negative effect on the self-esteem of children and adolescents. As a result, education campaigns play a vital role in the management of myopia and its associated complications, while also raising awareness of good eye-care behaviours. In the context of the BeHe@lthy Be Mobile initiative, WHO and the International Telecommunication Union (ITU) have developed A toolkit on how to implement MyopiaEd (81). It includes evidence-based message libraries for key population groups, including for adolescents and their parents, along with operational guidance and resources for adapting, implementing and monitoring the MyopiaEd programme.

Stepping up actions to end TB in children and adolescents

WHO is stepping up actions to ensure universal health coverage (UHC) includes TB prevention, detection, treatment and care services for children and adolescents. The third edition of the Roadmap towards ending TB in children and adolescents (2023) (33) retains its strong focus on TB in children, while also emphasizing the importance of addressing TB among adolescents. Adolescents have high rates of TB and have specific age-related needs that should be considered to improve outcomes. The 2023 roadmap also recognizes the potential impact of climate change on poverty and diseases related to poverty – such as TB – and of possible future pandemics that may affect children and adolescents disproportionately, as was the case during the COVID-19 pandemic.

The roadmap provides latest data on progress and persisting gaps in addressing TB in children and adolescents, and guides policy-makers on key actions required to address remaining challenges and accelerate progress.



High school students playing ball in Tonga. © WHO/Yoshi Shimizu

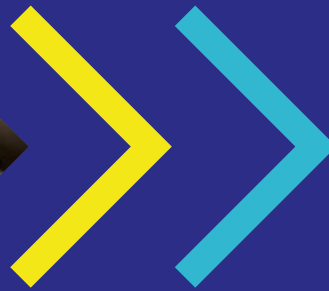


A school nurse checks the students for possible signs of rheumatic fever in Auckland, New Zealand © WHO/Yoshi Shimizu

3. WHO commitment to working with adolescents



Students attending class in a Lycée Togo.
© WHO/Olivier Asselin



The WHO Youth Council decides its priorities

The WHO Youth Council is a dynamic network aimed at amplifying the voices and experiences of young people and leveraging their expertise, energy and ideas to promote public health (82). The Youth Council serves as a platform for designing and incubating new initiatives and for expanding existing WHO youth engagement initiatives. WHO hosted the inaugural meeting of the Youth Council from 27 to 30 January 2023 in Geneva, bringing together representatives from 22 diverse youth organizations from health and non-health backgrounds (83). During the four-day meeting, Youth Council members discussed key priorities and work plans to accelerate progress on climate change, UHC, NCDs, mental health and youth leading for health. Five working groups were created within the council to advance the work on these five priorities identified by youth with the support of the relevant WHO technical departments.



The Youth Council is the central element of WHO's commitment to engage with young people, by supporting their leadership, promoting partnerships and advocating for their recognition and visibility.

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General

Educating youth for change and progress in global public health

Through its Briefing Centre, WHO provides an educational service to high school and university students from a variety of disciplines through interactive sessions (face-to-face and virtual) on public health topics. Each year, WHO experts engage with thousands of young people from all over the world, to not only help them understand the unique role and mandate of WHO but to interact with them in a meaningful way about important issues that affect them (84).

Providing an authentic learning experience for youth in understanding the work of WHO and the importance of multilateralism through the Global Model WHO

The Global Model WHO provides an authentic student-led simulation of the World Health Assembly to high school and university students from all over the world and from different academic disciplines (85). The Global Model WHO is organized by the World Federation of United Nations Associations (WFUNA) in collaboration with WHO. The conferences are organized on an annual basis and their outcomes are resolutions on a selected health topic from the Health Assembly agenda, adopted by the youth delegates. It is an entry point for young people worldwide into understanding the work of WHO and the importance of multilateralism in today's globalized and interdependent world. Students can register individually or as part of a school or university delegation. The Global Model WHO aims to be inclusive and diverse in participation ensuring representation from different disciplines, geographical regions, gender identities and income settings.

Young people and global health governance

Young people are tomorrow's leaders and today's change-makers. WHO believes it is important to include young people in decision-making processes and make sure that they have a seat at the table at high-level meetings and panels. The WHO Youth Delegate Programme provides the opportunity for young people to be engaged and involved in global health governance (86).

A wide and youth inclusive consultative process towards the WHO 14th General Programme of Work 2025–2028

Directed and led by its 194 Member States, the draft 14th General Programme of Work 2025–2028 (GPW14) is being developed by WHO through a wide and inclusive consultation process, informed by the vital perspectives and advice from all relevant stakeholders including youth (20). Enhancing and expanding partnerships with youth

(e.g. through the Youth Council), as well as other stakeholders, to improve global health governance, policy coherence and the joint work of all relevant health actors, is one of the five central themes considered critical for achieving measurable impact of the WHO GPW14.

1.8 Billion Young People for Change campaign

To maintain the momentum built by the 2023 Global Forum for Adolescents, the 1.8 Billion Young People for Change campaign gives young people the chance to have their voice heard and make a difference. Adolescents and young people use the *What young people want* platform (see Box 1) to share their thoughts and opinions with not just global partners, but also with decision-makers who can use this information to advocate for change. Youth answers are transformed into powerful data that can be explored through a dynamic dashboard and visualization tools (87).

What young people want ensures that the voices of youth are heard, whether in cities or communities that are harder-to-reach, enabling greater reach and participation of young people than ever before. PMNCH and partners worked with youth mobilizers to find innovative ways of reaching harder-to-reach youth. Following a training, youth mobilizers were able to facilitate engagement ensuring everyone has a say, and no one is left behind. In advance of the Global Forum for Adolescents, based on the 1.3 million responses to date, the Agenda for Action for Adolescents was developed highlighting seven immediate priorities for action (88).

Monitoring progress on meaningful adolescent and youth engagement (MAYE)

As part of the accountability system for the Global consensus statement on meaningful adolescent and youth engagement (MAYE) that was published in 2020 (89), a survey of all 249 signatories was conducted in 2021 to assess the progress made and the challenges identified during the first year of its implementation. The first accountability report compiles the findings from that survey (90) and shows

that despite reports of strong progress and the establishment of specific mechanisms for MAYE, challenges remain. Structural barriers rooted in privilege and hierarchy, such as racism, misogyny and ageism, still block adolescents and young people from meaningful engagement in all processes that affect their lives and hamper the advancement of MAYE within the endorsing organizations.

To address some of these barriers and support further progress in MAYE, WHO and PMNCH have produced the Practical guidance resource to operationalize the global consensus statement on meaningful adolescent and youth engagement in 2022 (91). While recognizing that the document is not a silver bullet, it is intended to guide different stakeholders towards the highest standards of meaningful adolescent and youth engagement. In 2022, the Pan American Health Organization (PAHO) translated to guidance into Spanish for wide dissemination in Latin America.

PAHO initiatives to enhance engagement with youth

In addition to the PAHO Youth for Health Group established in 2018, two new initiatives were developed and implemented during 2022–23: 1) Youth voices: a regional competition inviting young people to express their experiences and recommendations regarding a health issue relevant to them through art. In 2022, the theme was adolescent pregnancy, resulting in more than 300 submissions, and in 2023 the theme focused on youth mental health, resulting in more than 600 submissions; 2) Youth as agents of change, inviting youth leaders and networks to submit proposals for youth-led community action on a specific topic (in 2022 on acceptance of COVID-19 vaccine among youth and in 2023 participation in the 1.8 billion campaign). Winning submissions received mini grants to implement youth-focused actions in their communities.

South-East Asian Youth Network (SYAN) for adolescent health and well-being

SYAN is a vibrant regional network dedicated to empowering and strengthening the capacity of adolescent and youth groups in ten countries

including Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. The network has grown considerably over the past three years, with substantial support from the WHO South-East Asia Regional Office (SEARO). A total of 24 member organizations are actively engaged in advocating for the health rights of young people in global and regional events such as the Global Youth Forum 2023, UN Economic and Social Council (ECOSOC) Youth Forums and others (92).

Including adolescents in decisions about chronic care

In 2023, the WHO the framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions was published (93). Although not exclusively addressing adolescents, the framework is based on the growing recognition of the value of meaningful engagement and other participatory approaches as core strategies

in person-centred chronic care, including for adolescents and young people. Meaningful engagement of young people in settings for addressing mental health and substance use has reduced hospital readmissions, improved adherence to treatment, increased the well-being and engagement of service users (including from communities that are marginalized) and provided educational opportunities for the health workforce.

Global youth movement to end TB continues

Launched in 2019, a WHO initiative called '1+1' aims to advance engagement with young people, and amplifying their voices to end TB (94). In 2022-23, the initiative continued to grow and create momentum through a social multiplier effect, advancing engagement with young people, and amplifying their voices to end TB. If each one reaches one, we can reach the millions we need to end the TB epidemic (95).







Mercy is vaccinated at the hospital in Agbor, Delta State, Nigeria. © WHO/INOUR/Benedicte Kurzen

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



Child attends World Malaria Day in Cambodia.
© WHO/Yoshi Shimizu

- ◆ **Setting global standards for collecting data on adolescents**
- ◆ **Ensuring access to data for global monitoring**
- ◆ **Strengthening national capacity to collect and translate health data to inform policy**
- ◆ **Promoting the use of data for accountability**
- ◆ **Promoting research and innovation**

4.1 Setting global standards for collecting data on adolescents

Towards a common vision for adolescent health and well-being measurement

The Global Action for Measurement of Adolescent Health (GAMA) Advisory Group, established in 2018 by WHO and supported by seven other UN agencies, has selected a set of core indicators for adolescent health measurement, through a systematic process including a 12-country feasibility study, harmonization exercise and assessment of global data availability. The list of indicators is published in the second edition of the AA-HAI Guidance (1).

Following the 2019 adolescent well-being call to action endorsed by UN agencies, civil society and youth-led organizations, and national governments, a global expert consultative group was established in 2022 to develop a measurement approach for adolescent well-being (96), based on the definition and conceptual framework on adolescent well-being that has been proposed by the UN H6+ Technical Working Group on Adolescent Health and Well-being and other partners (24) (see Fig. 5). With input from this the expert consultative group a draft approach for adolescent health measurement – closely linked with efforts of the GAMA advisory group – was recently proposed and was presented at the Global Forum for Adolescents in October 2023 (97). The draft measurement approach is now being assessed for feasibility in countries.



Harmonizing measurement of quality of adolescent health care

Amid the rapidly growing global demand for normative and implementation guidance around quality of care measurement, since 2021 WHO has convened and serves as the secretariat for the Life Course Quality of Care Measurement Technical Working Group, which develops and promotes the use of a harmonized methodology, framework, guidance and tools for quality of care measurement across the life course, and to support the roll-out and operationalization of these technical products at the country level. WHO has developed measures of quality of adolescent health care in primary care health facilities (98) and in inpatient paediatric care (99). Workstreams to develop effective core coverage measures and guidance on their operationalization at the country level have also just started. The long-term goal is to work with countries in a phased approach to produce periodic global maternal, newborn, child and adolescent health quality of care reports on the state of the quality of care in health facilities, starting with early adopters (55).

Supporting countries in obtaining standardized evidence-based data to monitor school health

The Global platform to monitor school health - jointly developed by WHO, UNESCO, UNICEF and WFP in 2022-23 - aims to support countries to obtain standardized evidence-based data to monitor their school health programmes and policies against the global standards for health-promoting schools, and selected indicators (100). The platform was developed to help countries generate data to inform priorities for school health; delivers metrics on the performance of school health programmes and initiatives; informs actions for improvements by linking results with recommendations; generates data to advocate for resources for school health policies and practices where gaps are identified; monitors trends in school health policies and practices; and allows countries, international agencies and others to make comparisons across countries regarding school health policies and practices.

4.2 Ensuring access to data for global monitoring

Adolescent health component of the Maternal, newborn, child, adolescent health and ageing data portal

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 (101).

Among other sources, the data portal has indicators derived from the WHO global sexual and reproductive SRMNCAH policy survey that was updated in 2023. The survey, which was last completed by 115 Member States, helps to monitor country progress in adopting or adapting WHO global recommendations into national laws, policies and guidelines related to sexual, reproductive, maternal, newborn, child and adolescent health policy survey. Survey response data from 2018–2019, and a repository of national source documents, are available through the WHO maternal, newborn, child and adolescent health and ageing data portal (101) and will be updated following the 2023 survey (54).

Adolescent health indicators in noncommunicable diseases data portal and repository

The noncommunicable diseases data portal aims to raise awareness on progress in tackling NCDs and their risk factors and strengthen accountability for action by countries. It displays data on obesity and physical inactivity among adolescents (102).

The WHO NCD microdata repository (103) is another source for adolescent-specific indicators on NCD risk factors, which supports open data access to improve evidence-based and data-informed public health programming for NCD prevention and control. This microdata repository contains data from the Global School-Based Student Health Survey (GSHS), and the Global Youth Tobacco Survey (GYTS). In 2021, WHO supported Thailand to conduct the GSHS, and Belarus and Uzbekistan to conduct the GYTS.

A global knowledge platform for preventing violence

The WHO violence prevention information system (Violence Info) is an interactive online resource with prevalence data on all forms of violence and information on causes, consequences, risk factors and the effectiveness of preventive interventions. By collating published scientific information on the main types of interpersonal violence, including youth violence, the platform offers unique insights for monitoring policies and programmes (104). In mid-2022, the platform was updated with new estimates for the prevalence of homicide and non-fatal violence.

Insufficient progress on enabling physical activity among adolescents

The Global status report on physical activity 2022 provides behavioural and policy data on monitoring physical activity levels in populations, including adolescents (105). This is the first dedicated WHO global assessment of progress on the implementation of policy recommendations of the Global action plan on physical activity (GAPPA) 2018–2030 (106). The report highlights that in 2021, just under half of the countries (44%) report having guidelines for children and adolescents aged 5–19 years, and that surveillance of children and adolescents is highest in high-income and upper middle-income countries (89% and 90% respectively) compared to lower middle- and low-income countries (67% and 32% respectively). The report highlights deficiencies in data collection systems such as for school policies on physical activity and physical education; presents an estimate of the cost to health systems of not taking action to improve physical activity levels; reinforces the urgency to position physical activity as a shared, whole-of-government priority; and reiterates the need to strengthen coordination and partnerships to promote physical activity (105).

Tracking progress to eliminate TB

Each year, the WHO Global TB report provides a comprehensive and up-to-date assessment of the TB epidemic, and of progress in prevention, diagnosis and treatment of the disease, at global, regional and country levels (107). The 2023 report was launched in November 2023 and highlights that an estimated 1.25 million children and young adolescents (aged 0–14 years) fell ill with TB in 2022, which is 12% of the global TB burden. Less than half of the children and young adolescents with TB were diagnosed and started on treatment, and only one third of young child contacts of TB cases received TB preventive treatment, even when they were eligible. In 2022, 16% of the people who died from TB globally were children and young adolescents, a disproportionate percentage compared to the disease burden in this age group. Each day, almost 500 children and young adolescents lose their lives to this preventable disease. The vast majority of children and young adolescents who die of TB do not access TB treatment (108).

Trends in prevalence of tobacco use 2000–2030

The WHO global report on trends in prevalence of tobacco use 2000–2030 (109) explores several indicators of tobacco use among adolescents aged 13–15 years. Corresponding data, available from the majority of countries, summarizes the current levels of smokeless tobacco use, current cigarette use and any tobacco use by sex, by WHO region and by World Bank country income group. The report highlights the importance of monitoring what is happening among adolescents in each country because the use rates among adolescents can be a harbinger of future levels of tobacco use among young adults. The key message for policy-makers is that children aged 13–15 years in most countries are able to acquire tobacco and other nicotine products for their own use, and this needs to be addressed with the goal of reducing

tobacco use initiation among adolescents. Data tables from the report are made available for download and further analyses via the WHO Global Health Observatory (110).

Monitoring progress towards implementation of WHO Comprehensive mental health action plan

The WHO Mental health atlas, released every three years, is a compilation of data provided by countries around the world on mental health policies, legislation, financing, human resources, availability and utilization of services and data collection systems (111). The 2020 version of the atlas tracks progress in implementing the WHO Comprehensive mental health action plan 2013–2030, including for the agreed and updated indicators and targets.

The atlas reports on the existence of mental health policies/plans for children and adolescents, by WHO region and finds that of 168 WHO Member States responding to the question, 53% reported the existence of stand-alone or integrated mental health plans/policies for both children and adolescents. A majority of responding countries (over 60%) reported that they had updated their policies/plans for children and adolescents since 2017. The South-East Asia Region had the highest proportion of responding countries with policies/plans for children and adolescents (88% for children and 100% for adolescents). The atlas also highlights the challenges related to the observation that only few of the reported data provide breakdowns by age, sex or disease category, which makes it challenging to assess resources and services for specific populations within a country, such as children or adolescents.

Tracking HPV vaccine introduction and coverage

The immunization dashboard of the WHO Global Health Observatory reports key data regarding routine immunization services and coverage with vaccination for target population groups including adolescents. The dedicated HPV Dashboard (112) shows that in 2022 the

estimated global coverage of HPV (first dose) among girls was only 21%, a first increase since before the COVID-19 pandemic (113). 130 Member States have introduced HPV vaccine by the end of 2022, and 140 Member States had done so by end November 2023, including several large countries such as Bangladesh, Indonesia and Nigeria. The WHO HPV introduction dashboard (114) provides further granularity on the status of HPV introduction in countries, such as the introduction of HPV vaccination in national immunization programmes, primary delivery strategies, targeted sex and vaccination schedule. A year since the policy change allowing a single dose schedule, by the end of 2023, 32 Member States have implemented this policy, which has the potential to speed up the introduction of the HPV vaccine and thereby increasing the impact of HPV vaccination.

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

Adolescent health country profiles

WHO has developed and regularly updates adolescent health country profiles for 194 Member States. For each country, key indicators on adolescent demographics, mortality/ causes of death, morbidity and risk factors, healthy life expectancy, and national policy commitments related to adolescent health are featured (115). During 2022–2023, country profiles informed the discussions during national capacity building event related to the implementation of the second edition of the AA-HA! Guidance (1).

Adolescent sexual and reproductive health country profiles

At least 50 country profiles were developed in 2021 capturing the sexual and reproductive health of adolescents, entitled Contraception within the context of adolescents' sexual and reproductive lives using data from national household surveys and United Nations databases. The country profiles have been introduced and discussed in

various national meetings and conferences and have been used to drive evidence-informed and rights-based commitments from countries for the FP2030 initiative, including recommendations on how to make bold and transformative commitments to improve adolescent and youth sexual and reproductive health (54).

4.4 Promoting the use of data for accountability

Informing action to address gaps in UHC for children and adolescents in TB prevention, treatment and care

To enhance accountability, progress reports are a useful tool to take stock of achievements and pave ways forward. The Tuberculosis in the WHO African Region: 2023 progress update is one example of this kind that covers the state of TB in the WHO African region, strategic priorities and targets and the impact of COVID-19 on essential services (116). The report discussed the gaps in UHC for children and adolescents in TB prevention, treatment and care, provides key figures for the region, discusses challenges and opportunities, and provides strategic directions including the need to create a regional task force for children and adolescents to address their specific challenges.

Monitoring health sector response to violence against women and girls

An increasing number of countries are implementing a health sector response to violence against women and girls. A baseline assessment of the implementation of the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, showed that approximately 48% of countries have clinical guidelines and/or protocols for responding to violence against women (117). While nearly three quarters of 174 countries include provision of psychological support to women survivors of violence, only 35% of countries include mental health assessment and referrals, and only 45% include all three elements of post-rape care (i.e. emergency contraception, sexually

transmitted infection prophylaxis and HIV post-exposure prophylaxis) in their policies. The assessment report highlights the need for the health sector to step up efforts to put in place and implement evidence-based policies for responding to violence against women.

Sustaining voluntary medical male circumcision

Following the 2007 recommendation on providing voluntary medical male circumcision (VMMC) for the prevention of heterosexually acquired HIV in men, over 30 million men and adolescent boys in east and southern Africa have been reached with these services. The focus has now shifted towards not only increasing the uptake of VMMC but also sustainable ways of delivering VMMC services. To help address these gaps, WHO developed a set of VMMC sustainability metrics with corresponding assessment tools for national programmes. In 2023, the organization developed a report on baseline implementation of these tools in 15 VMMC priority countries with respect to sustainability, programme strengths and weaknesses, and laying out a preliminary vision of the path towards sustainability (118).

4.5 Promoting research and innovation

Empowering adolescents to lead change using health data - implementation research on the effectiveness of a participatory approach to develop school health interventions in four cities

The health and well-being of adolescents play critical roles in their overall growth and development. However, the lack of comprehensive local data on adolescent health, particularly in lower-resource settings, is hampering efforts to promote healthy behaviours and policies for adolescents, especially those in schools.

To fill this gap and generate new data and information, WHO with support from Botnar Foundation is implementing a project dubbed "Empowering adolescents to lead change using health data" with the aim of generating

adolescent health information from students in cities across four low- and middle-income countries, including Fez (Morocco); Jaipur (India); Saint Catherine Parish (Jamaica); and Sekondi-Takoradi (Ghana) (119, 120).



Previously, my friends and I only discussed some of these challenges among ourselves in secret. I am happy that for the first time, we had an opportunity to voice it out through the surveys that were conducted and now we are being involved in discussions with decision makers.

15 year-old male student, at the Nana Badu Bonso Junior High School in Takoradi

The effectiveness and cost-effectiveness of adolescent health and well-being check-ups in three African cities

Adolescents have limited contacts with health services especially for preventive services. Countries have asked WHO whether they should include routine adolescent health and well-being check-ups in their programmes, but country-specific evidence on their acceptability, cost-effectiveness, content and delivery strategies is lacking. WHO is currently conducting research in three sites: Cape Coast (Ghana); Mwanza (United Republic of Tanzania); and Chitungwiza (Zimbabwe) to evaluate the feasibility, acceptability, coverage and yield of previously undiagnosed conditions and costs of adolescent health and well-being check-ups, linked where necessary, to on-the spot treatment, counselling or advice and/or supported referral to specialists or long-term care. Phase 2 of the research is currently underway, building on a successful first phase where formative research was conducted in the three countries, which suggests that two adolescent health and well-being check-ups would be feasible and acceptable (121).

Innovation at work to support adolescent health programme in India

The WHO country office for India is the technical partner for developing, updating, and maintaining an innovative data management system that was developed by the Ministry of Health and Family Welfare (MOHFW) to monitor the implementation of the adolescent health programme (known as RKSK). The platform has been piloted and rolled out in the country. With a dashboard/website and an Android/iOS application, it is an innovative tool for streamlining data input, quality, and use for programme improvement (122). To increase accountability at all levels of implementation, a virtual orientation of all the state and district programme managers on the RKSK dashboard was conducted in July 2023. Moving forward, the MOHFW intends to build capacities of remaining adolescent health counsellors of India (more than 500) and in-person hands-on training on the RKSK dashboard for all states. The innovation was highlighted as a good practice in the G20 PMNCH joint event and is one of the most important and innovative solutions endorsed/rolled out by the Government of India.

New psychological intervention to support adolescents and their caregivers

WHO and UNICEF published a new psychological intervention, Early adolescent skills for emotions (EASE), to support adolescents affected by distress and their caregivers (123). EASE is a group psychological intervention for 10–15 year-olds who are affected by adversity and living with symptoms of depression, anxiety or distress. EASE can be delivered by trained and supervised non-specialist helpers who receive ongoing supervision by mental health professionals. EASE is suitable for delivery in a variety of contexts accessed by young people, including health, protection and community settings.

The launch of EASE came after more than six years of development and testing, which took place in Jordan, Lebanon, Pakistan and the United Republic of Tanzania, including two large and successful randomized controlled trials in Jordan and Pakistan, demonstrating that EASE was effective in reducing symptoms of distress in adolescents.



Students wear face masks at Rupy's school in Kathmandu, Nepal. © WHO/Im Pietrasik

5. Providing guidance and setting norms and standards



- ◆ Promoting integrated approaches to adolescent health and models of care that maximize coverage
- ◆ Promoting high quality health services for adolescents
- ◆ Promoting equitable service provision for adolescents
- ◆ Translating evidence into policy, programmes and national decision-making

5.1 Promoting integrated approaches to adolescent health and models of care that maximize coverage

Expanding access to health care consultations for adolescents through telehealth approaches

To advance the AA-HA! recommendations on expanding the use of digital health for adolescents (1), WHO has published the guidance document *How to plan and conduct telehealth consultations with children and adolescents and their families (124)*, which provides practical guidance on organizing teleconsultations with infants, children, adolescents and their families or caregivers. The guidance is designed to be used by a wide range of health workers such as doctors, nurses, midwives, allied health professionals and community health workers who have been formally trained and are registered with a relevant organization to provide health care to infants, children and adolescents in various settings (e.g. community, primary care and hospitals).

Promoting a comprehensive agenda for the health and well-being of children and adolescents

The relevance of nurturing care for children beyond the early years has also been recognized and is reflected in the WHO report *Investing in our future: A comprehensive agenda for the health and well-being of children and adolescents (125)*. As a consequence, WHO is now elaborating a well-care approach to support optimal development of children and adolescents in the first two decades of life. The Global initiative to support parents was borne out of parenting crises that were revealed during the COVID-19 pandemic. Spearheaded by UNICEF and WHO in collaboration with partners, the aim is to support countries in scaling up evidence-based parenting interventions that support optimal child development, prevent violence against children and reduce the inequities that the youngest generations face in realizing their human potential. The initiative is supporting the new WHO guidelines on parenting interventions (126).

Strengthening school systems can improve health and well-being

Schools are well placed to act across multiple outcomes and across multiple domains of well-being (1). Investing in school health is one of the smartest investments, and brings mutually reinforcing benefits for health and education. WHO has collaborated with UNESCO, UNICEF, UNFPA and WFP to produce a series of policy briefs entitled: *How school systems can improve health and well-being*. Topic briefs in the series covers mental health (127), WASH (128), nutrition (129), physical activity (129), and substance use (131).

Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders

The third edition of mhGAP was released in late 2023 (132). The mhGAP guideline supports countries to strengthen capacity to deal with the growing burden of mental, neurological and substance use (MNS) conditions and narrow treatment gaps. The new edition includes one updated and 16 new recommendations for child and adolescent mental and brain health, covering prevention, treatment and support. The revised recommendations ensure that mhGAP continues to offer high-quality, timely, transparent and evidence-based guidance to support non-specialist health workers in low- and middle-income countries in providing care to children and adolescents with MNS conditions.

Addressing caregiver mental health for better adolescent health outcomes

The imperative to address caregiver mental health as part of programming for child and adolescent health and well-being is well recognized. One in six women are estimated to experience mental health problems in the perinatal period (56). The WHO operational guide on integration of perinatal mental health in maternal and child health programmes provided an impetus for accelerated actions (133).

Promoting physical activity through schools and multisectoral action

The ACTIVE toolkit is one of a series of resources that support countries with the development and implementation of effective policy actions recommended to increase physical activity in schools (134). Based on best available evidence and practice, this toolkit aims to guide school policy-makers and planners in all countries (especially low- and middle-income countries) to develop a comprehensive approach to coordinating and implementing a whole-of-school approach to physical activity in all primary and secondary schools.

An accompanying policy brief (135) describes the importance of integrating physical activity into primary and secondary schools so that all children and young people can be physically active on a regular basis, which will contribute to preventing the increasing public health problem of childhood obesity. The brief supports school policy-makers, planners, and potentially school principals, and describes how the school environment can be used to develop, implement and evaluate whole-of-school strategies that promote physical activity and reduce sedentary behaviours among children and young people.

Fair play: building a strong physical activity system for more active people is an advocacy brief calling for stronger multisectoral action to promote and enable more physical activity through provision of supportive environments, accessible programmes and sustained communication campaigns in all communities (136). It provides global guidance on priority actions and is suitable for use by advocates, government and nongovernmental organizations.

Making a case for integrated mental health interventions to reach adolescents and young adults living with HIV at scale

There is a well-established link between mental health and HIV outcomes. Adolescents and young adults living with HIV typically have additional mental health needs linked to their experiences of living with and managing a chronic illness, along with prevailing stigma and discrimination. Mental health promotion and prevention is thus a critical priority for

this group. However, psychological and clinical services for mental health are out of reach for many of the world's adolescents and youth, especially in the countries and settings most affected by HIV. Therefore broader-based interventions have greater potential to reach adolescents and young adults living with HIV at scale and to be tailored to their specific needs. Psychosocial interventions have the potential to support healthy behaviours, bolster mental health and lead to improvements in physical and mental health for this group.

The technical brief Integrating psychosocial interventions and support into HIV services for adolescents and young adults highlights the importance of implementing psychosocial interventions to optimize HIV outcomes and support mental health for adolescents and young people living with HIV (137). It summarizes evidence included in recent WHO guidelines on how this can and has been done, and charts a way forward for the integration of mental health and HIV services for this population. It provides approaches and examples of integration of interventions within health services.

Integrating eye and hearing care into routine services provision

The number of children and adolescents with refractive error, particularly myopia, is set to increase substantially in the coming decades. The WHO Package of eye care interventions (PECI) (138) and the package of H.E.A.R.I.N.G. interventions (i.e. hearing screening and intervention; ear disease prevention and management; access to technologies; rehabilitation services; improved communication; noise reduction; and greater community engagement) (41) provide a set of evidenced-based eye care and ear and hearing care interventions, respectively. These are located across the continuum of care and the life-course, including adolescence, and highlight the material resources required for implementation. The Peci package promotes the inclusion of vision screening in school health services and initiatives, followed by the timely provision of correction and other eye care services, as an important intervention to mitigate the impact of unaddressed vision impairment. It also supports policy-makers and technical

decision-makers in low- and middle-income countries to integrate eye, ear and hearing care in the context of school health services where these exist, as well as considering the epidemiological context and whether stand-alone vision and eye screening interventions are warranted in schools.

5.2 Promoting high quality health services for adolescents

Capacity building of health care providers to improve the quality and utilization of health care for adolescents

A virtual self-learning course on adolescent health has been developed by PAHO, and is available in Spanish, English and Portuguese. During 2002-2023, 39 745 persons participated in the course, of which 25 383 obtained the certificate of completion. In addition to the self-paced approach, two additional capacity-building modalities were developed and implemented: A tutored course with weekly tutor sessions for 150 health care providers from the five Andean countries (i.e. Bolivia, Venezuela, Colombia, Ecuador and Peru); a training-of-trainers modality consisting of completion of the virtual course, weekly tutor sessions, and an in-person week-long training. This was implemented in Belize, with medical doctors and nurses from Belize, Grenada and Guyana. The participants are currently rolling out training for their peers.

Leveraging digital technology for quality adolescent- and youth-friendly health services in Ghana

Ghana has made significant efforts to improve adolescent health through the establishment of the Ghana Adolescent Health and Development Programme. Despite the progress that has been made, the limited participation of young people in decision-making has long been recognized as an obstacle to achieving optimum adolescent health.

Now, the country has taken steps to leverage digital technology to promote the active participation of adolescents in the implementation of adolescent- and youth-

friendly health (AYFH) services. Since 2019, WHO - with support from the Foundation Botnar, United Kingdom's Department of Health and Social Care, the United States Agency for International Development (USAID) and other partners - has been supporting the Ministry of Health, Ghana Health Service (GHS) and the Ghana Education Service to deploy a web-based digital platform to monitor the quality of AYFH services in schools (139). As of 2023, over 30 000 adolescents in 22 districts have utilized the platform to provide critical feedback on their experiences with health care services and have shared ideas on strengthening the health system to better respond to their needs.

For the students, the platform is empowering them to identify health care service challenges and to work with relevant authorities to improve service delivery.



I am very happy that we have this platform to talk about the challenges we are facing with the health care services. Through this platform, I became aware that our infirmary was supposed to provide water for our medication, which was not being done. But following further engagements, the school administration purchased a water dispenser for the clinic.

Lina Adjei, a student at the Holy Child School in Cape Coast.

The platform enables facility managers to make data-driven decisions and empowers them to self-assess the facility's performance against standards of service provision by reflecting on feedback from the adolescent exit interview tool, among other inputs.



Now I can easily evaluate my performance of services rendered and to identify areas for improvement from the adolescent perspective.

Hannah Adutwumwaa, Facility Manager, Aggrey Memorial Senior High School in Cape Coast.

5.3 Promoting equitable service provision for adolescents

Leaving no HIV-affected adolescent mother behind

HIV-affected adolescent mothers and their children are being left behind and youth-responsive and -friendly health services for young mothers living with HIV are necessary to redress inequalities in accessing critical interventions and services. WHO is working with partners to inform and support global dialogue and accelerate action on prioritizing services and support for adolescent and young mothers living with HIV. The policy brief *Safeguarding the future: giving priority to the needs of adolescent and young mothers living with HIV* details core programmatic examples and key strategies actions from across sub-Saharan Africa (140). They demonstrate how governments, health facilities, social services, communities, families and adolescent and young mothers are working together to bridge the gap between adolescent and adult-focused HIV and maternal health services.

Equipping health and care providers to recognize and respond to violence against children and adolescents

While in a unique position to help child victims of maltreatment they encounter in their day-to-day practice, health professionals are not always equipped to do so. When they are, they can play an important role in mitigating the negative consequences of abuse and neglect and preventing further harm. *Responding to child maltreatment: a clinical handbook for health professionals* assists doctors, nurses and other health professionals to identify child maltreatment in their day-to-day practice, communicate safely with children and caregivers about abuse, and learn the necessary skills to respond appropriately to child maltreatment in all its forms (141).

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

Ending violence against children: translating global guidance into country action

A report published by WHO and partners in April 2021 documented the uptake, adoption and implementation of the INSPIRE framework, a set of seven evidence-based strategies for ending violence against children, over the previous five years (142). The report showed extensive translation of the INSPIRE technical package, with the core document available in a total of 14 languages and the handbook available in three languages. It also showed uptake and implementation of the INSPIRE strategies in at least 67 countries. During the virtual Leaders' Event of the Together to #ENDViolence global campaign, held on 14 June 2022, ministerial-level statements were issued by 15 countries¹ summarizing progress on ending violence against children and identifying key actions necessary to scale up priority programmes in line with national action plans and the INSPIRE framework (54).

Translating a rights-based approach to adolescent health care into practical guidance for providers

WHO recommends that informed consent should be sought from a child when he or she is deemed mature enough to make an informed decision, and that decisions on maturity be made case-by-case (1). To support the implementation of this recommendation, WHO developed a practical tool for use by professionals in adolescent health to support changes in the practice of youth participation, enhance their capacity and offer care that is in the best interests of adolescents (143). The purpose of this tool is to help health care professionals to assess adolescent capacity and to support them in making autonomous decisions about various aspects of their care. The tool is based on shared decision-making

¹ The countries are: Armenia, Cambodia, Canada, Finland, Georgia, Guinea, Mongolia, Montenegro, Nigeria, Philippines, Romania, South Africa, Uganda, Zambia and Zimbabwe, and the statements are available at: <https://www.endviolence.org/sites/default/files/202206/National%20Policy%20Dialogue%20%282%29.pdf> (accessed 10 March 2023).

and thus considers the perspectives of the individual, families and communities to assess and support adolescents in making decisions about their health. Its aim is to move from a vertical, paternalistic, unilateral view of assessment to a much more horizontal, integrated process, with the adolescent as a partner at the centre of the process.

Building capacities in the public health sector to respond to adolescent health consequences of e-waste

As part of the WHO Initiative on E-waste and Child Health, WHO published the report *Children and digital dumpsites: e-waste exposure and child health in 2021* (144). In 2022, WHO contributed to an online course published by PAHO on e-waste and child health (145). The course on e-waste exposure and children's health is an online tool to build capacities in the public health sector to respond to and manage children's health issues related to e-waste. The course is aimed at environment, medical and public health students and professionals. The course has been developed by PAHO in close collaboration with WHO headquarters, the United Nations Industrial Development Organization (UNIDO), Bolivia and Panama Ministries of Health and WHO country offices, with the technical support of the WHO collaborating centre in San Luis Potosi University, Mexico. It is currently available in Spanish and English and will soon be available in French.

The UNICEF-WHO joint publication *Children and e-waste: key messages* provides key messages to support advocacy, investment and action towards a healthy environment for every child (146).

Guiding policy-makers how to develop, integrate, implement and evaluate programmes for safe listening behaviours

Globally, over 1 billion people in the 12-35-year age group are at risk of permanent hearing loss due to their unsafe listening practices. Such hearing loss can be completely prevented through adoption of safe listening behaviours. Published in 2022, the WHO Handbook for

implementation of mSafeListening provides clear direction to avoiding the risk of permanent hearing loss due to the common practice of listening to sounds (such as music and gaming sounds) at loud volumes over prolonged period of time (147).

Translating latest evidence on the management of tuberculosis in children and adolescents into guidance for policy-makers

To support policy-makers in implementing the recommendations of the WHO consolidated guidelines on tuberculosis (72) - specifically of its Module 5: management of tuberculosis in children and adolescents (2022) - WHO has developed the WHO operational handbook on tuberculosis. Module 5: Management of tuberculosis in children and adolescents (35). Furthermore, in 2023 WHO launched a new e-course on the management of tuberculosis in children and adolescents that builds on content included in the WHO operational handbook. The new WHO e-course is designed to build the capacity of health care workers, including at the primary health care level, to increase their confidence to identify and manage children with TB or those who have been exposed to TB. The e-course has been added to the End TB Channel in OpenWHO (148). It will contribute towards ensuring universal access to TB prevention and care for children and adolescents. A second course for a programmatic audience will be added to the OpenWHO TB channel early 2024.

Enhancing education of frontline workers on the relationships between children's and adolescent's health and the environment

A growing number of diseases in children from rural and urban areas are linked to unsafe, degraded environments. However, many health care providers are unable to recognize, assess, prevent and manage environment-related diseases in children. The WHO training package for the health care sector on children's health and the environment (149) is a collection of training modules that bring together internationally harmonized information and peer-reviewed materials that

enable paediatricians, family doctors, nurses, primary and other health care workers to be trained in children's health and the environment, and also to become trainers of their peers and colleagues. The modules include extensive notes and references, case studies and self-evaluation tools, backed up by manuals and guidelines. The training package has gone through a significant update in 2023, including updates to the air pollution, climate change, chemicals, e-waste and WASH modules.

Informing policies to reduce youth exposure to alcogenic environments

Alcohol consumption in young people remains a global concern (150). Young people and their decisions about whether to consume alcohol are significantly affected by the environment in which they live, learn and play. Environments that normalize alcohol consumption – termed alcogenic environments – include, for example, contexts with higher alcohol outlet density, products designed to facilitate affordability and low prices of alcoholic beverages. Evidence consistently confirms the effectiveness of designing and implementing alcohol control policies that regulate the upstream drivers of alcogenic environments, including alcohol acceptability, availability and affordability. Published in 2023, the WHO policy brief on A health promotion approach for reducing youth exposure to alcogenic environments provides a snapshot of these evidence-based alcohol control policies and practices (150). These policies need to be multi-pronged and address the complex interactions between these drivers and the local alcohol culture.

Protecting children and adolescents from tobacco

Children and adolescents exposed to tobacco smoke are at an increased risk of a range of diseases and are more likely to take up smoking themselves. To raise awareness among practitioners and policy-makers about the importance of strong tobacco control measures for protecting the health and development of children, the brief Tobacco control to improve child health and development (151) summarizes the health risks that

tobacco poses to children and adolescents, and the strong protective effect of tobacco control measures. The advantages of reaching children and young people early through health promotion in schools and school health services are discussed, among other strategies.

Supporting healthy eating in school settings

Good nutrition during childhood and adolescence is the basis for many gains in health and well-being across the life course and policy action to improve children and adolescents' diets is central to addressing obesity. There were over 300 million children and adolescents worldwide with overweight or obesity in 2016 and evidence demonstrates the adverse social and economic consequences and physical and psychological implications that obesity has in childhood, adolescence and adulthood. There is growing interest in the potential of 'nudges' to promote healthy dietary practices within school settings. Decisions about what to eat can be habitual and automatic, rapid and instinctive, and guided by non-cognitive processing. Nudges are one type of specific behavioural intervention aimed at introducing small, subtle changes to the physical and social environment in order to alter the prevailing choice architecture and the context in which decisions are made. A WHO policy brief Nudges to promote healthy eating in schools reviewed evidence on the potential of nudges applied to school-based food choices of children and adolescents (152). The brief proposes five concrete steps for the implementation of a nudge approach in schools through the engagement of school stakeholders and several short case studies with examples. A nudge approach is one component of a more comprehensive policy approach documented in a series of six policy briefs by WHO and the STOP project (153) aimed at tackling obesity among children and adolescents, including through the reformulation of food; protection from harmful marketing; food labelling; and fiscal policies for healthy diets.



Women in traditional costume (Hanbok) at Gyeongbokgung Palace, South Korea. © WHO/Yoshi Shimizu

6. Driving impact in every country



Students practicing traditional dance, Cook Islands.
© WHO/Yoshi Shimizu

- ◆ **Engaging in policy dialogue and providing strategic support to strengthen adolescent health programmes**
- ◆ **Providing technical assistance to strengthen adolescent-responsive health systems and address barriers to universal health coverage**
- ◆ **Leaving no one behind**

With an uncompromising focus on achieving measurable impact at country level, WHO has built new capacities for adolescent health and well-being in the areas of programming for adolescent well-being, building adolescent-responsive health systems and health promoting education systems, as well as strengthening governments' capacity to prevent and respond to threats on specific health issues such as violence against children, environmental risk factors, female genital mutilation (FGM), mental health and other areas.

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

Accelerated Action for the Health of Adolescents (AA-HA!): progress in countries

In 2022-23, WHO continued to provide support to Member States in using the Global Accelerated Action for the Health of Adolescents (AA-HA!); guidance to support country implementation to identify priority actions needed for strengthening adolescent health programmes

and to implement actions to improve quality of care and strengthen providers' capacity (1). By the end of 2022, most of the countries in the WHO African Region, the Region of the Americas and the South-East Asia Region - and selected countries in the Eastern Mediterranean and Western Pacific regions - had used the AA-HA! guidance to inform their national plans. Although the AA-HA! guidance primarily supports national programming, its application for district-level planning in a number of countries such as Democratic Republic of Congo has proved that the approach can be successfully applied for subnational-level planning.



Stepping up commitments to adolescent health and well-being

The Global Forum for Adolescents on 11–12 October 2023 was a key moment to launch and amplify Member State commitments in support of adolescents' well-being. During the forum, world leaders and high-level participants responded to the demands of adolescents and youth regarding their well-being needs aligned with the seven priorities outlined in the Agenda for Action for Adolescents, as determined by adolescents and youth themselves. Commitments were announced from a wide range of stakeholders. This included 18 Member States from the Region of the Americas (Canada, Ecuador, Honduras, Mexico, Sint Maarten (affiliated with Netherlands (Kingdom of the)) and the United States of America); the African Region (Botswana, Ethiopia, Ghana, Liberia, Malawi, Namibia, Nigeria, Republic of the Congo, South Africa and Zambia); and the European Region (Portugal and Serbia). Regional bodies, including the African Union and the European Commission, also made commitments through financial pledges, policy changes and increased investments in adolescents and youth. These commitments were further supported by non-state actors' pledges from philanthropic and funding organizations, nongovernmental organizations, health care professional associations and inter-governmental organizations to support Member States in implementing their ambitious agenda for adolescents and youth.

These commitments represent a vital step forward in addressing the pressing priorities of adolescents and youth worldwide, as identified in the Agenda for Action for Adolescents. They serve as a blueprint for action and accountability, signifying Member States' and partners' dedication to advancing adolescent well-being on a global scale (88).

UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents

The Joint Programme is working in 13 countries to improve the mental health and psychosocial well-being and development of children and adolescents (53). Since the provision of funding to support activities in late 2022, more than half of the participating countries strengthened cross-sector coordination through a variety of mechanisms, including multisectoral steering committees, support frameworks, and action plans. Over 3150 in-country health care staff, teachers and community workers have been trained on child and adolescent brain and mental health, allowing them to integrate mental health and neurological interventions in primary health care facilities and community settings including schools and community and youth centres. Access to services increased in all participating countries. For example, in Albania, Joint Programme-supported workforce strengthening efforts have expanded access to mental health services across three areas for more than 350 000 people. In the Maldives, the coverage of services increased to an estimated 53% of the population.

Catalysing actions to strengthen programming for the promotion of adolescents' mental health and the prevention of mental health conditions and risk behaviours

The Helping Adolescents Thrive (HAT) initiative (154) is a joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents. To date, WHO and UNICEF have jointly developed a guideline (155), toolkit (156), and intervention tools (157) aimed at promoting mental well-being, preventing mental health conditions, and reducing risk behaviours and self-harm among adolescents. HAT is made up of interlinked and complementary strategies that holistically address an adolescent's surroundings and their individual behaviours, as well as the influencing systems, policies and laws around them. A HAT implementation workshop hosted in Thailand in July 2023 and attended by representatives from ministries of health and education, UNICEF and WHO,

provided an opportunity for the development of joint workplans and catalysed actions to strengthen promotive and preventive programming in 11 countries across three WHO regions.

Advocacy and technical support to countries in eliminating lead paint

As part of the leadership of the Global Alliance to Eliminate Lead Paint, WHO is working with health ministries, and is providing advocacy and technical support to countries in eliminating lead paint. As of the year 2022, 88 countries have legally binding controls on lead paint (158).

Supporting school health through health-promoting education systems

WHO and UNESCO, in collaboration with UNICEF and other UN agencies, have developed global standards and indicators for health-promoting schools (26) as well as implementation guidance (159) to support making every school a health-promoting school. Orientations and capacity-building with Member States in the African, South-East Asia, Eastern Mediterranean and Western Pacific regions were conducted in the period 2021-2022, and work is currently underway with early adopter countries such as Egypt, Kenya, North Macedonia and Paraguay to support governments in building a new generation of school health programmes aligned with global standards. Country teams have used the global guidance to inform a policy dialogue across sectors and partners in countries, gather evidence-based information and data to inform actions, and plan ways forward towards the goal of making every school a health promoting school.

Supporting Learning District Initiative in India

The Learning Districts Initiative was launched in response to the challenges identified during the 2017-18 rapid programme review (RPR) of the National Adolescent Health Programme - or Rashtriya Kishor Swasthya Karyakram (RKSK) - in selected states of India (160). The review reported that the implementation of RKSK at the district level was uneven, and faced operational

challenges in many places. Conceptualized with the support of the WHO HQ and South-East Asia Regional Office and rolled out with the support of WHO and implementing partners, the Learning Districts Initiative was operationalized from 2019 and 2022 in a phased manner in six districts. In 2023, the WHO regional office supported the government to take stock of this experience in terms of what was achieved - and what helped or hindered - to summarize learning and develop recommendations for future.

Create-your-own World No Tobacco Day

Adolescents are more likely to initiate tobacco use if they lack the awareness of tobacco and related industry tactics deliberately employed to hook them on nicotine and tobacco products and if they lack the skills to say no to nicotine and tobacco. WHO is working to empower youth to expose industry tactics observed in their community, practice the act of refusing tobacco products, shisha or e-cigarettes in a safe environment using an entertaining medium, and develop advocacy plans for rejecting industry manipulation and creating a tobacco-free generation. The No Tobacco toolkit (161) includes various activities that can be implemented by teachers in the classroom setting - whether virtual or in person - or by parents at home. These activities will serve to expose tobacco and related industry tactics to hook youth on nicotine and tobacco products and empower youth to refuse industry manipulation and join the tobacco-free generation.

Taking country action to reduce the risk of exposure to mercury-added skin lightening products

Led by the UN Environment Programme (UNEP), with funding from the Global Environment Facility (GEF), and executed by WHO and the Biodiversity Research Institute (BRI), the Eliminating mercury skin lightening products project works to reduce the risk of exposure to mercury-added skin lightening products, raising awareness of the health risks associated with their use, developing model regulations to reduce their circulation, and halting production, trade and distribution across domestic and international markets (162).

Gabon, Jamaica and Sri Lanka have joined forces to fight back against damaging beauty practices, launching a joint US\$ 14 million project to eliminate the use of mercury in skin lightening products (163).

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

Building people-centred, resilient and sustainable primary health care-based health systems

The WHO Special Programme on Primary Health Care assists countries in building primary health care (PHC)-based health systems by supporting 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. In 2022, the programme supported Bolivia, Guyana and Ukraine to make advances for adolescent health. In Bolivia, for example, within the framework of the technical cooperation of the Improving the Health of Women and Adolescents in Vulnerable Situations project, the WHO country office supported the government to develop a plan to integrate traditional midwives into the health system in the areas where the indigenous Yuracaré, Mojeño and Yuqui populations live. Through an intercultural dialogue, learnings between traditional medicine with Western medicine practices were exchanged, capacities were strengthened and opportunities were created for the empowerment and leadership of women and adolescents in integrating traditional midwives into the Bolivia's health care system. In Ukraine, the programme facilitated the translation of the Pocket book of primary health care for children and adolescents into Ukrainian (164), and in Guyana over 120 000 listeners were reached through radio public health campaign "It's Okay Not to Be Okay", aimed at adolescents.

Ensuring better access to care through school health services

Many health conditions can be better managed or prevented if detected early, and school health services have an important role to play. In 2021, WHO published the WHO guideline on school health services (165), and during 2022-2023 was supporting countries such as Ghana and Guinea to make their school health services evidence-based and sensitive to students' health and well-being needs. WHO is also working with researchers and policy-makers in a number of Member States (e.g. Armenia, Ghana, Morocco, United Republic of Tanzania and Zimbabwe) to conduct implementation research and effectiveness trials to generate evidence in support of school health and school health services (120,121).

Strengthening governments' capacity to prevent and respond to violence against children

To increase the technical capacity of governments, partners and WHO country offices to prevent and respond to violence against children, several initiatives have been implemented: a guidance document (142) published in September 2021 highlights the decisions that need to be made in the selection, adaptation and scaling up of interventions within the multisectoral INSPIRE approach; a free online course on the INSPIRE framework, developed jointly with the Care and Protection of Children (CPC) Learning Network and Columbia University, was launched in mid-2022 (166); a handbook was published and used to inform the training of 50 trainers on the INSPIRE framework across all WHO regions in late 2021 (167); a policy brief was published on the burden, consequences and preventability of online violence against children (168); and a systematic review was conducted of what works to prevent such violence (169).

Support the health sector in preventing female genital mutilation and ensuring the highest standard of care to victims

WHO has developed a comprehensive package of resources to support the health sector in ensuring that women and girls who have

undergone female genital mutilation (FGM) receive the highest quality care to manage associated health complications, and that health workers have the knowledge and skills to communicate with their patients about preventing FGM. In 2022, WHO launched a new package to build health workers' skills on person-centred communication for FGM prevention following positive findings from a multi-country study testing this approach. In addition, WHO launched a guide for integrating FGM content into pre-service training of nurses, midwives and other health workers as well as an online resource kit for the health sector providing resources related to training health workers, planning health sector programming, advocacy, research and clinical care. WHO is also supporting countries to adapt, implement and scale up these resources within the health sector (50).

Providing technical assistance to advancing work on adolescent/youth sexual and reproductive health

Since 2019, WHO has provided technical assistance to countries in the design, implementation, monitoring, evaluation and documentation of policies and programmes, to address the sexual and reproductive health needs and rights of adolescents. In 2022, with support from the Bill and Melinda Gates Foundation and USAID, the WHO Technical Assistance Mechanism made steady progress in providing assistance to 11 countries in the African, Eastern Mediterranean and South-East Asian regions: Afghanistan, Cameroon, India, Kenya, Liberia, Malawi, Mali, Nigeria, Senegal, Sierra Leone and Uganda (170). The mechanism was involved in addressing diverse themes in the different countries. For example, in Sierra Leone, efforts focused on responding to the needs of pregnant adolescents and first-time adolescent mothers, while in India, Liberia and Sierra Leone, there was a focus on the use of innovative means for building capacities of health care providers for better performance. In Afghanistan, assistance was directed at priority setting of national adolescent health programming, while in Kenya and Nigeria the primary focus was strengthening adolescent health programmes at subnational or district levels. In Malawi, the support focused

on priority setting to make the best use of the available funds.

Strengthening workforce capacity to provide adolescent-responsive services

One of the key barriers to achieving UHC for the world's 1.2 billion adolescents is the lack of training of health care providers in adolescent health care (1). WHO has collaborated with the Geneva Foundation for Medical Education and Research, to support the WHO Regional Office for the Eastern Mediterranean to update its blended-learning certificate course on adolescent sexual and reproductive health for the region. In 2022, 200 participants from 54 countries enrolled in the virtual course, most of them from the Eastern Mediterranean region, with 92.5% of them being active, and 95% of those who were active completing the course (171). WHO has also worked with the foundation to support the WHO Regional Office for Africa to complete the adaptation of the generic global adolescent sexual and reproductive health course for use in Francophone Africa, which will be conducted in 2024.

From manual to movement: a collaborative approach to strengthen adolescent health and development programme in the Philippines

The WHO Philippines country office collaborated with the Philippines Department of Health to develop the Adolescent health and development program manual of operations, serving as a comprehensive guide for implementing the national adolescent health and development framework (172). Inspired by related global initiatives, the manual equips programme managers with specific tools such as adolescent-friendly health services standards, competency training, and health service guidelines. Its strategic plan, featuring clear objectives and monitoring indicators, empowers programme managers to prioritize resource allocation and make data-driven decisions to track programme progress. To further empower health care providers, WHO Philippines and the Department of Health developed the Adolescent health care for primary

service providers: foundational course (173). Primarily for health providers, its earlier versions have proven relevant and applicable for teachers, guidance counsellors and social workers. In 2020, the Philippines Department of Education launched an online version for its school personnel, and the Department of Health (DOH) followed suit in 2022 for primary service providers through the DOH Academy. These online courses address key areas of sexual and reproductive health, mental health and how to establish adolescent-friendly health facilities. Aligned with UHC goals and WHO AA-HA! Guidance (1), these documents equip health workers across settings to deliver quality, adolescent-friendly health services, building a stronger support network for Filipino adolescents.

6.3 Leaving no one behind

Promoting health equity for adolescents with disabilities

The WHO Global report on health equity for persons with disabilities (174) brings health equity to the attention of policy-makers and ensures that by advancing disability inclusion, countries progress on their commitments towards SDG3 and the Convention on the Rights of Persons with Disabilities by 'leaving no one behind'. The report explores health equity for adolescents with disabilities through different perspectives. It provides evidence that adolescents with disabilities experience a range of health inequities such as earlier mortality and higher morbidity in a much larger extent than their peers without disabilities. The issue of intersectionality is also considered, emphasizing the importance of involving adolescent girls who are at higher risk of exclusion or of marginalization from stakeholder engagement in decision-making and health sector processes. Using the primary health care approach as a foundation, the report outlines a set of 40 disability-targeted actions across specific strategic health sector areas: political commitment, leadership, and governance; health financing; engagement of communities and other stakeholders; models of care; health and care workforce; physical infrastructure; digital technologies for health; systems for improving the quality

of care; monitoring and evaluation; health policy and systems; research. Many of these actions are oriented towards adolescents with disabilities and target their inclusion in the health sector.

Addressing the challenge of treatment of paediatric TB in the African region

TB detection, prevention and care for children and adolescents often lags behind because children and adolescents typically present in primary health care or child health settings, where capacity to diagnose TB may be limited. In addition, weak integration of child and adolescent TB services with other programmes leads to missed opportunities for contact investigation, TB prevention, detection and care. To facilitate the uptake of the consolidated guidelines on the management of TB in children and adolescents, WHO convened a regional consultation on the management of TB in children and adolescents for TB high-burden and priority countries in Lusaka, Zambia in September 2022. Similar meetings are being planned in other WHO regions. Regional and national working groups or task forces on the management of TB in children and adolescents provide support to national TB programmes and other programmes responsible for children and adolescents with TB (or at risk of TB) to translate global policy into updated national policy guidelines (116).

Learning how to deliver better comprehensive sexuality education for out of school children

WHO partners with UNFPA to lead implementation research studies in Colombia, Ethiopia, Ghana and Malawi to test the feasibility, acceptability and effectiveness of improving the performance of facilitators in delivering comprehensive sexuality education to different groups of adolescents in the out-of-school context (175). To continue to build the evidence base for what works in terms of out-of-school sexuality education, WHO and UNFPA secured support from the governments of Norway and Spain for the extension of the study to seven other sites worldwide including Indonesia, Moldova, Nicaragua, Nigeria, occupied Palestinian territory, Philippines and Tunisia.



Children gardening as part of health promoting school programme in Kiribati. © WHO/Faizza Tanggol

7. Supporting adolescents during emergencies



A Syrian refugee gives herself an insulin shot, Jordan.
© WHO/Panos/Tania Habjouqa

- ◆ Humanitarian emergencies
- ◆ Addressing the needs of adolescents in post-COVID-19 era

7.1 Humanitarian emergencies

Coordinating partnerships to respond to the health emergency in Ukraine

WHO is working through our offices in Ukraine and neighbouring countries, and with various partners, to respond to the health emergency triggered by the Russian Federation's invasion of Ukraine. WHO is coordinating nearly 200 health partners to deliver various health services across the country, reaching 8.5 million people in 2022 (176).

WHO is providing weekly updates on the current situation in Ukraine and refugee-receiving countries, and undertaking actions to address children and adolescents' needs for vaccination, primary health services, reproductive and sexual health services, psychological counselling and emotional support for children and adults, including psychosocial support through interactive art therapy for young people (177,178). WHO is also coordinating the provision of paediatric care to refugees in hosting countries. For example, the WHO country office in Slovakia supported an initiative to expand the health care services for refugees in the capital as well as other regions of Slovakia through partnership with local governments and nongovernmental organizations. For example, the Polyclinic in Rovnianska str. in Bratislava is providing primary health care as well as paediatrics and specialist care (e.g. gynaecology, mental health and psychosocial support) to Ukrainians hosted in the area. WHO also provided financial support to enhance the scope of services in the clinic (179). In partnership with ČOSIV, a nongovernmental organization, the WHO country office in Czechia launched a project for the implementation of e-learning on trauma among Ukrainian refugee children in the Czech education system. With the National Institute of Mental Health (NUDZ), WHO has developed an integrated mental health and psychosocial support programme (in Czech, Russian and Ukrainian) targeting Ukrainian refugee children to strengthen their resilience and help them cope with adversity in the ongoing crisis.

Addressing the needs of children and other affected populations in Israel and the occupied Palestinian territory

WHO is working with partners to address the most urgent health needs of the populations affected by the conflict in Israel and the occupied Palestinian territory, including through the provision of life-saving medical supplies (180). WHO has made an appeal to help Save Lives pointing out that since October 7, 2023, nearly 2 million lives have been forever changed by the conflict, most of whom are women and children. WHO is on the ground, providing life-saving medical supplies, surgical equipment and trauma kits while expanding emergency care. WHO is also positioning supplies at the border with Egypt to care for the hundreds of thousands of people needing urgent medical care (181).

The WHO Operational Response Plan in the occupied Palestinian territory provides a framework for WHO operations to respond to the health consequences of the conflict in Gaza. As part of the plan, WHO is committed to strengthening mental health and psychosocial services, including ensuring support for people with mental disorders, women, children and adolescents, gender-based violence survivors and the elderly, with scalable evidence-based psychological interventions (182).

Sudan: sounding alarm at the spike in violence against women and girls

The WHO Director-General and other senior United Nations officials voiced shock and condemnation at increasing reports of gender-based violence in Sudan—including conflict-related sexual violence against internally displaced and refugee women and girls (183). Even before fighting broke out on 15 April 2023, more than 3 million women and girls in Sudan were at risk of gender-based violence, including intimate-partner violence, according to UN estimates. Since the current conflict erupted, this number has climbed to an estimated 4.2 million people. The UN Human Rights Office in Sudan has received credible reports of 21 incidents of conflict-related sexual violence, including rape, against at least 57 women and girls (183). Despite

the violence, WHO and other UN agencies are working to secure safe spaces for women and girls, distribute dignity kits, train service providers and expand remote services where physical access has been disrupted. They are reaching survivors with sexual and reproductive critical care, including clinical management of rape, ensuring faster access to emergency health supplies, and implementing prevention and response interventions.



The ongoing violence, including attacks on health, are preventing survivors of gender-based violence from accessing essential health services at a time when they need them most. Women and girls need to be protected from sexual violence, and survivors must have unhindered access to the care they need. Health workers and facilities must be protected.

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General

Equipping programme managers with the knowledge to respond to the needs of adolescents in humanitarian and fragile settings

To enhance child and adolescent health outcomes in humanitarian and fragile settings, WHO has collaborated with the Geneva Foundation for Medical Education and Research to design a training course for programme managers and decision-makers in health and related fields, at every stage of humanitarian emergencies (184). The online training course on child and adolescent health in humanitarian settings seeks to equip programme managers and decision-makers with the knowledge and skills to enhance child and adolescent health outcomes, particularly in the Eastern Mediterranean Region. The course follows the Operational guide on child and adolescent health in humanitarian settings (185), and is aimed at participants working in the health sector or other sectors, government,

and non governmental organizations (nongovernmental organizations, UN agencies, funding agencies etc.), and regional, national and subnational level actors in countries that are directly or indirectly affected by emergencies. The training will commence in 2024 (184).

7.2 Addressing the needs of adolescents in post-COVID-19 era

Learning from organizational responses to the sexual and reproductive health needs of adolescents in the context of the COVID-19 crisis

In 2022, WHO and UNFPA collected 36 case studies from 16 countries showcasing agile adaptations in organizational responses to meet the sexual and reproductive health (SRH) needs of adolescents during the COVID-19 crisis. Each case study describes how organizations proactively and cleverly adapted the provision of one or more of the following SRH interventions to circumvent local barriers created by the COVID-19 pandemic: SRH information and education provision; contraceptive provision; abortion and post-abortion care provision; HIV care provision; sexual and gender-based violence care provision; menstrual products distribution; and human papillomavirus vaccine administration (54,186).

Supporting robust and proportionate public health practice during pandemics that respects the right to education and other human rights

During the COVID-19 pandemic, countries took an unprecedented number of health emergency measures at the national and subnational levels to protect health and life. These measures were frequently subject to legal challenges, including on grounds that they violated the right to education and other human rights. The COVID-19 public health emergency (2020–2023) has been estimated to have disrupted the education of more than 1.5 billion students, resulting in what was characterized as “the worst education crisis ever recorded” (187).

Based primarily on national case summaries from around the world contained in the COVID-19 Open-Access Case Law Database (188), WHO prepared a synthesis of legal issues that may arise in designing and implementing public health interventions related to education and schools. The publication, to be released in 2024, is designed to support robust and proportionate public health practice that respects human rights.

Setting benchmarks to protect education continuity during emergencies

WHO has launched a new multi-year initiative to measure the effectiveness and social, health and economic impact of public health and social measures during health emergencies. It aims at strengthening the global evidence base to inform the development of action-oriented guidance, mechanisms and tools for decision-makers (189). As part of this initiative, WHO is leading the development of the 2nd edition of International Health Regulations Benchmarks (190) so that countries are able to plan mitigation measures to address health and socioeconomic impacts, such as disruption of education and critical services, that public health measures may have. To enhance countries preparedness to prevent such disruptions, new benchmarks are proposed such as: The protection of livelihoods, business continuity and continuity of education and learning systems are in place and functional; and, Pre-response strategic scaling of health and mental health services are in place and implemented.

Behavioural considerations for promoting safe behaviours among young people

Understanding the major influences on young people's health-related behaviours and perceptions of health risks is important for the design of youth-centred strategies and measures. In the course of the COVID-19 pandemic, as restrictions and social measures became protracted, recognizing the uniqueness of young people's lived experiences, needs and perspectives, and the urgent need for specific behavioural considerations for safe behaviours among young people between 15 and 30 years old, became evident. With little evidence available on young people and COVID-19 specifically, WHO, with the support of the American Psychological Association, produced a policy brief on Behavioural considerations for promoting safe behaviours to inform the design of strategies and measures targeted to young people, including adolescents (191). Drawing from a rapid review of evidence and consultations on cognitive, social and environmental behavioural drivers from other health topics, the brief outlines what influences the behaviours of young people, what strategies have been used in different areas to address risk-taking by this group, as well as six possible strategies to be locally tested and adapted to address young people's risk-taking behaviours.



NATRAJ GUEST HOUSE
&
SHIVA EYE
ROOFTOP RESTAURANT

SHIVA EYE

महेश
दध धा

WAY TO
WI F HOTEL

Boys on a float throw flowers at the crowds on the streets of Pushkar during Shivaratri Festival, India.

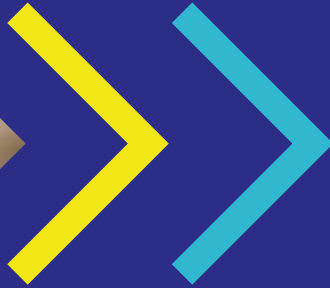


A group of children running and playing in Malawi. © WHO/Stephanie Hollyman

8. The decade ahead



Portrait of a boy in Kijirado, Kenya. © WHO/Billy Maron



Adolescents today are healthier than at any time in the past and have more opportunities to develop to their full potential (1). However, the scale and scope of global threats to their well-being – including conflicts, climate crises and other humanitarian emergencies, all of which have been compounded by COVID-19 – now put decades of progress at grave risk (192). A recent UN report highlights how we have entered an age of ‘polycrisis’ comprising conflicts, climate change, the lingering effects of the COVID-19 pandemic and other global challenges that are threatening to derail hard-earned progress towards the SDGs (18). Stagnant wages, increasing income inequality and rising youth unemployment are contributing to the erosion of trust in public institutions and leadership (20). Progress on more than 50% of targets within the SDGs is weak and insufficient; for one third of targets, progress has stalled or gone into reverse (18).

WHO continues to support Member States in making critical investments in the health and well-being of adolescents as part of investing in the SDGs. Unless we act in concerted ways now, however, the 2030 Agenda could become an epitaph for a world that might have been.

Promoting a comprehensive agenda for adolescent health and well-being will continue, with a focus on building resilient health and social systems

WHO continues to promote a comprehensive agenda for adolescent health and well-being (21), while applying the shared learning from the direct and indirect impacts of the COVID-19 pandemic on adolescents to inform future collective actions. One of the lessons from the pandemic is that we have to invest more in building resilient systems and holistic responses to ensure continuity of essential information and services during disruption, should a new pandemic occur (1).

Taking action to strengthen the integration of child and adolescent health needs into climate change responses

Climate change represents one of the greatest challenges the world faces today. Between 2030 and 2050, the climate crisis is expected to

cause approximately 250 000 additional deaths per year, with substantial and long-term impacts on the health of populations (54). Evidence is emerging that climate change is associated in multiple ways with adverse health and well-being outcomes in adolescence (1):

- Rising temperatures increase the risk of heat-related mortality, adverse birth outcomes, infectious diseases and respiratory disorders.
- Excessive rainfall, extreme temperatures and drought are associated with undernutrition, particularly among young children.
- Higher temperatures, rainfall variability and air pollution are linked to poorer cognitive ability, lower school enrolment and leaving school earlier.
- In disaster-affected families, family functioning worsens (that is, hostile and anxious parenting, child neglect and violence, low connectedness, parent-child or family conflict).
- Gender-based violence increases during or after extreme climate events.
- Climate-related disasters disrupt education and training.

WHO, in collaboration with UNICEF and UNFPA, is committed to taking action to strengthen the integration of maternal, newborn, child and adolescent health needs into climate change responses (54).

Addressing the needs of displaced children and adolescents fleeing wars and conflicts

Record numbers of people are fleeing their countries in the face of mounting crises. The global number of refugees has increased annually for more than a decade, reaching 34.6 million by the end of 2022, or 1 in 233, who fled their countries of origin owing to war, conflict, persecution, human rights violations or events seriously disturbing the public order. At the end of 2022, around 41% of all refugees were children (<18 years), while 51% were women and girls (18). Children and adolescents are exposed to family separation, neglect, physical violence and other violations of their human rights, including sexual trafficking and limited access to education, health services and food (193). WHO and partners continue to coordinate partnerships to respond to the health emergency of displaced populations and addressing the special vulnerabilities of children and adolescents, sounding alarm at the violations of the rights of women and girls, and in building capacity of policy-makers to understand the developmental vulnerabilities of adolescents, and planning adolescent-responsive action in humanitarian and fragile settings.

Opportunities

Although the health-related and other Sustainable Development Goals are badly off track, new national and international capacities and commitments can be harnessed to revitalize action to achieve the original ambition and to equip health systems to meet the expectations of populations and the anticipated challenges of the post-SDGs world. The four-year period of the WHO Fourteenth General Programme of Work, 2025–2028 constitutes a unique opportunity to advance health equity and get the health-related SDGs back on track, while ‘future-proofing’ health systems (20). WHO is committed to strengthening its culture of partnerships with civil society and young people, the private sector and parliaments, across the health and other priority sectors. Building on initiatives such as the WHO Youth Council and the WHO Civil Society Commission, it will help accelerate action through a focus on human rights, accountability and community engagement, and will build stronger mechanisms to systematically engage civil society, community-based organizations and youth groups in the work of WHO (20).

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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, school age children and women of reproductive age (include adolescent girls), 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.

Digital Health and Innovation

The Department is centred around ensuring Member-States have the human capacity, technical norms and standards, enabling structural and policy environment, and access to necessary tools and building blocks to undertake a systematic process of planning, costing and implementing digital health and innovation solutions to strengthen health system performance. Through the Global Strategy on Digital Health, regional strategic priorities and member-state engagements, the demand for clear, science-based guidance has been clearly documented. Notably, a welcome shift has occurred in the nature of this country-led demand, moving away from the implementation of vertical, disconnected solutions, towards a recognition of an ecosystem approach that integrates

digital as a cross-cutting enabler of health programs. This approach is consistent with WHO guidance, recognizing the need for key enablers, including human capacity, technical architecture and planning and standards-based interoperability as articulated in the 2012 WHO-ITU National e-Health Strategy Toolkit.

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>.

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 and jointly with the partners united in the working group launched a roadmap for ending TB in children and adolescents with 10 actions to improve TB prevention and case detection. The department has issued consolidated guidelines and an operational handbook on the management of TB in children and adolescents and also focuses 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 and Multilateral Partnerships (HMP)

The purpose of the Health and Multilateral Partnerships Department (HMP) is to help facilitate relevant external engagements that are strategic, coherent, coordinated, transparent, risk-managed and in the interest of the entire organization to implement GPW14. HMP supports, coordinates, facilitates and/or leads concrete engagements and interactions with global and regional intergovernmental organizations, formal partnerships, parliamentarians and their organizations, nongovernmental organizations/civil society, the private sector and youth. HMP's functions are: strategy development and policy coherence; health diplomacy and advocacy; selected external engagements; and the incubation of strategic initiatives.

Through the WHO Youth Council, we seek to deliver sustained, meaningful youth engagement, and support the engagement of young people and their participation in addressing key global health priorities. The council serves as a platform for designing and incubating new initiatives and for expanding existing youth engagement initiatives of WHO.

Health Promotion

The department works to enhance people's well-being 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 everyday 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 mean 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 the 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 aging 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 programs 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-centered 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 sensory functions (hearing and vision), disability and rehabilitation. The aims of the department are to cover an additional one billion people with essential NCD health services and medicines by 2025; 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.

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 policymaking and SRH programs. The department draws on research and global expertise to set norms and standards and develop global guidelines

on SRH and rights. ([https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh))).

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, fostering healthy aging, and improving 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-centered, 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-centered, 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

Many of the publications and other source materials referred to in this report can be found in the WHO Resource bank for adolescent health:

<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/adolescent-and-young-adult-health/resource-bank-for-adolescent-health>

The resource bank serves as a comprehensive directory, offering a wide array of resources dedicated to improving adolescent health. It is a collaborative effort involving 15 departments within WHO, all part of the Interdepartmental

Working Group (IWG) on Adolescent and Young Adult Health and Well-being, and is aimed at consolidating and providing easy access to vital information and materials. This includes WHO guidelines, norms, standards, policy directions, advocacy materials, implementation guidance, case studies, training packages, databases, resources for statistics, policy databases, factsheets and country profiles.

The resource bank is at the forefront of the WHO mission to support governments and policy-makers to enhance the health and well-being of adolescents and young in every country.

