

Technical consultation on indicators of adolescent health

WHO, Geneva, Switzerland
30 September – 1 October 2014



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Organization

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Jane Ferguson and Sarah Jensen (King's College London) prepared this report.

Abbreviations

ART	antiretroviral therapy
BMI	body mass index
DHS	Demographic and Health Surveys programme
GSHS	Global School-based Student Health Survey
HBSC	Health Behaviour In School-aged Children
MICS	Multiple Indicator Cluster Survey
PHQ	patient health questionnaire
SD	standard deviation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WMH-CIDI	World Mental Health Composite International Diagnostic Interview

1.

Introduction

Aim of the consultation

The aim of the consultation was to reach consensus on a core list of indicators for measuring and reporting on adolescent health.

Objectives of the consultation

The two objectives of the global consultation were:

- to reach consensus on a core list of health indicators of adolescent health in order to monitor progress;
- to explore the mechanisms for validating and/or testing new indicators for the core list

The expected outcomes of the consultation were

- consensus on a minimum list of health indicators to measure adolescent health and
- agreement on steps for validation and/or testing of new indicators.

The list of health indicators for adolescents will be submitted to the data repository of the WHO Global Health Observatory.

The consultation comprised plenary presentations, discussions and some group work. See Annex 1 for the agenda. It was attended by 37 participants, including regional and country experts and representatives of technical organizations, United Nations partners and WHO staff. The list of participants is given in Annex 2.

Declarations of interest

All external participants were required to declare any potential conflict of interests. None reported a conflict of interest.



2.

Setting the scene

The need for indicators of adolescent health

Strengthening programming for adolescent health in countries is one of WHO's key concerns, and measurement and monitoring are integral parts of this process. A core set of indicators to monitor the health status of adolescents nationally and globally could assist countries in optimal data collection to inform policy and programmes.

In 1995, a WHO/UNFPA/UNICEF study group on "Programming for adolescent health" concluded that strengthening monitoring and evaluation would require the identification and use of indicators (WHO, 1997; McNeely et al., 2001). To follow-up on this and with funding from the Rockefeller Foundation, the then Department of Child and Adolescent Health at WHO headquarters supported identification of key domains that describe adolescent health. These provided the background to some areas of the Global School-based Student Health Survey (GSHS).

WHO prepared an online report "Health for the world's adolescents—a second chance in the second decade" (WHO, 2014a), which described the specific contexts of adolescents and the need for programming specifically for this age group. Indicators of adolescent health are a fulcrum for the health sector in collecting and using strategic information, as described in one section of the report. Such information can flag priority health issues, subpopulations and opportunities for early interventions to improve adolescents' health and well-being and reduce disability and mortality. Ministries of health have asked WHO to support the development of consensus on a core list of indicators. More information about the selection of indicators is given in section 3.

The global reference list of core health indicators

With global partners, WHO has prepared a global reference list of core indicators (WHO, 2015a) for obtaining concise information on health situations and trends, including responses at national and global levels. The aims of the list are to reduce reporting requirements and ensure better alignment to country monitoring and evaluation systems. This list (in draft form at the time of the consultation) was an important basis for selecting

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