

YCHECK PHASE 2: THE EFFECTIVENESS AND COST-EFFECTIVENESS OF ADOLESCENT HEALTH AND WELL-BEING CHECK-UPS IN THREE AFRICAN CITIES

IMPLEMENTATION SITES

Cape Coast, Ghana

Mwanza, Tanzania

Chitungwiza, Zimbabwe



BACKGROUND

- Adolescents have limited contacts with services especially for preventive services.
- Countries have asked WHO whether they should include routine adolescent health and well-being (AHW) check ups in their programmes, but evidence on their acceptability, cost-effectiveness, content and delivery strategies is lacking.
- This study builds on a successful first phase where formative research was conducted in the three countries, which suggests that two AHW check ups would be feasible and acceptable.

OBJECTIVE

In Phase 2 we propose to test AHW check ups in practice, and evaluate the feasibility, acceptability, coverage and yield of previously undiagnosed conditions and costs of AHW check ups, linked where necessary, to on-the-spot treatment, counselling or advice and/or supported referral to specialists or long term care. We will also get preliminary information on the impact of the AHW check-ups on health and wellbeing, and whether they can be the basis for forming a 'digital health club' for adolescents and youth.

APPROACH

We will conduct implementation research involving 2,000 adolescents (500 of each gender aged 10-12 years and the same number aged 16-17 years) in each of three diverse African secondary cities. We will follow-up of these 6,000 adolescents four months after the check-up.

Interventions and stakeholders

In each city, the study will be conducted in up to 8 communities, up to 8 secondary schools, and up to 8 primary schools. The Y-Checks will include screening for previously undiagnosed conditions plus health promotion (eg. individually-tailored counselling) and disease prevention (eg. immunization).

Community engagement, participatory co-design, qualitative interviews and discussions, health register and school register review are part of the first year of the program. Up to 200 participants will be involved in the pilot testing of

screening tools and procedures. There will be an opportunity for young people and stakeholders to suggest additional relevant outcomes that may reflect some of their priority concerns/intentions that should be captured (Client-centred outcomes).

MORE INFORMATION

Phase 1 publication: [Designing Routine Health Checkups for Adolescents in Zimbabwe - ScienceDirect](#)

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