

Advances in Adolescent Health Measurement: Indicators Recommended by the Global Action for Measurement of Adolescent health

Supplement to the Journal of Adolescent Health

Questions from the Launch Webinar

How can researchers and policymakers ensure that adolescent health measurement tools are inclusive and culturally sensitive?

Ensuring that adolescent health measurement tools are inclusive and culturally sensitive is a complex process that requires a multifaceted approach. Researchers and policymakers can engage diverse stakeholders including adolescents and young people themselves, adapt tools to local contexts, conduct thorough pilot testing, provide cultural competence training, and regularly review and update the tools based on feedback from diverse adolescent populations.

For the process to derive the list of adolescent health indicators recommended by the Global Action for Measurement of Adolescent health (GAMA) in particular, the engagement of the perspectives of adolescents and young people is described in Ekman et al.¹ Furthermore, inclusiveness and cultural sensitivity have been considered extensively in arriving at the measurement recommendations and practices around certain initiatives (e.g., Sustainable Development Goals (SDGs)) and survey programmes (e.g., Demographic and Health Surveys (DHS), Health Behaviour in School-aged Children (HBSC)) feeding into the indicator selection process.² Finally, inclusiveness and cultural sensitivity of the set of the of the GAMA-recommended indicators themselves were ensured through the careful review of inputs received from 12 culturally diverse countries participating in the feasibility study.³

How does the supplement address the intersectionality of factors influencing adolescent health outcomes, such as gender, ethnicity, and socioeconomic status?

Wherever appropriate, this supplement recommends standard disaggregation of data reported for the adolescent health indicators by age and sex.⁴ Appropriate disaggregation is also discussed in greater detail in the expanded guidance.⁵ However, the supplement article by Keogh et al. notes a persistent gap in data coverage among the most vulnerable adolescent populations,⁶ and addressing this gap is a necessary step to better addressing intersectionality.

What are the sources of data for the suggested indicators? Are routine service data sources? What about surveys?

For each of the GAMA-recommended indicators, preferred and other possible data sources are described in Marsh et al.⁴ as well as in the main report on the Adolescent Health Indicators.⁵ For the vast majority of the indicators, the preferred data source is population-based surveys. Other preferred data sources for some indicators include the Health management information system or policy surveys. An interactive tool to search for indicators by preferred data source is described in Diaz et al.⁷ and available through the WHO website⁸

Would UN partners recommend a special survey like DHS/NFHS for this population to have comprehensive results to help developing policies and programs for adolescents?

As described in Kågesten et al., many countries are already measuring a substantial proportion of the indicators.³ It is therefore recommended that – as a first step - countries should take stock of what relevant data are already available. As part of this stock-taking, countries should take an inventory of any recently conducted household surveys, such as those reviewed in Newby et al. and presented in the final table of Marsh et al.^{2,4} These surveys provide a valuable data source for populating many of the indicators.

What is next? As we now have a set of indicators on adolescent health we can use globally and at country level, what do we expect to happen next?

The next steps at global, regional and country levels are the implementation and use of the recommended indicators.

At global and regional levels, continued harmonization of indicator measurement details is required. This includes, for example, alignment of questions and reporting for similar indicators across different global and regional survey instruments as much as possible.

At the country level, the recommended indicators shall be used for two core purposes, as described in Chapter 5 of the main report on the Adolescent Health Indicators:⁵ to map and use existing indicator data to prioritize actions to improve adolescent health, and to identify and subsequently fill data gaps. The GAMA Monitoring and Reporting Tool can support countries with these tasks and WHO and partner UN agencies are ready to further assist.

Since we are about 5.5 years before the reporting on the SDGs in 2030, is there an opportunity for countries to undertake a 2025 measurement as "benchmarking" and 2030 as a window after 5-years to review the status in a rapidly changing digital world where adolescents are bombarded with not always "healthful" information?

Yes. Countries are invited to use the opportunity to undertake a “benchmarking” with the help of the GAMA-recommended indicators, as described in Chapter 5 of the main report on the Adolescent Health Indicators.⁵ The GAMA Monitoring and Reporting Tool can support countries with these tasks and WHO and partner UN agencies are ready to further assist.

The Government of Bangladesh is going to begin its next 5 years health and population program from July 2024, adding at least some of the GAMA indicators in the Results Framework will help in assessing the adolescent health program effects on adolescents and compare them with other countries with similar socio-cultural aspects.

Indeed, this would be a great opportunity for Bangladesh to establish baseline information on the current status of adolescent health. As described above, Chapter 5 of the main report on the Adolescent Health Indicators and the GAMA Monitoring and Reporting Tool shall be helpful to map existing data, identify priorities as well as data gaps. As seen in countries participating in the 12-country feasibility study, data for many indicators oftentimes exist already⁹ and the indicators can further help increase the visibility of adolescent health issues.¹⁰

Probably, it seems to me, the program may not be able to use all 47 indicators, please suggest if the indicators may be measured by specific components.

The GAMA-recommended indicators includes two types of indicators:

- Core indicators are the most essential for measuring the health of all adolescents globally;
- Additional indicators are those provided for settings where further detail within a subject would add value and resources for data collection and reporting are available.

The set of GAMA-recommended indicators includes 35 core and 12 additional indicators. Together, these 47 indicators enable countries to get the most comprehensive picture of the health of their adolescents.

Taking stock of existing data in a country may reveal that the incremental burden would be less than anticipated. If resources are not available to fill the entire gap, the country

should prioritize according to the principles in the main report on the Adolescent Health Indicators.

Are there plans for follow-up activities or initiatives to build on the findings of the supplement and promote further collaboration and knowledge exchange?

Yes. The GAMA Advisory Group will continue to exist, and the collaboration between partner UN agencies, global, regional and country-level stakeholders, including adolescents themselves will continue. Exchange of the latest knowledge and experiences from implementation and use of the indicators will be one of the key priorities going forward.

Will these indicators be ongoingly updated? I ask this as adolescent health needs continue to evolve in this rapidly changing world, as does our understanding of adolescent health along with the growing evidence for effective intervention.

Yes. The list of recommended indicators will be reviewed regularly and updated as needed. These updates will include potential refinement of included indicators as new evidence becomes available, potential deletion of included indicators or addition of new indicators.

References

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