Multistakeholder Consultations on Programming to Promote Adolescent Well-Being:

SUMMARY REPORT

World Health Organization

PMNCH for

IN PARTNERSHIP WITH:

UN WOMEN

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Children and Youth

WFP World Food Programme

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Suggested citation. Multistakeholder Consultations on Programming to Promote Adolescent Well-Being: Summary Report. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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ACKNOWLEDGEMENTS

This report was prepared by Joanne McManus, Meheret (Mimi) Melles-Brewer of PMNCH and David Ross of FIA Foundation.

We thank others for their invaluable contributions to the organization of the consultations and to this report, including Anshu Mohan, Helga Fogstad, Narissia Mawad and Sophie Kostelecky of PMNCH and Anshu Banerjee and Valentina Baltag of WHO headquarters.

Members of the UN H6+ Technical Group on Adolescent Health and Well-Being reviewed and provided advice on both the consultations and this report: Alicia Sanchez, UNAIDS; Daniele Engel, UNFPA; David Imbago, International Youth Health Organization; Geraldine Honton, World Food Programme; Joanna Lai, UNICEF; Lucy Fagan, UN Major Group for Children and Youth; Pauline Anyona, Organization of African Youth; Ritah Muyambo, UN Women; Sally Beadle, UNESCO; Sally Burnheim, Global Partnership to End Violence Against Children; Sarah Kline, United for Global Mental Health.

We greatly appreciate the leadership of the WHO regional offices, who coordinated the regional organizing committees for the consultations, hosted the consultations themselves and took responsibility for the preparation of the regional reports of the consultations which fed into this report. The following colleagues are thanked for their leadership: Symplice Mbola Mbassi (WHO Regional Office for Africa); Sonja Caffe, Betzabe Butron, Rodolfo Gomez, Pablo Duran, Bremen de Mucio (WHO Regional Office for the Americas/Pan American Sanitary Bureau); Jamela Al-Raiby, Khalid Siddeeg, Mamdouh Wahbah, Sumaia Alfadil, Rima Afifi, Seiko Sugita, Shirley Mark Prabhu, Muhammad Mashhood-ur-Rauf, Mr Ali Theyab, Jasmin Diab, Omar Cherkaoui, Seem Awad Leo, Abdallah To (WHO Regional Office for the Eastern Mediterranean and partners); Vivien Huelsen, Martin Willi Weber, Vivian Barnekow, Aixa Aleman-Diaz, Kathrin Hetz, Oleg Kuzmenko, Clayon Hamilton (WHO Regional Office for Europe and partners); Rajesh Mehta (WHO Regional Office for South-East Asia); Howard L. Sobel, Nittita Prasopa-Plaizier (WHO Regional Office for the Western Pacific); Rune Brandrup (UNFPA); Nina Ferensic, Parmisivea Soobrayan, Ruslan Malyuta (UNICEF); Tigran Yepoyan (UNESCO); Eileen Scott (Public Health Scotland); Ross Whitehead (Public Health Scotland); Saoirse Nic Gabhainn, Colette Kelly (National University of Ireland Galway); Antony Morgan (Glasgow Caledonian University).

We also thank the colleagues who wrote the regional reports: Rita Taonga Nacidze and Ajani Bless-Me Oluwatobi (English report) and Germaine Ngah Eloundou and Grace Galvany Hus Souamounous (French report), WHO Regional Office for Africa; Maria Faget and Cristina Puig, WHO Regional Office for the Americas/Pan American Sanitary Bureau; Alex Mathieson, WHO Regional Office for Europe; Nada Mohammed, WHO Regional Office for the Eastern Mediterranean; Vijayluxmi Bose and Shannon Matthews, WHO Regional Office for South-East Asia; Raymond John Naguit and Judy Lyn B Aroy, WHO Regional Office for the Western Pacific.

We greatly appreciate the support received from the Fondation Botnar and the FIA Foundation which made these consultations possible.

1. INTRODUCTION

Many of the 1.2 billion adolescents (aged 10–19 years) around the world experience multiple challenges to their well-being. These include inadequate access to good nutrition, health services, education and mental health support, and lack of a safe and supportive environment.

In 2017, the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance affirmed that adolescent-responsive health systems are key to achieving universal health coverage. In 2019, the publication Adolescent Health: the Missing Population in Universal Health Coverage demonstrated the importance of giving adolescents greater priority in efforts to achieve universal health coverage and argued that policy-makers need to take urgent action in the areas of service delivery, financing and governance. Later that year, the Call to Action for Adolescents was launched. By December 2021, it had been endorsed by many civil society organizations, United Nations (UN) agencies and 12 national governments, with more countries expected to be added periodically. Youth-led networks around the world are mobilizing their communities to join the #Adolescents2030 campaign, which aims to increase political support for the Call to Action for Adolescents leading up to and following the Global Forum for Adolescents in 2023.

To provide technical support for this initiative, a paper presenting a consensus definition and conceptual framework for adolescent well-being was published in the *Journal of Adolescent Health* in 2020. The paper was developed by members of the UN H6+ Technical Working Group on Adolescent Health and Well-Being[1] and other partners, including representatives of youth-led and youth-serving organizations. The Working Group is now developing guidance on how to operationalize the conceptual framework. In support of these efforts, a number of multistakeholder consultations were held at regional levels to reach broad agreement on policies and programming to promote adolescent well-being.

The main objective of the consultations was to answer the following questions.

- Why should national and local governments, nongovernmental organizations (NGOs) and others invest in adolescent well-being? What is required to strengthen that argument?
- What evidence-based policies, strategies and programmes are needed to promote adolescent well-being at national and subnational levels and globally?

Supported by 15 technical papers on adolescent well-being, the outcomes of the consultations, summarized in this report, will:

1. inform the development of a collection of articles in *The BMJ* on the topic of programming to promote adolescent well-being, to be published in 2022 before the UN General Assembly;
2. inform the process of updating the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance, which is currently being used by in-country partners to design and implement programmes on adolescent health and well-being; and
3. identify gaps in knowledge, which stakeholders will aim to address in a collection of articles in *The BMJ* and during the build-up to a Global Forum for Adolescents in 2023.

1. Includes representatives of the Partnership for Maternal, Newborn & Child Health, the Joint United Nations Programme on HIV/AIDS, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund, the United Nations Children's Emergency Fund, the United Nations Major Group for Children and Youth, UN Women, the World Food Programme and the World Health Organization.

2. SCOPE AND FORMAT OF THE CONSULTATIONS

Eight virtual multistakeholder consultations on programming to promote adolescent well-being were organized by the six World Health Organization (WHO) regional offices in collaboration with the global and regional offices of the other H6+ UN agencies, the Partnership for Maternal, Newborn & Child Health (PMNCH) and key regional partners and organizations. The consultations were held in June, July and August 2021: two in the WHO African Region (one in French, one in English), two in the WHO Region of the Americas (one in Spanish, one in English) and one in each of the other regions: WHO South-East Asia Region, WHO European Region, WHO Eastern Mediterranean Region and WHO Western Pacific Region.

Each consultation was held virtually over two days, varying in length from two to four hours per day. Participants received the 15 technical papers in advance. After a brief introduction, the group was divided in breakout groups to discuss specific issues and questions. Each group reported their key messages, findings and suggestions at the plenary session on the second day.

The consultations were attended by over 1000 invited representatives of national and local governments (e.g. municipalities, districts), youth networks, UN agencies, NGOs (including youth-led and youth-serving organizations), health-care professional associations, academics, donors and foundations. Between them, participants represented the interests of all five domains of adolescent well-being: good health and optimum nutrition; connectedness, positive values and contribution to society; safety and a supportive environment; learning, competence, education, skills and employability; and agency and resilience (Figures 1 and 2).

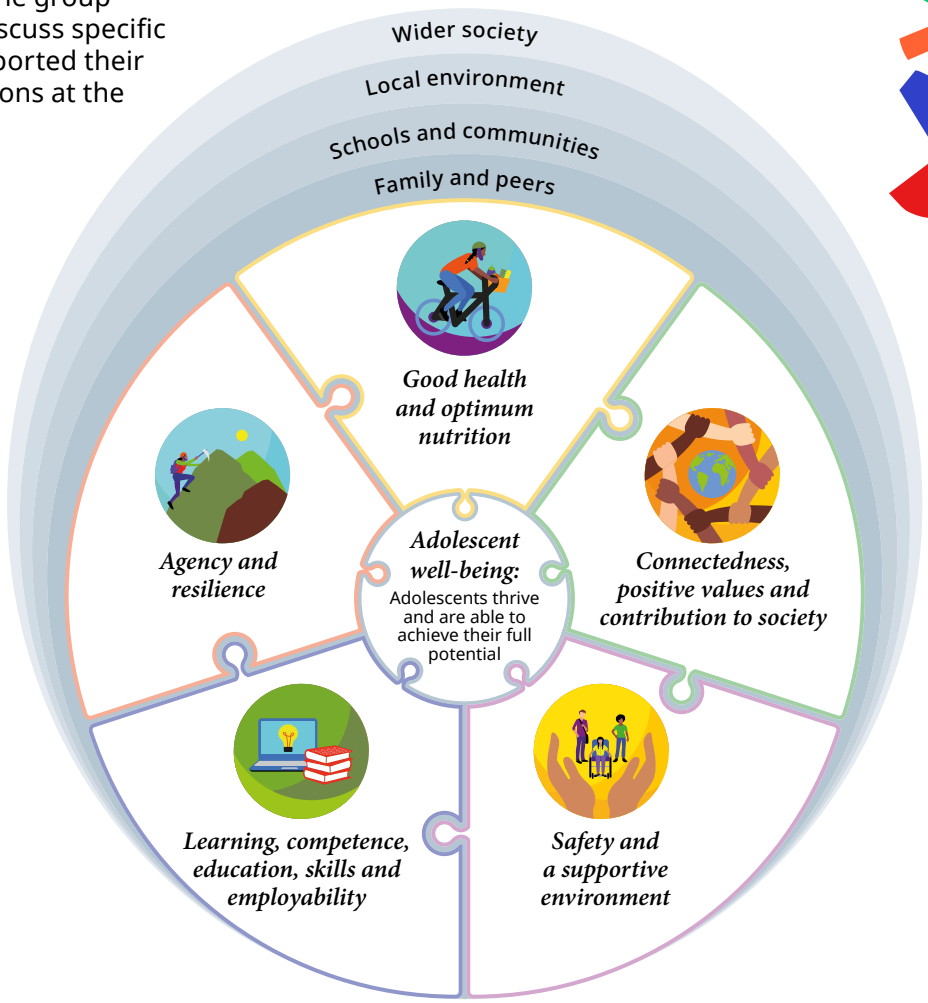
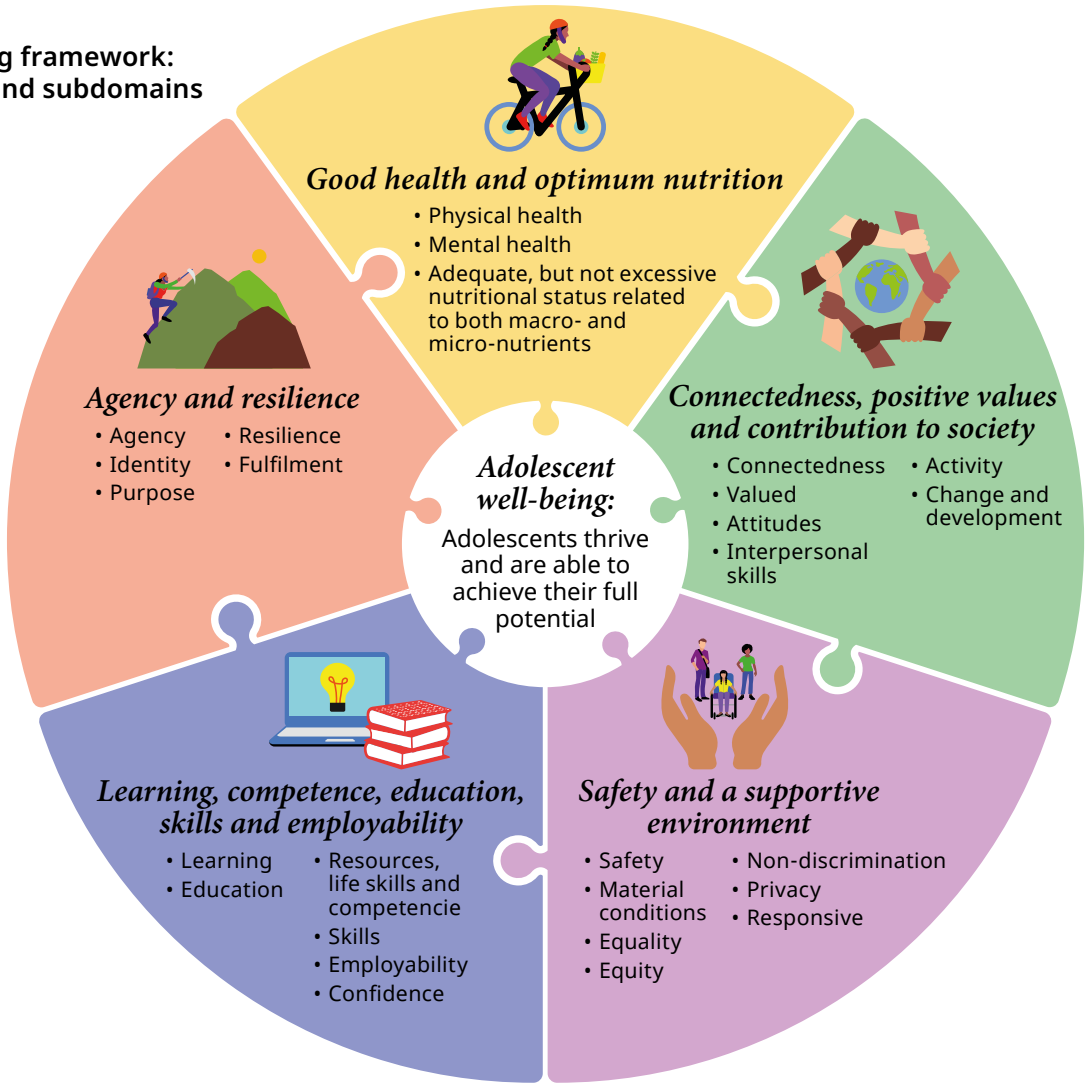


Figure 1.
Adolescent well-being framework: definition and domains

Figure 2.
Adolescent well-being framework: definition, domains and subdomains



Although the consultations were broadly framed around the five domains of adolescent well-being, the discussions often focused primarily on health and nutrition (domain 1).

There were significant differences across the regions in the scope of the consultations. This partly resulted from the explicit objective of ensuring that the consultations addressed the particular priorities of the region as judged by the regional organizing group. The Region of the Americas, for example, devoted considerable time to the relevance of the adolescent well-being framework's five domains and 27 subdomains for the Region, and also covered support required from partners to implement the framework. The European Region consultation was organized around six themes: digitalization; education; mental health; nutrition and physical activity; relationships and connectedness; and sexual and reproductive health. The Western Pacific Region's top three priorities were: mental health concerns (including suicide and self-harm); sexual and reproductive health; and lifestyle behaviours (nutrition, physical activity, use of alcohol, tobacco and harmful substances). Participants in the Eastern Mediterranean Region suggested service delivery platforms to address barriers and discussed how to deliver adolescent well-being services in humanitarian and fragile settings. The African, South-East Asia and Western Pacific consultations broadly followed the format of this summary report, which focuses on the similarities between regions and the areas where there is broad agreement. The six regional reports (Annex 1) capture the richness of the deliberations and the regional context and provide numerous country examples.

This report summarizes key issues raised across the eight consultations, focusing on the rationale for investment in the promotion of adolescent well-being, the foundations for the promotion of adolescent well-being, the six critical areas of programming for adolescent well-being, and the knowledge gaps and challenges in current practice identified by participants, before summarizing ways forward that were proposed.

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3. WHY GOVERNMENTS AND OTHER STAKEHOLDERS SHOULD INVEST IN ADOLESCENT WELL-BEING

Participants across the consultations highlighted the numerous reasons why all countries should be investing more in adolescent well-being.

The socioeconomic case. Adolescents comprise a substantial proportion of a country's population (16% of the world´s population) and, if empowered, offer opportunities for economic growth and social development. Moreover, some adolescents are already parents themselves and economically productive. Recent cost–benefit studies of the returns on investment in adolescent health and well-being have shown that many programmes to improve adolescent well-being have a cost–benefit ratio of 5–10 (i.e. an investment of US$ 1 yields a return of US$ 5–10), with some having a cost–benefit ratio of well over 10.[2] Good health and well-being in adolescence often track through to good health and well-being in adulthood, resulting in less future expenditure on health and social services, a productive workforce, and positive development from the community to the national level.

Human rights and gender equality. A healthy, productive, safe and secure adolescence is the fundamental human right of every adolescent. This includes the right to participate in decisions related to their well-being and to access the services and support accorded to them in law. Achieving well-being for adolescents requires a human rights and gender equality-based approach. As duty-bearers, governments are responsible for upholding human rights and for including gender equality measures for adolescent well-being in national plans and guidelines. Governments are also responsible for ensuring that national legislation, policy and planning (for all areas, including mental health) are in line with current human rights conventions. Adolescents are an under-reached population group, including adolescents who themselves are parents and/or caregivers. Ensuring their equitable access to health and social services is essential for achieving progress towards the Sustainable Development Goals (SDGs).

Health, nutrition and well-being. Adolescents exploring their creativity and individuality are open to learning and to taking risks. The risk factors affecting them include adversity, peer pressure, media influence, poor quality home life, violence, abuse and socioeconomic problems. This can increase their vulnerability to substance abuse and related harms, such as early unintended pregnancy, HIV, sexually transmitted infections, accidents, stigma and discrimination, which can have significant effects lasting into adulthood. Globally, it is estimated that 1 in 7 (14%) adolescents experience mental ill health, including stress, anxiety and depression; suicide is the fourth leading cause of death in older adolescents (aged 15–19 years). Recent declines in mortality and morbidity among infants and young children have been steeper than those among adolescents. This has resulted in an increase in the proportion of the total disease and injury burden that is among adolescents, including adolescent parents. As part of the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health, countries have committed to reducing morbidity and mortality among adolescents and to enabling all adolescents to thrive and reach their full potential. This requires strong political will and leadership and sustainable investments, not only in integrated and tailored education, health and other social services, but across all five domains of adolescent well-being.

Education and well-being. As with health, the link between education and well-being is well recognized. An adolescent with access to high-quality, inclusive and supportive education is more likely to experience well-being, and an adolescent who experiences well-being is more likely to excel in education and future employment.

2. Sheehan P, Rasmussen B, Sweeny K, Symons J, Patton G, Bundy D et al. The economic case for investment in adolescent well-being. Geneva: PMNCH; 2021 (https://pmnch.who.int/resources/publications/m/item/the-economic-case-for-investment-in-adolescent-wellbeing, accessed 29 March 2022)

Thus, adolescence should be seen as a critical window of opportunity to break down inequalities: investing in education, skills and competencies produces well-being benefits during adolescence, in future adult life and for the next generation. A range of social and emotional skills are related to important life outcomes. The educational setting offers a place where health and support interventions can enhance adolescents' access to services and cultivate constructive behaviours, self-esteem, a sense of belonging and responsibility. Explicit efforts can be made to promote well-being within education settings and there is a growing evidence base to inform good practice. This includes integrating health and well-being into education curricula. Education systems are increasingly recognizing the importance of comprehensive sexuality education, social and emotional learning, and other forms of health and life-skills education. Investment in employability, core skills and competencies is needed to enable adolescents and young people to better achieve their potential, obtain decent work and thrive in a constantly shifting labour market. To maximize their employability, adolescents need broad-based education and training, basic and portable high-level skills, including teamwork, problem solving, information and communications technology, comprehensive health and sexuality education, and communication and language skills.

Connectedness and positive relationships. Although less researched than some of the other domains of adolescent well-being, positive, constructive relationships and being valued by family, peers, schools or workplaces, and by the community and society in general, are essential to adolescent well-being.[3] This has been emphasized by groups such as the Search Institute, the Institute for Relational Well-Being and the Centre for Development Studies at the University of Bath. While all adolescents needs a supportive environment in which to develop, it is particularly important for those who are at risk of stigma and discrimination, such as adolescents identifying as lesbian, gay, bisexual, transgender, intersex or other sexual and/or gender identity that differs from cis-heterosexual (LGBTI+).

Conversely practices such as conversion therapy, which reinforce and increase stigma and discrimination, can actively harm young people's health and well-being.[4]

Political stability and security. Political stability and security are important for maintaining government legitimacy at national and subnational levels. Adolescents living in countries experiencing conflict, humanitarian crisis, political instability or insecurity are more likely to be enrolled in armed groups as child soldiers. They are also at greater risk of harm and of making decisions that impact negatively on their development and well-being. Adolescents living in areas at higher risk of natural or man-made disasters are more likely to experience mental and physical health problems and to lack access to education and other services and support. Investing in adolescents' education and well-being is critical to ensure a peaceful, stable and secure environment for every citizen and is essential for improving adolescents' lives.

3. White S. Relational wellbeing: re-centering the politics of happiness, policy and the self. Policy & Politics 2017;45:121–36 (https://doi.org/10.1332/030557317X14866576265970, accessed 29 Mach 2022).

4. Bishop A. Harmful treatment: the global reach of so-called conversion therapy. New York: OutRight Action International; 2019 (https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy, accessed 29 March 2022).

4. FOUNDATIONS FOR PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING

Participants agreed that no single sector can properly address adolescent well-being: effective change requires multisectoral, multilevel and multicomponent actions. Meeting adolescents' needs in all their diversity requires strengthened political commitment and leadership, increased funding and greater collaboration between sectors, including health, nutrition, education, water and sanitation, gender and social affairs, youth, sports, planning and finance, telecommunication, transportation, security and social protection. Much more must be done to ensure the protection and realization of adolescents' rights to participate on equal terms with other stakeholders on matters that affect their lives, particularly for vulnerable and disadvantaged groups of adolescents who are at highest risk of being left behind. These groups include: the poor, girls, adolescent parents, adolescents living with disabilities, adolescents identifying as LGBTI+, people living with and affected by HIV, ethnic minorities, indigenous communities, migrants, adolescent prisoners and those living in rural and remote communities and in humanitarian and fragile settings.

The COVID-19 pandemic has worsened adolescents' health and well-being, particularly by disrupting education, increasing mental health issues, provoking economic recession, exacerbating gender-based violence and job losses, and disrupting the delivery of essential health and social services. It has led to a rise in teen pregnancies further challenging health and well-being for parent and child. From reaching consensus on priorities and avoiding siloed approaches, to monitoring, digitalization and capacity building and strengthening, all areas of programming to promote adolescent well-being (described in Section 5) require meaningful engagement of adolescents and young people in all their diversity, multistakeholder participation and rights-based approaches.

4.1 Engagement of adolescents

Adolescent engagement must be made integral to the design, implementation, monitoring and evaluation of programmes and to decision-making that affects them in all spheres.[5] Additional efforts must be made to ensure participation by those most underrepresented and left behind. Effective implementation of adolescent engagement requires commitments, time and planning, and should be built on trust and true partnership. Adolescents must be empowered and supported to engage meaningfully in programmes (e.g. on policy, research, family, school, health) that address and reflect their concerns. Their leadership should be strengthened so that they can hold government accountable, and be cognizant of the wide variations in lived experiences within adolescent communities nationally and internationally. Education curricula, services, treatment methods and research programmes should not be based on adults' views of adolescents: too often, adolescents are tokenized, left out of discussions, or uncompensated for their time. Youth councils, youth parliaments and other youth-organized groups can influence decision-making. Their expertise should be recognized, and their voices heard, accepted and acted upon. Barriers to adolescents' meaningful participation in decision-making must be identified and removed.

4.2 Multistakeholder participation

It is essential that inclusion and diversity form the foundation of all efforts to improve adolescent well-being. A wide net should be cast, extending far beyond the health sector.[6] Ministries of finance, gender, planning, statistics, social welfare, security, labour, health and education, as well as service providers, adolescent leaders, adolescent-led and youth-serving organizations,

5. WHO, PMNCH, FP2030 and International Youth Alliance for Family Planning. Global consensus statement on meaningful adolescent and youth engagement. 2018 (https://www.who.int/pmnch/mye-statement.pdf?ua=1, accessed 29 March 2022).

6. Kuruvilla S, Hinton R, Boerma T, Bunney R, Casamitjana N, Cortez R et al. Business not as usual: how multisectoral collaboration can promote transformative change for health and sustainable development. BMJ. 2018; 363:k4771 (https://www.bmj.com/content/363/bmj.k4771, accessed 29 March 2022).

international and national NGOs, UN agencies, academics, researchers, teachers, student associations, professional associations, social activists, social media influencers and managers, parents/guardians, community and religious leaders, the private sector, local civil society organizations, youth-led and community-led (including faith-based) organizations: all these must be represented on national coordination platforms and in government advisory groups. Young people need to be at the centre of these discussions.

4.3 Rights-based approaches

Participants across the consultations emphasized that the COVID-19 pandemic has increased existing inequities and that actions need to be directed towards mitigating the impact of the pandemic on the life of adolescents and young people and towards ensuring that the most vulnerable and disadvantaged are not left further behind. A rights-based approach must be adopted when working with adolescents and young people to ensure that high-quality services are more widely provided and used at all levels, recognizing that young people are deeply concerned about the current and future economic impacts of COVID-19 and need access to free services wherever possible. Increasing awareness of and understanding about available services, for example, can enhance access to them. Inequities need to be addressed in many areas, including socioeconomic status, gender, sexual orientation and gender identity, HIV status, disabilities, language, minority status, urban or rural location, and access to technology, schools and information, among others.

In relation to equality and rights, central concerns of participants were the common lack of the right to access health and social services for adolescents aged under 18 without parental consent, and the risks associated with gender-based violence. This increases reliance on parents and caregivers to identify indicators of poor well-being, such as mental ill health, without adequate training, and can prevent adolescents from accessing the services they need. Restricted access increases the risks of unwanted pregnancies, birth complications and unsafe abortions and can result in sexually transmitted infections and other health problems being left untreated.

In contexts of discrimination against LGBTI+ communities, and where talking about sexual diversity and gender identity in schools is prohibited, adolescents identifying as LGBTI+ can feel marginalized and isolated, experiencing depression and other mental health problems. People living with disabilities face stigma and particular challenges in accessing education, services and resources. People living with HIV and other health conditions or problems such as drug use also face barriers, including lack of legal capacity, unavailability of supported decision-making, stigma, discrimination and exclusion. The needs of all underserved adolescent populations should be reflected in the national agenda, and they should participate in the design, implementation, monitoring and evaluation of all adolescent well-being programmes.

5. SPECIFIC AREAS OF PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING

5.1 Reaching consensus on programme priorities across the multiple domains of adolescent well-being

There was widespread agreement that each country must decide, in consultation with adolescents, its own programme priorities, guided by the conceptual framework's five domains and 27 subdomains, and considering existing policies, plans and strategies. Priorities should be based on existing capacities and resources (financial, human and technical) in the health and education systems and other relevant sectors. The Region of the Americas consultation suggested a strong communication and advocacy strategy is needed to promote this new framework, not only among policy-makers, but also among communities and adolescents. Only when the framework is clearly understood can countries analyse its components in depth, decide on their priorities, develop a plan, and assign responsibilities for its implementation.

All countries should ensure that the priority-setting process is fully inclusive and rights-based (see Section 3). Countries should conduct a situation assessment (drawing from the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance) including a needs assessment (what are the main challenges for adolescent health and well-being in the country?) and a landscape analysis (what is currently being done and where are the gaps?) and review local evidence from surveys, published studies, national and subnational surveys and grey literature.

A fully comprehensive needs assessment is required, covering all five domains of adolescent well-being (Figures 1 and 2). It must be up-to-date, taking account of recent challenges due to the COVID-19 pandemic and other emergencies. Needs assessments should also be representative of adolescents in all their diversity (those in and out of school, those living in rural and urban settings, able and disabled etc.) and must be gender responsive.

A landscape analysis should cover all the main stakeholders at each level, including adolescent leaders and youth-led organizations. It should identify funding sources and actors operating in the area of adolescent health and well-being service provision, demonstrate a clear understanding of the country context (including the social norms and political environment) and of different settings (communities, schools, health facilities etc.) and the cost of services being provided. It should identify any gaps in service provision for adolescents, and once again, it should take account of service disruptions caused by the COVID-19 pandemic and any local disruptive events.

Experience of implementing the AA-HA! Guidance in countries indicates that available data are often suboptimal to inform a comprehensive needs assessment and landscape analysis. Data collection and mechanisms to generate reliable and disaggregated data on this population group need to be strengthened and some estimates may need to be used in the meantime.

5.2 Avoiding a siloed approach when designing, implementing and monitoring adolescent well-being programmes

Recognizing that strong, inclusive, holistic, multisectoral, whole-of-government approaches are necessary to implement effective policies, strategies and programmes to promote adolescent well-being, participants across the consultations considered mechanisms to ensure adolescents' leadership in the process, coordination at national and subnational levels and coherence across sectors.

The Eastern Mediterranean and African Region reports set out key steps. Mapping stakeholders to identify all relevant sectors and actors across the five interconnected domains of adolescent well-being is the first step towards establishing multisectoral working groups/steering groups/committees at national and local levels. Led by the national government, with political commitment and support from the highest level, all relevant sectors and stakeholders should be represented, with clear roles and responsibilities to ensure accountability and transparency. Funding from government, donors, non-industry private sector and civil society organizations should be aligned and earmarked to collectively support the multisectoral working groups/steering groups/committees in priority programming for adolescent well-being.

Meaningful participation by adolescents and young people in all their diversity is vital and those selected should be representative of all regions of the country to ensure equitable participation. Consideration of the allocation of budgets between and across sectors will be a priority.

There was wide agreement that to oversee a multisectoral approach there should be one coordinating authority that fosters multisectoral collaboration, builds the capacities of other sectors, takes on or delegates crucial roles and volume of work, and ensures accountability. Some participants suggested that the coordinating authority should be sited within the office of the Prime Minister or head of state in order to mobilize all sectors and actors. Participants from the Caribbean subregion suggested the creation of a multisectoral group on adolescent well-being, including all stakeholders (government ministries, international agencies, NGOs etc.) to start operationalizing the adolescent well-being framework together. Each partner would be responsible for a section of the framework, following a shared agenda, with interconnected responsibilities and objectives, to foster joint ownership of the overall programme.

Participants agreed that the health sector could play an important role in this process, relating to advocacy, data generation and leadership.

5.3 Information and evidence needed to build the case for investment in adolescent well-being

Although the evidence for the economic case for investment in the five domains of adolescent well-being varies, it is strong for investing in adolescent health and nutrition and in learning, competence, education, skills and employability.[7] This is in addition to the human rights, epidemiological, demographic and social cases for investment in adolescent well-being (Ross D, FIA Foundation, personal communication, 2022). The case for improved financial (re)allocations can be encouraged through strong partnerships between governmental institutions (including all relevant sectoral ministries, planning offices, ministries of finance, prime ministers' offices etc.) Wherever possible, the cost–effectiveness of proposed interventions should be reviewed using data and evidence from local and regional contexts.

However, lack of local evidence should not preclude evaluating this because global estimates usually exist, such as within the One Health Tool for investment in many health interventions for adolescents.

The Western Pacific consultation outlined several key areas of information needed for investments. These included: data and evidence on the economic and social impact of policies and programmes for adolescents both within and outside of formal school settings; improved systems for routine collection and disaggregation of data; and the creation of an evaluation framework to measure impact.

In summary, a country-specific situation assessment including a gender-based analysis (see 4.1 above) is required which provides sufficient information for a gap analysis (what is needed but not currently being provided). This should be linked to the development of a costed plan, based on analysis of what works, its cost and the potential social and economic return on investment.

5.4 Considerations for monitoring the effectiveness and impact of adolescent well-being programmes

The need for evidence-based programmes with ongoing monitoring and evaluation was recognized across the consultations. Many participants emphasized the need for disaggregated data, including from population-based surveys. National and subnational data on the current status of adolescent well-being, taking into account variations by age, sex and gender, and wherever possible also by other important characteristics (wealth, ethnic or religious group, geographical region, rural/urban residence, able/disabled, sexual identity etc.) using tools such as Countdown Global Mental Health 2030 and the Handbook for Conducting an Adolescent Health Services Barriers Assessment will help countries to understand in more detail the existing challenges, the lessons learned and the way forward. It will also allow other stakeholders, such as civil society organizations, multilaterals and donors, to hold these countries accountable for the effectiveness of adolescent well-being programmes.

7. Ross D, Hinton R, Melles-Brewer M, Engel D, Zeck W, Fagan L et al. Adolescent well-being: a definition and conceptual framework. J Adolesc Health. 2020; 67:472–476 (https://www.jahonline.org/article/S1054-139X(20)30396-7/fulltext, accessed 30 March 2022).

Creating and using a common framework to track progress and measure impact will enable approaches to be harmonized and information compared. Monitoring will require a data entry system at subnational level and an information management system that can be used by various levels of government and by national and international organizations. Increasing support for youth-led monitoring tools and processes is essential to build capacities, increase accountability and generate data to inform decision-making. Domain-specific indicators to monitor adolescent well-being need to be agreed and integrated into country reporting on the SDGs.

The African Region report includes a table with 59 potential indicators covering the five domains, ranging from 3 (for agency and resilience) to 36 (for good health and optimum nutrition) per domain.

Examples include:

Domain 1. Good health and optimum nutrition: adolescent mortality rate

Domain 2. Connectedness, positive values and contribution to society: percentage of adolescents who report that their parents/ guardians understand their problems or worries most or all of the time

Domain 3. Safety and a supportive environment: percentage of adolescents (aged 10–19) involved in bullying within the past 12 months, by type of involvement (victim, perpetrator, both), type of bullying (in-person, digital/cyber), age group (10–14, 15–19 years) and sex

Domain 4. Learning, competence, education, skills and employability: percentage of adolescents completing primary, lower secondary and upper secondary school, by level and sex

Domain 5. Agency and resilience: percentage of adolescents who are aware of their rights to safety and protection, and to educational continuity, and their responsibilities in protecting the environment and reducing risk

Qualitative data (e.g. informant interviews) are also important. The Western Pacific Region consultation highlighted the importance of quantitative and qualitative data that include both in- and out-of-school adolescents.

Suggestions from other regions included:

- establishing national and subnational adolescent platforms, with focal points in various sectors, to monitor data;
- initiating discussions and technical work at country level to prioritize domains that are not sufficiently represented, particularly sectors other than health; and
- engaging adolescents from different settings (conflict-affected, varied socioeconomic strata, education status etc.) in monitoring progress at country level, wherever possible, building from existing networks (e.g. NGOs, schools and social media platforms).

5.5 How digital technologies could be harnessed to promote adolescent well-being

Across the consultations, participants discussed how to maximize the opportunities and address the challenges presented by digital technology in the context of adolescent well-being. The digital transformation provides great opportunities for learning, as demonstrated during the COVID-19 pandemic when many schools were closed. However, inequalities in access to digital technology also increase the disadvantages of vulnerable adolescents. Marginalized adolescents, including those with disabilities, girls, adolescents from the poorest families, ethnic and linguistic minorities and refugees, are the worst affected. Digital media can increase the coverage and quality of services for adolescents and provide information, but can also exacerbate inequalities for disadvantaged adolescents, and cannot replace the kinds of support and care needed to address severe mental or physical health conditions. Also, adolescents need digital literacy enabling them to navigate digital spaces productively and safely.

The following suggestions from the European Region consultation are relevant to many regions and countries.

- A vision is needed for the digital transformation of societies, especially as it relates to adolescents, together with safety regulations for the digital world. The vision should be of a digital world that focuses on responsible use, does not hinder adolescents' involvement in physical activity and includes all generations.

- School curricula should include digital literacy. Schools need technology to support learning, and teachers need competency and training to use digital media, maximizing its potential benefits while minimizing its pitfalls.
- Measures are needed to narrow digital inequalities so that all adolescents can be involved in the digital world. In the meantime, action should be taken to ensure that those without access to technology are reached through other channels. Expanding access to digital technology and the internet is critical to close the gap in access to information, particularly for vulnerable groups.
- Education about how to navigate online environments safely is vital, including how to distinguish between reliable and unreliable sources of information and how to identify and interrogate online marketing content. Young people should be taught to understand both the dangers and the opportunities offered by the internet. Parents should be supported to help their children in this area.
- As well as regulation for safe digital navigation, a digital culture should be enabled that supports safe use, justice, equality and respect for all. The aim should be to enable everyone to participate in and benefit from digital technology.
- Teaching about digital technology needs to be contextualized to reflect different local cultures. There is no singular appropriate approach to digital involvement: individualized country, cultural and historical contextualization are required. It is vital that adolescents' opinions, interests, wishes and concerns are properly considered. They need practical opportunities to engage in all processes relating to digitization. For example, incentives could be provided to persuade adolescents to create solutions to digital problems.
- Policies, regulations and curricula about digital technologies and adolescents must be developed to secure meaningful youth engagement at all stages of the process.

Additional suggestions from the other regional consultations included:

- increasing public funding to improve coverage and connectivity, ensuring that networks reach the underserved with no cost to the end user, and improving access to technological tools, including computers, tablets and smart phones, in social plans for marginalized young people;
- developing, with their participation, innovative digital platforms to provide age-appropriate, youth-friendly, reliable content for adolescents that are transparently regulated and include a clear referral pathway to publicly available services (such as primary health care) for in-person support for those who require it;
- building an evidence base on the opportunities and challenges of digital transformation for adolescent health and well-being, and on country experiences of bridging the digital divide for vulnerable populations;
- adapting innovative approaches to health service delivery during the COVID-19 pandemic (online consultations, prescriptions etc.) to improve adolescents' access to consultations, counselling and other services, and ensure a robust referral pathway, including those outside the health sector; and
- establishing governance structures and mechanisms to protect young people's data and privacy, and to safeguard adolescents from harmful websites and practices (cyber bullying, sexting, grooming, fake and misleading information etc.) which can negatively affect their development and psychological well-being.

5.6 How to strengthen capacity to improve adolescent well-being programmes

Participants at the South-East Asia Region consultation emphasized the need to promote capacity building to improve policy-making, programming and advocacy at all levels. Skill-building and strengthening among adolescents and young people are also required to empower them and promote their leadership and participation. Professionals need to be taught how and why to work with adolescents, and youth-led initiatives that have been shown to be effective must be upscaled.

Participants at the African Region consultation stressed that capacity strengthening efforts should span individuals (e.g. teachers, health workers, parents), organizations (e.g. NGOs, youth and girl networks, schools, governments) and community structures (e.g. community and religious institutions, community health groups, youth groups, girls' groups and women's groups).

As noted in the Western Pacific Region's report, universities, research institutions and WHO collaborating centres are well placed to contribute to capacity building in countries, conduct research on agreed priority areas and make information accessible to the public. Civil society is already an active implementation partner in many countries, providing capacity building to adolescents, including those outside formal education. Sharing data on programme impacts and experiences of working with adolescents will greatly contribute to the body of knowledge on adolescent well-being.

The Eastern Mediterranean Region consultation's suggestions included:

- developing tools and training packages to build capacity in adolescent health and well-being, and earmarking resources to conduct capacity-building activities;
- training activities for parents, teachers and social workers to raise awareness about and improve the psychosocial, emotional and physical environments in which adolescents live and learn;
- capacity-building activities for policy-makers to achieve more comprehensive rights-based and evidence-based policies and programming for adolescent health and well-being;
- providing adolescents with knowledge, tools and skills in an enjoyable and interactive manner, either within the school curriculum or through extracurricular activities and social media platforms; and
- increased funding to support adolescent and youth leadership programmes.

The reports from the consultations in the European Region and the Region of the Americas do not cover capacity strengthening; this section therefore does not draw on those reports.

6. GAPS IN KNOWLEDGE AND CHALLENGES IN CURRENT PRACTICE

The consultations revealed some key gaps in knowledge and some persistent challenges and barriers affecting policy, strategy and programme implementation, which clearly indicate that adolescent well-being is not receiving the attention it deserves and that more needs to be done to convince decision-makers of the need for coordinated investment in all five domains of the adolescent well-being framework.

Stronger coordination between stakeholders is required: there are competing priorities on which consensus has not been reached. This is exacerbated by inadequate allocation of human and financial resources to policy and strategy implementation, and insufficient prioritization of holistic adolescent well-being programming. Structural improvements are needed, both within and across sectors, to enable the promotion of adolescent well-being.

Although meaningful engagement of adolescents and young people in policy formulation and the implementation and monitoring of programmes that relate to them has improved in recent years, it often remains partial or superficial. Where they are engaged, young adolescents, adolescents who are already parents, and the poorest and most marginalized adolescents are rarely represented. Special processes and methods may be needed to meaningfully engage adolescents, especially young adolescents, and investment is often needed in building adolescents' capacity for civic engagement. The consultations deliberately set up mechanisms to ensure that the views of adolescents were actively included in the deliberations.

Lack of comprehensive monitoring and evaluation frameworks make it difficult to measure the impact of policy investment and to hold policy-makers accountable. There is also a lack of systemic government mechanisms to monitor programmes for adolescents, such as adolescent-friendly health information services. Furthermore, indicators and data collection vary from country to country, making it hard to assess regional impact. Indicators of real-time success and impact are also often unavailable.

Additionally, further investment support is required for youth-led accountability and capacity building so that young people can strengthen their leadership skills and participate in monitoring and research.

The advancement of programming is also challenged by stakeholders' own priorities and mandates, and by a fragmented and sector-specific approach. Some countries' legal frameworks and policies are mutually contradictory, with different sectors having incompatible requirements, such as labour laws that conflict with compulsory school education policies. Privatization without multisectoral support and effective governmental oversight risks increasing inequalities across health and education. In addition, political instability further undermines policy and programmatic progress.

Adolescent-friendly services are lacking across countries. The prioritization of service areas is region-, country- or context-specific; however, some adolescent well-being factors are underprioritized in most contexts. For example, adolescent sexual and reproductive health and mental health services are widely insufficient, unaffordable and/or not readily available at the community level, with too few trained counsellors and health workers to meet current needs. Another example is the treatment of noncommunicable diseases among adolescents, which are often addressed too late, with interventions typically starting only at age 30. All too often, corporate lobbying overrules effective policies and programmes, such as effective regulation of advertising and taxation of unhealthy food and beverages, promotion of healthy diets, and reduction of pollution in schools. Social protection and programmes to eliminate bullying and foster adolescent safety are usually underfunded and weak. Educational and employment systems are usually designed in favour of the relatively wealthy, especially males, and against disadvantaged groups (e.g. people living with disabilities). Intentional opportunities for adolescents to develop agency and to foster connectedness to family, peers and society are often undervalued.

Significant barriers hinder adolescents from accessing existing services, including:

- lack of adolescents' knowledge about existing health and social services and how to access them;
- high costs of accessing services and/or lack of reliable and affordable public transport;
- concerns about stigma and discrimination, confidentiality, privacy and fear of disrespectful treatment;
- many countries require adolescents to obtain parental/guardian consent to access services, including for sexual and reproductive health and HIV infection;
- stigma around the use of services, particularly social protection services, "special needs" educational services, mental health services and sexual health services;
- sex and/or gender inequalities affecting access to existing services;
- in some countries, the illegality of behaviours such as homosexuality or suicide severely curtail access to services by subgroups of adolescents;
- inadequate awareness among parents, teachers and community members about indicators of adolescents' health and well-being;
- insufficient understanding among decision-makers of adolescents' needs, including their needs as parents themselves, leading to lack of alignment between the well-being services provided and adolescents' needs;
- stigma and discrimination against marginalized populations by health, education and social care providers undermining a rights-based approach to service delivery; and
- lack of inclusive and integrated adolescent-friendly approaches.

The COVID-19 pandemic has changed the way in which adolescents access services and information: digital technologies have assumed greater importance as a delivery channel. However, limited or weak infrastructure and low internet penetration rates have hindered access in many places. The growing digital divide is leaving the least well connected adolescents behind, especially marginalized and vulnerable young people who most need these services.

Even for those who are digitally connected, lack of linguistic diversity and the limited number of reliable and safe digital platforms reduce learning opportunities and access to appropriate services.

While there is growing evidence that schools and other educational institutions can promote well-being, implementation of such programmes is often piecemeal. Effective programmes promoting adolescent well-being need to be mainstreamed and sustained. The practice of measuring educational quality solely by academic outcomes in a narrow range of subjects, without acknowledging the essential role played by schools in health, well-being and social development, provides little incentive for schools to invest in these areas.

The COVID-19 outbreak, and measures to control its spread, have affected adolescent well-being massively. Almost all countries closed their schools for prolonged periods, disrupting education and social contact. Combined with increased poverty, exposure to domestic and gender-based violence, and reduced nutrition and physical activity, impacts on mental and physical health and well-being were inevitable. Some of these impacts are likely to be long-lasting.

7. THE WAY FORWARD

7.1 Actions needed at national and subnational levels

1. Advocate for adolescent well-being to be included as a major programming area in national and subnational implementation plans using a whole-of-government and whole-of-society approach.
2. Investigate/research the status of adolescent well-being as well as the structural barriers and sociocultural, economic and environmental determinants of well-being that affect vulnerable adolescent groups to generate evidence on how better to meet their needs.
3. Ensure that there is an up-to-date landscape analysis of what is being done to promote adolescent well-being to identify gaps and resources and enable better service delivery.
4. Review existing policies that relate to adolescent well-being to ensure that they are inclusive and rights-based and that these polices are supported by appropriate implementation strategies.
5. Strengthen national SDG strategies through participation in the regular Voluntary National Review process and SDG-related reporting, and specifically ensure that the latter includes an adolescent focus within reporting.
6. Encourage partners to endorse the Global Consensus Statement on Meaningful Adolescent and Youth Engagement and facilitate the operationalization of the recommendations in national, subnational and community programmes, especially during emergencies such as the COVID-19 pandemic.
7. Invest in digital technology to improve access to information and services, strengthen communication with adolescents and foster their safe participation.
8. Improve information and training for professionals and activists working with adolescents and young people to promote their well-being, as well as their caregivers and other members of their community. This includes the prevention of stigma and discrimination and reaching the most vulnerable.

Annex 2 provides further details about the actions needed at national and subnational levels.

7.2 Global-level action

At the global level, political commitment and mobilization for the Global Forum for Adolescents in 2023 will be critical. As recommended by the Call to Action for Adolescents, partners are calling for a focus on adolescents and young people at the UN SDG Summit in 2023. This will ensure that the well-being and needs of adolescents, and inputs from adolescents and young people, are formally embedded in the SDG review process, leading to increased political, financial and service delivery commitments for this population. Participants across the consultations suggested actions needed to increase momentum leading to and following the Global Forum for Adolescents and the UN SDG Summit for impact at country level.

The following steps will be essential to ensure that the recommendations of the Call to Action for Adolescents are realized:

- advocacy with Member States to endorse the Call to Action for Adolescents, stressing the importance of adopting and implementing a whole-of-government and whole-of-society adolescent well-being approach based on the adolescent well-being framework;
- utilizing key decision-making moments to build momentum for the Call to Action for Adolescents through global and regional government groupings (e.g. G7, G20, Commonwealth of Nations, Association of Southeast Asian Nations, African Union) and encouraging PMNCH's Global Leaders Network to advocate among their peers;
- articles on policies and programming for adolescent well-being to be published in *The BMJ* and to inform the updating of the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to strengthen guidance to countries on multisectoral implementation as it relates to adolescent well-being;

- documenting and disseminating evidence-based examples and case studies of effective initiatives for adolescent well-being, including innovative and effective youth-led well-being programmes, to enable effective planning by governments and development partners;
- implementing the #Adolescents2030 campaign to mobilize high-level commitments for the Call to Action for Adolescents and adoption of the adolescent well-being framework in national development plans;
- mobilizing champions, including youth champions, with strong public influence to raise the visibility of adolescent well-being;
- developing an agreed, comprehensive set of indicators for monitoring adolescent well-being;
- further developing the case for investing in adolescent well-being, including producing country-level cases for investment; and
- strengthening the capacity of partners, including by developing digital tools, to further adolescent well-being.

ANNEX 1. REGIONAL REPORTS

Multistakeholder consultation on programming to promote adolescent well-being in the WHO Eastern Mediterranean Region, 15–16 June 2021 *(provisional title, forthcoming)*.

Adolescents taking the lead: multistakeholder consultation to promote adolescent health and well-being in the WHO European Region, 6–7 July 2021.

Nothing about us, without us. Tips for policy-makers on child and adolescent participation in policy development, WHO European Region, 2021.

Implementing a comprehensive and integrated multisectoral approach for the health and well-being of children and adolescents in Latin America and the Caribbean, 30 June–3 July 2021 (English and Spanish) *(provisional title, forthcoming).*

Multistakeholder consultation on programming to promote adolescent well-being in the WHO South-East Asia Region, 26–27 July 2021: meeting report.

Multistakeholder consultation on programming to promote adolescent well-being in the WHO African Region, 19–20 August 2021: meeting reports (English and French) (*provisional title, forthcoming).*

Multistakeholder consultation on programming to promote adolescent well-being in the WHO Western Pacific Region, 19–20 August 2021: meeting report *(provisional title, forthcoming).*

ANNEX 2. ACTIONS NEEDED AT NATIONAL AND SUBNATIONAL LEVELS

1. *Advocate for adolescent well-being to be included as a major programming area in national and subnational implementation plans using a whole-of-government and whole-of-society approach.* Efforts should be made to promote collaboration across sectors and to create seamless connections between relevant services, agencies, sectors and organizations. The greatest challenge is to articulate the collaboration under strong government leadership, so that all sectors are involved and share ownership of the programme. A stakeholder mapping of key partners and duty-bearers across government sectors/agencies will identify what can be achieved for adolescent well-being with respect to stakeholders' individual and collective potential.
2. *Investigate/research the status of adolescent well-being and the structural barriers and sociocultural, economic and environmental determinants of well-being that affect vulnerable adolescent groups to generate evidence on how better to meet their needs.* More investment is needed in evaluating adolescent-serving and adolescent-led initiatives, especially those implemented at the grass-roots level in neglected areas.
3. *Ensure that there is a up-to-date landscape analysis of what is being done to promote adolescent well-being to identify gaps and resources and enable better service delivery.* Stronger evidence and data (disaggregated by ethnic group/region sex and gender) enable better advocacy and implementation.
4. *Review existing policies that relate to adolescent well-being to ensure that they are inclusive and rights-based and that these polices are supported by appropriate implementation strategies.* Policies need to include indicators and targets to ensure that programmes are delivered to the intended beneficiaries while ensuring meaningful engagement by vulnerable adolescents, including people living with disabilities, people living with or affected by HIV, girls, indigenous populations, ethnic and sexual minorities, and poor and mentally disabled adolescents.
5. *Strengthen national SDG strategies through participation in the regular Voluntary National Review process and SDG-related reporting and specifically ensure that this includes an adolescent focus within reporting.* Furthermore, countries can follow the recommendations, targets and goals already set out and approved in existing internationally agreed SDG and sector specific strategies. For example, the WHO Comprehensive Mental Health Action Plan 2013–2030, with progress tracked through the WHO Mental Health Atlas and Countdown Global Mental Health 2030.
6. *Encourage partners to endorse the Global Consensus Statement on Meaningful Adolescent and Youth Engagement and facilitate the operationalization of the recommendations in national, subnational and community programmes, especially during emergencies such as the COVID-19 pandemic.* Environments must be created that are conducive to high-quality engagement, for example by developing platforms for adolescents to voice their opinions, shape their perspectives and strengthen their capacities to participate, and by making interventions adolescent-friendly. Adolescents also need to be provided with appropriate and consistent support and resources. This can be achieved by funding youth and adolescent programmes and interventions, providing direction and organizational support to youth and adolescent-led organizations, ensuring adolescents' engagement in decision-making and building their capacity to assume leadership roles and hold government accountable. It needs to include the views and needs of adolescent parents.
7. *Invest in digital technology to improve access to information and services, strengthen communication with adolescents and foster their safe participation.* This must be combined with referral to face-to-face services where required. Priorities include: creating content relevant to adolescents; ensuring that the most vulnerable groups are reached; ensuring youth and adolescent engagement across the board to address inequities (e.g. socioeconomic, gender and digital divides); and increasing public funding to improve connectivity infrastructure that is available to all. In the policy environment, strengthening policies for online safety and privacy and investing in digital literacy education will achieve long-lasting positive impacts. Involving adolescents in the design, implementation and monitoring of digital platforms will improve functionality, access and use.
8. *Improve information and training for professionals and activists working with adolescents and young people to promote their well-being, as well as their caregivers and other members of their community. This includes the prevention of stigma and discrimination and reaching the most vulnerable.* Properly funded and comprehensive training programmes need to be created for implementers, with a practical, rights-based and evidence-based approach. Advocacy skills for tailored policies, strategies and programmes need to be strengthened among both programme planners and adolescents to ensure that key messages and recommendations are articulated effectively with decision-makers.

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