

**Proposed indicators for global
adolescent health measurement by
the Global Action for Measurement
of Adolescent health (GAMA)
Advisory Group**

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List of abbreviations

AFRO	WHO Regional Office for Africa
AIDS	Acquired Immune Deficiency Syndrome
BAC	Blood alcohol content
BMI	Body mass index
CRC	United Nations Convention on the Rights of the Child
CRVS	Civil registration and vital statistics
DHIS2	District Health Information Software 2
DHS	Demographic and Health Survey
DTP	Diphtheria, Tetanus, and Pertussis vaccine
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization
FGM	Female genital mutilation
FIES	Food Insecurity Experience Scale
FRESH	Focusing Resources on Effective School Health
GAMA	Global Action for the Measurement of Adolescent Health
GISAH	Global Information System on Alcohol and Health
GPW 13	13 th General Programme of Work (WHO)
GSHS	Global school-based student health survey
HIV	Human Immunodeficiency Virus
HMIS	Health management information system
HPV	Human papillomavirus
HBSC	Health behaviour in school-aged children survey
ICD	International classification of diseases
ICPD	International conference on population and development
LAM	Lactational amenorrhea method
LMIC	Low and middle-income countries
MICS	Multiple Indicator Cluster Survey
MMAP	Measurement of Mental Health Among Adolescents at the Population Level
NEET	Not in employment, education or training
OPSC	Optional Protocol on the sale of children, child prostitution and child pornography
PAHO	Pan American Health Organization
PCV	Pneumococcal conjugate vaccine
RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
SD	Standard deviation
SDG	Sustainable Development Goal
SEARO	WHO Regional Office for South-East Asia

SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TBD	To be determined
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific

Background

The Global Action for Measurement of Adolescent health (GAMA)

To improve adolescent health measurement globally, WHO, in collaboration with UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, the World Bank Group, and the World Food Programme, established the Global Action for Measurement of Adolescent health (GAMA) Advisory Group in 2018.

The group consists of 17 members, including 13 senior and four young professionals, from 12 countries across all WHO Regions. Members were selected through a competitive process following an open call, based on their technical expertise and ensuring gender and geographic balance, and coverage of the main health issues for adolescents across the group.

The target population for GAMA's work includes younger (10-14 years) and older (15-19 years) adolescents of all genders, adolescents in and out of school, in humanitarian settings, adolescents living with disabilities, ethnic and religious minorities, migrants, and institutionalised adolescents.

The objectives of GAMA's work are:

- To provide technical guidance to WHO, partner UN agencies and other relevant measurement groups **to define a set of priority adolescent health indicators**, for the purpose of harmonizing efforts around adolescent health measurement and reporting;
- To promote harmonized guidance for adolescent health measurement that supports countries and technical organizations in the collection of useful data to track progress in the improvement of adolescent health.

For additional information on GAMA:

GAMA website: <https://www.who.int/data/maternal-newborn-child-adolescent/gama>

GAMA commentary: <https://www.sciencedirect.com/science/article/pii/S1054139X19301661>

Purpose of this indicator list

This document details a list of priority indicators that are proposed for the measurement of adolescent health in all countries and all adolescent population subgroups. The number of included indicators has been purposefully limited to minimize the additional reporting burden and ensure that the final product is feasible to measure at the country level. By definition, the indicators contained within this list are not intended to provide a comprehensive assessment of all areas of adolescent health. Rather, this list represents a set of priority indicators selected to be broadly applicable to adolescents globally. The indicators presented here are intended to guide policy and programming and to assist with identifying areas where further and more detailed assessments of health status and programming are needed.

Methods to derive the proposed indicator list

The selection of the indicators included in this document builds upon several earlier steps completed by GAMA. A summary of these steps is included below.

Step 1. Mapping of adolescent health measurement initiatives and indicator lists

A total of 16 global or regional adolescent health measurement initiatives and indicator lists were identified through an expert consultation that included members of the GAMA Advisory Group, UN representatives, focal points from WHO departments, and focal points from WHO regional offices. Included initiatives had to meet three criteria: (1) include recommendations about adolescent health measurement; (2) propose at least one indicator specifically including “adolescent”, “youth” or “young people”, or including the entire or part of the adolescent age range 10-19 years; and (3) be globally or regionally focused. The list of initiatives is included in Annex 1.

Step 2. Selection of priority adolescent health measurement areas

GAMA experts advised that, before the selection of priority indicators could begin, it was necessary to first select priority areas for adolescent health measurement. To do this in an informed and systematic way, GAMA collected four critical inputs to inform priority setting: (1) young people’s perspectives; (2) priorities in countries; (3) the adolescent disease burden; and (4) measurement areas included in the 16 initiatives mentioned in Step 1.

A total of 99 health areas were identified, mapped across the four inputs, and grouped under six domains forming an adolescent health measurement framework. Each health area was coded according to the frequency in each of the four inputs. From this, modelled on a Delphi approach, the 17 GAMA experts then selected:

- 33 core measurement areas (considered by more than 70% of experts to be relevant to all adolescents globally);
- 19 expanded measurement areas (considered by 50-70% of experts to be relevant to all adolescents globally);
- And six context-specific measurement areas (considered by experts to be relevant only to adolescents of specific regions or specific subgroups)

For additional details on the classification of measurement areas, see Table 1 and Annex 2.

Table 1. Selected core, expanded and context-specific adolescent health measurement areas under six domains

Core adolescent health measurement areas	Expanded adolescent health measurement areas	Context-specific adolescent health measurement areas
SOCIAL, CULTURAL, ECONOMIC, EDUCATIONAL, ENVIRONMENTAL DETERMINANTS OF HEALTH		
Population (total and % adolescents)	Ethnicity	Child marriage
Education level/schooling status	Being part of a vulnerable group (orphaned, out-of-school, migrant, minority etc)	Child labour
Income level and poverty	Environment/pollution	Social and cultural norms
Gender	Social support	
HEALTH BEHAVIOURS AND RISKS		
Weight status	Social media/internet	
Alcohol use	Sedentary behaviour	
Substance use (other than alcohol and tobacco)	Sleep	
Tobacco use		
Dietary behaviour		
Physical activity		
Bullying		
Sexual health		
Reproductive health		
Contraception		
POLICIES, PROGRAMMES, AND LAWS		
Adolescent health policies/plans (availability, implementation, funding, M&E)	Adolescent health programmes (availability, implementation, funding, M&E)	
Adolescent health protective laws (availability, implementation, funding, M&E)	Adolescents' participation in programming and planning	
SYSTEMS PERFORMANCE AND INTERVENTIONS		
Health service availability and access	Health service utilization and barriers	Social protection
Health service quality	School health	
Immunization	Health education	
System for monitoring and surveillance of adolescent health		
SUBJECTIVE WELL-BEING		
	Autonomy	
	Social connectedness	
HEALTH OUTCOMES AND CONDITIONS		
All-cause mortality	Maternal conditions	Iron-deficiency
Cause-specific mortality	Diabetes	Vitamin A deficiency
HIV/AIDS	Asthma	
STIs excluding HIV/AIDS	Drowning	
Self-harm	Collective violence and legal	
Anxiety disorders		
Depressive disorders		

Core adolescent health measurement areas	Expanded adolescent health measurement areas	Context-specific adolescent health measurement areas
Disability		
Road injury		
Interpersonal violence		
Sexual violence		
Gender-based violence		
Adolescent fertility		

Step 3. Mapping of indicators assessing the core adolescent health measurement areas

The 16 measurement initiatives identified in Step 1 were reviewed against the 33 core measurement areas identified in Step 2, while expanded and context-specific measurement areas will be addressed later. All indicators addressing at least one of the 33 core measurement areas were extracted. This process produced a list of more than 400 indicators. Extracted indicator information included indicator name, definition, numerator, denominator, type, relevant age group, use status, data source, and the measurement initiative where the indicator appeared. Where one or more element of this indicator information was not specified in the indicator metadata, this was noted in the extraction sheet. Indicators were further classified according to the core measurement areas that they addressed.

Step 4. Developing selection criteria for prioritizing mapped indicators

Next, the GAMA Advisory Group defined selection criteria for selecting priority indicators from among those identified in the indicator mapping. Initial selection criteria were discussed at the 2nd GAMA Meeting (June 2019, Geneva) and were further refined and their use piloted during the 3rd GAMA Meeting (February 2020, Cape Town). The final list included four criteria: Relevance, Feasibility, Validity, and Usefulness. For further details on the selection criteria, see Annex 1.

Step 5. Selecting indicators

The 400+ indicators mapped in Step 3 were organized into eight content areas based on the adolescent health measurement domains, the core measurement area they assessed, and to facilitate the process of subsequent indicator selection (see Annex 1). A working group was formed for each of the eight content areas, the membership of which included GAMA Advisory Group members, UN representatives, and country representatives attending the 3rd GAMA Meeting. Each group member was given an Excel sheet with the indicators specific to his or her group and proceeded to score each indicator according to each of the criteria defined in Step 4 on a 5-point scale. A summary score for each indicator was generated as the average score across each criterion and each participant.

During calls among members of each of the eight groups, the scoring results of the top ten indicators were reviewed and group members proposed priority, alternative, and additional indicators. A list of proposed indicators across all groups was compiled and circulated in advance of the 4th GAMA Meeting (June 2020, Virtual teleconference). During the meeting, proposed indicators were reviewed according to their group and core measurement area. During both the group-specific calls and the 4th GAMA Meeting, participants noted where revisions to proposed indicators would be helpful and identified potential measurement gaps.

Step 6. Internal review and revision of proposed indicators

Based on all inputs received before and during the 4th GAMA Meeting, a preliminary list of proposed adolescent health indicators was compiled and circulated for review. This preliminary list represented the first draft of the present document.

The draft document was circulated to all participants of the 4th GAMA Meeting, including members of the GAMA Advisory Group; GAMA representatives across WHO technical departments, WHO regional offices, and UN partner agencies; country representatives attending the 3rd GAMA Meeting; and observers. All feedback was reviewed by the GAMA Secretariat and the document was revised accordingly, resulting in the current draft.

Next steps

We invite all those interested to comment on the indicators and measurement gaps proposed in this document. We have designed an online survey to solicit participant feedback that can be accessed here: <https://extranet.who.int/dataformv3/index.php/655127?lang=en>

The survey includes questions on each indicator, including any recommendations to revise, replace, or remove indicators. The survey further includes questions on the overall set of proposed indicators and a final question where participants may provide any feedback not covered elsewhere. To facilitate the comment process, we highly encourage participants to use this survey for the submission of all feedback.

All feedback will be reviewed and considered when preparing the final draft of the document. This revised set of indicators will be pilot tested in countries and will be further revised based on these experiences.

The process described above marks the end of the development for the first set of core indicators for adolescent health. However, it should be noted that these indicators are a “living document” and will periodically be revisited and updated in accordance with improvements in available evidence.

Overview of proposed indicators

The GAMA Advisory Group in collaboration with participants of the 3rd and 4th GAMA meetings proposed 33 core, 2 alternative, and 15 additional indicators (Table 2).

- **Core indicators** are considered to be the most important for measuring the health of all adolescents globally.
- **Alternative indicators** were proposed in two cases where the priority indicator may not be feasible or may be too sensitive to measure in all contexts.
- **Additional indicators** are provided for settings where further detail within that area would add value, and resources for data collection and reporting are available.

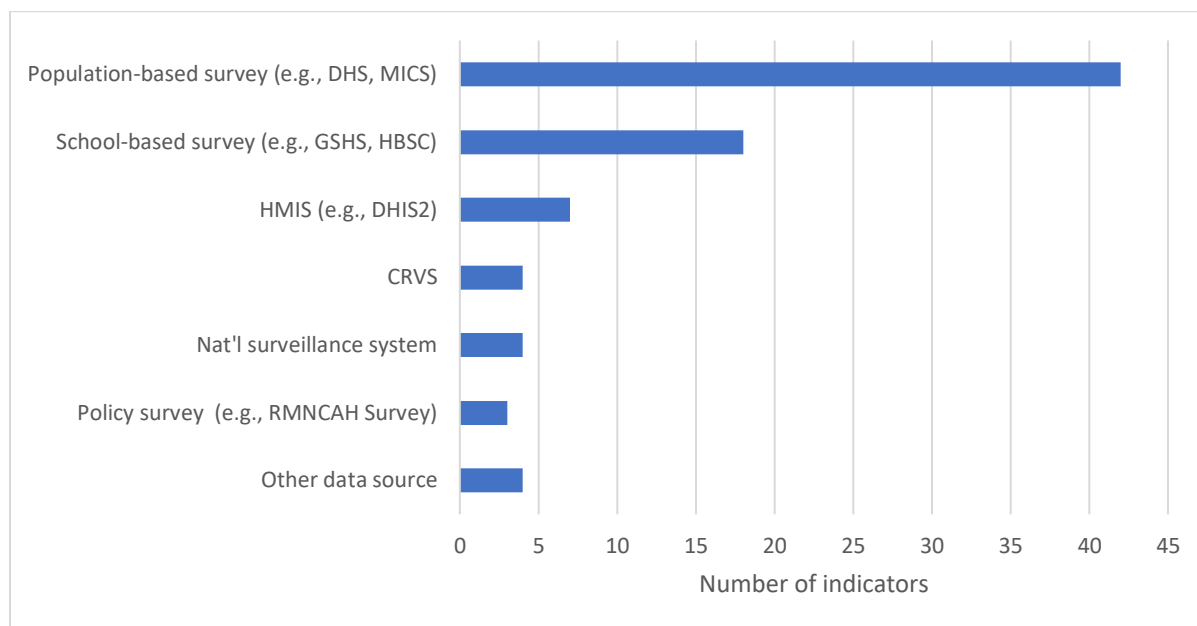
Table 2. Distribution of core, alternative, and additional indicators by measurement domain

Measurement domain	Core	Alternative	Additional	Total
1. Social, cultural, economic, educational, environmental determinants of adolescent health	5	1	2	8
2. Health behaviors and risks	12	0	3	15
3. Policies, programmes, laws	2	0	2	4
4. Systems performance and interventions	3	0	2	5
5. Subjective well-being	0	0	2	2
6. Health outcomes and conditions	11	1	4	16
Total	33	2	15	50

The mapping also noted the potential data sources that could be used to populate each indicator. It was common for indicator metadata to include multiple data sources. Figure 1 shows the frequency with which specific items were listed as potential data sources among all proposed indicators (i.e. priority, alternative, and additional), sorted by frequency.

When identifying potential data sources, consideration should be given to how well the data source aligns with what is being assessed and the target population within which it is being assessed. For example, data for many indicators may be collected through both population-based and school-based surveys though the former will provide an estimate for all adolescents while the latter will be restricted to school-going adolescents. As another example, data collected at the health facility level are likely to exclude adolescents not interacting with the health system. In cases where the indicator value is likely to vary substantially among population subgroups, different data sources may yield different estimates and this should be considered when interpreting the results.

Figure 1. Data sources for all proposed indicators



Abbreviations: DHS = Demographic and Health Survey; MICS = Multiple Indicator Cluster Survey; GSHS = Global school-based student health survey; HBSC = Health behaviour in school-aged children survey; DHIS2 = District Health Information Software 2; CRVS = Civil registration and vital statistics; RMNCAH = Reproductive, Maternal, Newborn, Child, and Adolescent Health

Guide to the indicator review

The remainder of this document presents the proposed indicators in further detail and is broadly organized into two sections:

Section 1. Summary table of proposed indicators

The first section includes a high-level summary of all proposed indicators with selected information presented for each indicator (indicator name, definition, and the initiative from which it was derived). This section is intended to provide an overview of the proposed indicators and may be useful when considering the set of indicators as a whole.

Section 2. Indicator details

The second section presents expanded details for each proposed indicator and is organized according to six measurement domains (Table 2). Each subsection begins with a brief summary that lists the indicators included within the section, relevant indicators included in another section (for indicators that can be classified under multiple sections), and potential measurement gaps identified to-date. The summary is followed by indicator-specific tables that include expanded information on each of the proposed indicators. Tables are divided into two parts by a double solid line:

- **Top half, indicator metadata as currently proposed:** definition, numerator, denominator, data source, proposed age range, disaggregation, indicator type¹ and use status.
- **Bottom half, additional indicator details:** initiative from which the indicator was originally selected, any other initiatives also using the indicator, brief rationale for proposing the indicator, list of proposed modifications, rationale for proposed modifications, a serial number to link with the original indicator mapping file, and any additional comments (where relevant).

Indicator numbering

Each indicator is assigned a unique identifier based on the content area where it is listed. Alternative indicators are listed after the indicator for which they serve as an alternative and have “-ALT” appended to their number. Additional indicators are listed at the end of each content area and have “A” added to the beginning of the identifier.

Measurement gaps

Participants in each of the group-specific calls, the 4th GAMA Meeting, and the internal review of the first draft of this document were asked to identify any measurement gaps within the currently proposed set of indicators. Those measurement gaps relating to one of the 33 previously defined core measurement areas (Table 1) where no suitable indicator was identified are included in this document.

Further recommendations for potential measurement gaps within the currently proposed set of indicators are welcomed. Moving forward, it is requested that, where possible, existing indicators be proposed for identified measurement gaps (preferably including metadata).

¹ Input indicators measure human and financial resources, physical facilities, equipment, and operational policies that enable programme activities to be implemented. Process indicators measure the activities carried out to achieve the objectives of a programme and include both what is done and how well it is done. Output indicators measure the results of the processes in terms of service access, availability, quality and safety. Outcome indicators measure intermediate results of programmes measurable at the population level. Impact indicators measure long-term outcomes programmes are designed to affect, including decreases in mortality and morbidity. In: Moller AB, Newby H, Hanson C et al. Measures matter: A scoping review of maternal and newborn indicators. PLoS One 13(10):e0204763.

Summary table of proposed indicators

#	Indicator Name	Definition	Initiative
SOCIAL, CULTURAL, ECONOMIC, EDUCATIONAL, ENVIRONMENTAL DETERMINANTS OF HEALTH			
1.01	Percentage of total population that are adolescents (10–19 years), by age category (10-14, 15-19 years) and sex	Percentage of the total population in a country that are adolescents (10-19 years), as of 1 July of a given year (mid-year), by age group (10-14, 15-19 years) and sex.	EMRO Core Indicators
1.02	Percentage of adolescents completing primary, lower secondary, and upper secondary school, by level and sex	Percentage of a cohort of adolescents aged 3-5 years above the intended age for the last grade of each level of education who have completed that grade	SDGs
1.03	Percentage of adolescents (10-19 years) living below the national poverty line, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) living in households with income below the nationally-established poverty line, by age group (10-14, 15-19 years) and sex	SDGs
1.03-ALT	Percentage of adolescents (10-19 years) living below the international poverty line, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) living in households with income below the international poverty line, by age group (10-14, 15-19 years) and sex. The 'international poverty line' is currently set at \$1.90 a day at 2011 international prices.	SDGs
1.04	Percentage of adolescents (10-19 years) living with moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES), by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) in the population who live in households that have experienced food insecurity at moderate or severe levels during the reference period. The severity of food insecurity, defined as a latent trait, is measured on the Food Insecurity Experience Scale global reference scale, a measurement standard established by FAO through the application of the Food Insecurity Experience Scale in more than 140 countries worldwide, starting in 2014.	SDGs
1.05	Percentage of female adolescents (15-19 years) who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Percentage of female adolescents (15-19 years) (married or in union) who make their own decision on all three selected areas i.e. can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care. Only women who provide a “yes” answer to all three components are considered as	SDGs

#	Indicator Name	Definition	Initiative
		women who “make her own decisions regarding sexual and reproductive”.	
A1.01	Percentage of adolescents (10–19 years) not in education, employment, or training, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (aged 10-19 years) not in education, employment or training, by age group (10-14, 15-19 years) and sex	SDGs
A1.02	Percentage of adolescents (10-19 years) at the end of primary; and at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by age group (10-14, 15-19 years) and sex	Percentage of adolescents at the end of primary education and the end of lower secondary education achieving at least a minimum proficiency level in (a) reading and (b) mathematics. The minimum proficiency level will be measured relative to new common reading and mathematics scales currently in development.	SDGs
HEALTH BEHAVIOURS AND RISKS			
2.01	Prevalence of overweight and obesity among adolescents (10-19 years), by weight status (overweight, obese), age group (10-14, 15-19 years), and sex	Percentage of adolescents (10-19 years) whose BMI was ≥ 1 SD (overweight) and ≥ 2 SDs from the median BMI (obese) according to WHO growth reference standards for respective age and sex in the survey, by weight status (overweight, obese), age group (10-14, 15-19 years), and sex	Global reference list of health indicators for adolescents
2.02	Prevalence of thinness among adolescents (10-19 years), by age group (10-14, 15-19 years), and sex	Percentage of adolescents (10-19 years) whose BMI was ≤ 2 SDs from the median BMI according to WHO growth reference standards for the respective age and sex in the survey, by age group (10-14, 15-19 years) and sex	Global reference list of health indicators for adolescents
2.03	Past 30 day prevalence of heavy episodic drinking among adolescents (10-19 years), age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days, by age group (10-14, 15-19 years) and sex. A consumption of 60 grams of pure alcohol corresponds approximately to 6 standard alcoholic drinks.	Global Information System on Alcohol and Health
2.04	Past 12 month prevalence of psychoactive drug use among adolescents (10–19 years), by age group (10-14, 15-19 years), sex and by type of substances	Percentage of adolescents (10-19 years) who have taken any drugs (psychoactive) in the past 12 months, by age group (10-14, 15-19 years), sex, and type of substances	EMRO Core Indicators
2.05	Prevalence of current (past 30 days) use of tobacco products among adolescents (10–19 years), by age	Prevalence of tobacco use among adolescents (10-19 years) on more than one occasion in the 30 days preceding the survey (either daily or non-daily), by age group (10-14, 15-19 years),	EMRO Core Indicators

#	Indicator Name	Definition	Initiative
	group (10-14, 15-19 years), sex, and type of tobacco used	sex, and type of tobacco used (smoking, smokeless tobacco, electronic cigarettes)	
2.06	Percentage of adolescents (10–19 years) who consume at least 5 servings of fruit and vegetables daily, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10–19 years) who consume at least five servings of fruit and vegetables daily, by age group (10-14, 15-19 years) and sex	EMRO Core Indicators
2.07	Percentage of adolescents (10–19 years) who have accumulated an average of at least 60 minutes per day of moderate-vigorous physical activity in the previous week, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10–19 years) who have accumulated an average of at least 60 minutes per day of moderate-vigorous physical activity in the previous week, by age group (10-14, 15-19 years) and sex	EMRO Core Indicators
2.08	Percentage of adolescents (10-19 years) 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	Percentage of adolescents involved in bullying during 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	Inspire
2.09	Percentage of adolescents (15-19 years) who had their first sexual intercourse before 15 years of age, by sex	Percentage of adolescents (15-19 years) who had their first sexual intercourse before 15 years of age, by sex	Inspire
2.10	Percentage of live births to female adolescents (10-19 years) attended by skilled health personnel, by age group (10-14, 15-19 years)	Percentage of live births to female adolescents (10-19 years) attended by skilled health personnel in a given time period, by age group (10-14, 15-19 years)	Countdown to 2030
2.11	Prevalence of contraceptive use (modern method) among adolescents (10-19 years), by age group (10-14, 15-19 years), sex and method used	Percentage of adolescents (10-19 years) who are using any modern method of contraception, by age group (10-14, 15-19 years), sex and method used. Modern methods include female sterilization, male sterilization, oral contraceptive pill, intra-uterine device, injectables, implants, male condom, lactational amenorrhea method, standard days method, female condom, emergency contraception, diaphragm, and foam or jelly.	Countdown to 2030
2.12	Percentage of adolescents (10-19 years) who have their need for contraception satisfied with modern methods, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern method of contraception, by age group (10-14, 15-19 years) and sex. Modern methods include female sterilization, male sterilization, oral	Countdown to 2030

#	Indicator Name	Definition	Initiative
		contraceptive pill, intra-uterine device, injectables, implants, male condom, lactational amenorrhea method, standard days method, female condom, emergency contraception, diaphragm, and foam or jelly.	
A2.01	Prevalence of current (past 30 days) alcohol use among adolescents (10-19 years), by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who have consumed any alcohol during the past 30 days, by age group (10-14, 15-19 years) and sex	Global reference list of health indicators for adolescents
A2.02	Percentage of adolescents (10-19 years) who usually drank sugar-sweetened beverages once per day or more during the past 30 days, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who usually drank sugar-sweetened beverages once per day or more during the past 30 days, by age group (10-14, 15-19 years) and sex	FRESH
A2.03	Percentage of female adolescents (10-19 years) who were aware of menstruation before menarche, by age group (10-14, 15-19 years)	Percentage of female adolescents (10-19 years) who were aware of menstruation before menarche, by age group (10-14, 15-19 years)	None
POLICIES, PROGRAMMES, AND LAWS			
3.01	Existence of a functional adolescent (10-19 years) health program with coverage at the national level	The country has an adolescent (10-19 years) health program at the national level or in all subnational (first administrative level) jurisdictions with at least one designated full-time person and a regular government budget allocation to support the program.	Countdown to 2030
3.02	Existence of national standards for delivery of health services to adolescents (10-19 years)	The country has national standards for delivery of health services specifically for adolescents (10-19 years) that include a clearly defined, comprehensive package of health services, the implementation of which has been monitored by quality and coverage measurement surveys within the past two years.	Countdown to 2030
A3.01	Existence of national policy exempting adolescents (10-19 years) from user fees for specified health services in the public sector, by type of service	The existence of a national policy exempting adolescents from user fees for specified health services in the public sector (i.e., outpatient care visits; inpatient care visits; HIV testing and counselling; contraceptives; mental health; rehab for substance abuse; pharmaceutical products and/or other medical supplies if required for diagnosis and treatment; testing and treatment	None

#	Indicator Name	Definition	Initiative
		for sexually transmitted infections; and vaccination for HPV), by type of service.	
A3.02	Existence of legal age limit for married and unmarried adolescents (10-19 years) to provide consent, without spousal/parental/legal guardian consent, for specified adolescent health services, by marital status and type of service	The existence of a legal age limit to allow married and unmarried adolescents (10-19 years) to provide consent, without parental/legal guardian consent, for specified adolescent health services (i.e., contraceptive services except sterilization; emergency contraception; HIV testing and counselling services; HIV care and treatment; harm reduction interventions for Injective Drug Users; and Mental Health Services).	None
SYSTEMS PERFORMANCE AND INTERVENTIONS			
4.01	Percentage of adolescents (10-19 years) using specified health services in the public or private sector within the past 12 months, by sector, age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who used WHO-recommended services or interventions in either the public or private sector in the past 12 months, by sector, age group (10-14, 15-19 years) and sex.	Global reference list of health indicators for adolescents
4.02	Percentage of adolescents (15 years) covered by HPV vaccine (last dose in schedule), by sex	Percentage of adolescents (15 years old) who received the recommended doses of HPV vaccine, by sex	SDGs
4.03	Existence of age- and sex-disaggregated health data for adolescents (10-19 years) in the national health information system	Existence of age- and sex-disaggregated health data for adolescents (10-19 years) in the national health information system	EMRO Core Indicators
A4.01	Existence of a nationally-defined minimum package of school-based health and nutrition services based on local health priorities	Using FRESH Checklist 7, this indicator is measured by conducting key informant interviews and reviewing national policies and strategies to determine: <ul style="list-style-type: none"> • The extent to which a package of school-based health and nutrition services has been defined and recommended at national-level. • The extent to which the recommended package of school-based health and nutrition services is based on a rigorous assessment of the health and nutrition needs of school-age children across the country. • The extent to which school-based health and nutrition services are relevant to local-level. 	FRESH

#	Indicator Name	Definition	Initiative
A4.02	Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year	Percentage of schools that offer life skills-based HIV and sexuality education (i.e., education on life skills, sexual and reproductive health, sexuality, and HIV transmission and prevention) in the previous academic year within the formal curriculum, as determined by either an annual school census or a school-based survey.	SDGs
SUBJECTIVE WELL-BEING			
A5.01	Percentage of adolescents (10-19 years) with someone to talk to when they have a worry or problem, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) reporting they talk to someone either most or all of the time when they have a problem or worry having to do with difficult feelings and experiences, by age group (10-14, 15-19 years) and sex	MMAP
A5.02	Percentage of adolescents (10-19 years) with a positive connection with their parent or guardian, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who report that, in the past 30 days, their parents/ guardians understand their problems or worries most or all of the time, by age group (10-14, 15-19 years) and sex	MMAP
HEALTH OUTCOMES AND CONDITIONS			
6.01	Adolescent (10-19 years) mortality rate, by age group (10-14, 15-19 years) and sex	Number of deaths among adolescents (10-19 years) per 100,000 adolescent population	Global Strategy
6.02	Adolescent (10-19 years) mortality rate, by specified causes of death, age group (10-14, 15-19 years) and sex	Mortality rates among adolescents (10-19 years) by specified causes, including priority causes of adolescent death globally (i.e., Road injury, interpersonal violence, drowning, self-harm, maternal conditions, diarrhoeal diseases, and HIV/AIDS) and other priorities determined by the national context, by age group (10-14, 15-19 years) and sex	Countdown to 2030
6.03	Number of new adolescent (10-19 years) HIV infections per 1,000 uninfected adolescent population, by age group (10-14, 15-19 years) and sex	Number of new adolescent (10-19 years) HIV infections per 1,000 uninfected adolescent population is defined as the number of new HIV infections per 1000 person-years among the uninfected population, by age group (10-14, 15-19 years) and sex	SDGs
6.04	Percentage of adolescents (10-19 years) who used a condom at last intercourse, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who reported condom use the last time they had sexual intercourse, by age group (10-14, 15-19 years) and sex	UNECE Monitoring Framework (ICPD)

#	Indicator Name	Definition	Initiative
6.05	Percentage of adolescents (10-19 years) reporting a suicide attempt in the past 12 months, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) reporting a suicide attempt in the last 12 months, by age group (10-14, 15-19 years) and sex	MMAP
6.06	Percentage of adolescents (10-19 years) with depression and/or anxiety, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) reporting symptoms of depression and/or anxiety at a clinical threshold, by age group (10-14, 15-19 years) and sex	MMAP
6.07	Percentage of adolescents (10-19 years) with depression and/or anxiety seeking mental health care or psychosocial support, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) with depression and/or anxiety reporting contact with someone (health professional or counsellor) about difficult feelings and experiences, by age group (10-14, 15-19 years) and sex	MMAP
6.08	Incidence rate of specified types of injuries among adolescents (10–19 years), and by age category (10-14, 15-19 years), sex and type of injuries (per 100,000 population)	Number of new cases of specific types of injuries (i.e., road traffic injuries, fire-related burns, poisonings, falls, and drowning) among adolescents (10-19 years) per 100,000 adolescent population, by age group (10-14, 15-19 years) and sex	EMRO Core Indicators
6.09	Percentage of adolescents (10-19 years) involved in physical violence in the past 12 months, by type of involvement (victim, perpetrator, both), age group (10-14, 15-19 years), sex, perpetrator (parents/caregivers, teachers, intimate partners, peers)	Percentage of adolescents (10-19 years) involved in physical violence in the past 12 months, by type of involvement (victim, perpetrator, both), age group (10-14, 15-19 years), sex, and perpetrator (parents/caregivers, teachers, intimate partners, peers)	Inspire
6.10	Percentage of adolescents (10-19 years) experiencing contact sexual violence in the past 12 months, by age group (10-14, 15-19 years), sex, and perpetrator	Percentage of adolescents (10-19 years) who experienced contact sexual violence (i.e. forced (completed) sex; pressured or coerced (completed) sex; attempted (but not completed) forced, coerced or pressured sex; unwanted, non-consensual sexual touch) in the past 12 months, by age group (10-14, 15-19 years), sex and perpetrator	Inspire
6.10-ALT	Percentage of young women and men (18-29 years) who experienced sexual violence by age 18, by age at victimization (<10, 10-14, 15-18 years), sex, and perpetrator	Percentage of young women and men (18-29 years) who experienced sexual violence by age 18, by age at victimization (<10, 10-14, 15-18 years), sex, and perpetrator	SDGs

#	Indicator Name	Definition	Initiative
6.11	Adolescent (10-19 years) fertility rate, by age group (10-14, 15-19 years)	Annual number of births to female adolescents (10-19 years) per 1000 female adolescents, by age group (10-14, 15-19 years)	Global reference list of health indicators for adolescents
A6.01	Incidence rate of sexually transmitted infections (STIs) among adolescents (10-19 years), by age group (10-14, 15-19 years) and sex	Number of new cases of reported STIs (syndromic or etiological reporting) among adolescents (10-19 years) in a specified time period, by age group (10-14, 15-19 years) and sex	Core 100
A6.02	Percentage of adolescents (10-19 years) reporting current (past two weeks) suicidal thoughts, by age group (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) reporting suicidal thoughts in the last two weeks, by age group (10-14, 15-19 years) and sex	MMAP
A6.03	Percentage of female adolescents (10-19 years) who have undergone female genital mutilation/cutting, by age group (10-14, 15-19 years)	Percentage of female adolescents (10-19 years) who have undergone female genital mutilation/cutting, by age group (10-14, 15-19 years)	SDGs
A6.04	Prevalence of anaemia among adolescents (10-19 years), by age category (10-14, 15-19 years) and sex	Percentage of adolescents (10-19 years) who have a haemoglobin level below 11 g/dl for males and 12 g/dl for females, at sea level, in a country within a given year, by age group (10-14, 15-19 years) and sex	EMRO Core Indicators

Indicator details

1. SOCIAL, CULTURAL, ECONOMIC, EDUCATIONAL, ENVIRONMENTAL DETERMINANTS OF HEALTH

Section summary

Indicators included within section (indicator details presented below summary)

- 1.01 Percentage of total population that are adolescents (10–19 years), by age category (10-14, 15-19 years) and sex
- 1.02 Percentage of adolescents completing primary, lower secondary, and upper secondary school, by level and sex
- 1.03 Percentage of adolescents (10-19 years) living below the national poverty line, by age group (10-14, 15-19 years) and sex
- 1.03-ALT Percentage of adolescents (10-19 years) living below the international poverty line, by age group (10-14, 15-19 years) and sex
- 1.04 Percentage of adolescents (10-19 years) living with moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES), by age group (10-14, 15-19 years) and sex
- 1.05 Percentage of female adolescents (15-19 years) who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- A1.01 Percentage of adolescents (10–19 years) not in education, employment, or training, by age group (10-14, 15-19 years) and sex
- A1.02 Percentage of adolescents (10-19 years) at the end of primary; and at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by age group (10-14, 15-19 years) and sex

Relevant indicators included in other sections

- None

Measurement gaps

- Youth homelessness
- Gender identity

1.01 Percentage of total population that are adolescents (10–19 years), by age category (10-14, 15-19 years) and sex

Definition	Percentage of the total population in a country that are adolescents (10-19 years), as of 1 July of a given year (mid-year), by age group (10-14, 15-19 years) and sex.
Numerator	Number of adolescents (10–19 years) in a country, as of 1 July of a given year (mid-year)
Denominator	Total population in the same country in the same year
Data source	Population-based survey; CRVS; Census plus modelling
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use
Original initiative	EMRO Core Indicators
Other initiatives using this indicator	None
Rationale for inclusion	This indicator assessing the percentage of the population composed of adolescents was recommended for inclusion as priority indicators. The percentage of the population composed of adolescents provides helpful data to advocate for resource allocation for adolescent health. Experts initially proposed another core indicator assessing the total number of adolescents in the population but this was removed due to overlap between the two. This indicator was retained as the inputs required for its calculation would generally provide for some assessment of the total adolescent population.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Disaggregation by age modified to 5-year age groups • Metadata specified
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex
Additional comments	

1.02 Percentage of adolescents completing primary, lower secondary, and upper secondary school, by level and sex

Definition	Percentage of a cohort of adolescents aged 3-5 years above the intended age for the last grade of each level of education who have completed that grade
Numerator	Number in the cohort aged 3-5 years above the intended age for the last grade level of each level of education who have completed that grade
Denominator	Total number in the same cohort
Data source	Population-based survey
Proposed age range	To be determined based on national education guidelines
Disaggregation	Level of schooling; Sex
Indicator type	Outcome
Use status	In use
Original initiative	SDGs (4.1.2)
Other initiatives using this indicator	Lancet Commission (modified); Adolescent country tracker
Rationale for inclusion	This indicator replaces a previous indicator assessing school enrolment. Reviewer noted that attendance is generally a better measure than enrolment and completion is a better measure than attendance.
Proposed modifications	<ul style="list-style-type: none"> Name standardized
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization
Additional comments	

1.03 Percentage of adolescents (10-19 years) living below the national poverty line, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) living in households with income below the nationally-established poverty line, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) living in households within income below the nationally-established poverty line
Denominator	Total number of adolescents (10-19 years) in the survey
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use (at population level)
Original initiative	SDGs (1.2.1, modified)
Other initiatives using this indicator	Inspire (modified); UNECE Monitoring Framework (ICPD)
Rationale for inclusion	<u>Rationale for Indicators 1.03 and 1.03-ALT:</u> Among the indicators assessing income level and poverty, the two highest scoring indicators were the SDG indicators assessing poverty relative to international and national poverty lines, respectively. While the international poverty line provides a comparable estimate of global poverty within a country, it was noted that this is likely to underestimate poverty within high-income countries. Consequently, the group preferred the SDG indicator assessing poverty relative to the national poverty line (1.2.1). The SDG indicator using the international poverty line (1.1.1) is proposed as an alternative indicator the preferred indicator is not feasible to measure.
Proposed modifications	<ul style="list-style-type: none"> • Indicator reframed to focus specifically on adolescents • Specified disaggregation by age group and sex
Rationale for modifications	<ul style="list-style-type: none"> • To focus on the most relevant data from the perspective of adolescent health • To promote standard disaggregation by age group and sex
Additional comments	<p>Computation details for the national/international poverty rate are available in SDG indicator metadata.</p> <p>These approaches generally depend on household survey data to determine the proportion of the population living below the respective poverty line. Further computation will be necessary to determine the proportion of adolescents living in households below the respective poverty line.</p>

1.03-ALT Percentage of adolescents (10-19 years) living below the international poverty line, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) living in households with income below the international poverty line, by age group (10-14, 15-19 years) and sex. The 'international poverty line' is currently set at \$1.90 a day at 2011 international prices.
Numerator	Number of adolescents (10-19 years) living in households within income below the international poverty line
Denominator	Total number of adolescents (10-19 years) in the survey
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use (at population level)
Original initiative	SDGs (1.1.1, modified)
Other initiatives using this indicator	Adolescent country tracker (modified)
Rationale for inclusion	<u>Rationale for Indicators 1.03 and 1.03-ALT:</u> Among the indicators assessing income level and poverty, the two highest scoring indicators were the SDG indicators assessing poverty relative to international and national poverty lines, respectively. While the international poverty line provides a comparable estimate of global poverty within a country, it was noted that this is likely to underestimate poverty within high-income countries. Consequently, the group preferred the SDG indicator assessing poverty relative to the national poverty line (1.2.1). The SDG indicator using the international poverty line (1.1.1) is proposed as an alternative indicator the preferred indicator is not feasible to measure.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Restricted proposed disaggregation to age group and sex • Indicator reframed to focus specifically on adolescents
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To prioritize disaggregation by standard age groups and sex • To focus on the most relevant data from the perspective of adolescent health
Additional comments	<p>Computation details for the national/international poverty rate are available in SDG indicator metadata.</p> <p>These approaches generally depend on household survey data to determine the proportion of the population living below the respective</p>

	poverty line. Further computation will be necessary to determine the proportion of adolescents living in households below the respective poverty line.
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1.04 Percentage of adolescents (10-19 years) living with moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES), by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) in the population who live in households that have experienced food insecurity at moderate or severe levels during the reference period. The severity of food insecurity, defined as a latent trait, is measured on the Food Insecurity Experience Scale global reference scale, a measurement standard established by FAO through the application of the Food Insecurity Experience Scale in more than 140 countries worldwide, starting in 2014.
Numerator	See “Additional comments” below
Denominator	See “Additional comments” below
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use (at population level)
Original initiative	SDGs (2.1.2, modified)
Other initiatives using this indicator	Inspire (modified)
Rationale for inclusion	This indicator was among the highest scoring indicators in two measurement areas (income level and poverty; dietary behaviour) and was recommended for inclusion during the group-specific videocalls.
Proposed modifications	<ul style="list-style-type: none"> • Indicator reframed to focus specifically on adolescents • Added disaggregation by age groups and sex
Rationale for modifications	<ul style="list-style-type: none"> • To prioritize disaggregation by standard age groups and sex • To focus on the most relevant data from the perspective of adolescent health
Additional comments	<p>The FIES considers the three classes of (a) food security or mild food insecurity; b) moderate or severe food insecurity, and (c) severe food insecurity. Detailed computational information is available in the SDG metadata.</p> <p>This approach can be used to classify households by food insecurity status. Additional computation would be required to determine the proportion of adolescents in the survey living in households with moderate or severe food insecurity.</p>

1.05 Percentage of female adolescents (15-19 years) who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Definition	Percentage of female adolescents (15-19 years) (married or in union) who make their own decision on all three selected areas i.e. can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care. Only women who provide a “yes” answer to all three components are considered as women who “make her own decisions regarding sexual and reproductive”.
Numerator	Number of married or in union female adolescents (15-19 years): <ul style="list-style-type: none"> • who can say “no” to sex; and • for whom the decision on contraception is not mainly made by the husband/partner; and • for whom decision on health care for themselves is not usually made by the husband/partner or someone else <p>Only women who satisfy all three empowerment criteria are included in the numerator.</p>
Denominator	Total number female adolescents (15-19 years), who are married or in union
Data source	Population-based survey
Proposed age range	15-19 years
Disaggregation	None
Indicator type	Outcome
Use status	In use
Original initiative	SDGs (5.6.1)
Other initiatives using this indicator	Global strategy; UNECE Monitoring Framework (ICPD)
Rationale for inclusion	This indicator was among the highest scoring indicators in the core measurement area of gender and was added in response to feedback during the internal review of the first draft of this document.
Proposed modifications	<ul style="list-style-type: none"> • None
Rationale for modifications	<ul style="list-style-type: none"> • N/A
Additional comments	

A1.01 Percentage of adolescents (10–19 years) not in education, employment, or training, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (aged 10-19 years) not in education, employment or training, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) in survey not in education, employment, or training
Denominator	Total number of adolescents (10-19 years) in survey
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use (for ages 15-24)
Original initiative	SDGs (8.6.1, modified)
Other initiatives using this indicator	Global strategy; Lancet Commission; Global Youth Development Index; UNECE Monitoring Framework (ICPD);
Rationale for inclusion	When considering indicators relating the education level and schooling status, experts considered indicators assessing enrolment, completion, and proficiency. Enrollment was considered to be the most informative at a global level and was integrated as a priority indicator.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Proposed age range shifted to align with adolescent period (previously 15-24)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex • To maintain focus on adolescent period
Additional comments	

A1.02 Percentage of adolescents (10-19 years) at the end of primary; and at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents at the end of primary education and the end of lower secondary education achieving at least a minimum proficiency level in (a) reading and (b) mathematics. The minimum proficiency level will be measured relative to new common reading and mathematics scales currently in development.
Numerator	See “Additional comments” for computation method
Denominator	See “Additional comments” for computation method
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use
Original initiative	SDGs (4.1.1 b,c)
Other initiatives using this indicator	Global strategy (modified)
Rationale for inclusion	This additional indicator has been included to assess proficiency, which complements the proposed core indicator on completion (1.02) and the additional indicator on adolescents not in education, employment, or training (A1.01).
Proposed modifications	<ul style="list-style-type: none"> Name standardized Specified disaggregation by age group
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization To promote standard disaggregation by age group
Additional comments	<p>The indicator is calculated as the percentage of children and/or young people at the relevant stage of education achieving or exceeding a pre-defined proficiency level in a given subject.</p> <p>Performance above the minimum level, $PL_{t,n,s,above\ minimum} = p$</p> <p>where p is the percentage of students in a learning assessment at stage of education n, in subject s in any year (t-i) where $0 \leq i \leq 5$, who has achieved the level of proficiency that is greater than a pre-defined minimum standard, S_{min}. The minimum standard is defined by the global education community taking into consideration regional differences.</p>

2. HEALTH BEHAVIOURS AND RISKS

Section summary

Indicators included within section (indicator details presented below summary)

- 2.01 Prevalence of overweight and obesity among adolescents (10-19 years), by weight status (overweight, obese), age group (10-14, 15-19 years), and sex
- 2.02 Prevalence of thinness among adolescents (10-19 years), by age group (10-14, 15-19 years), and sex
- 2.03 Past 30 day prevalence of heavy episodic drinking among adolescents (10-19 years), age group (10-14, 15-19 years) and sex
- 2.04 Past 12 month prevalence of psychoactive drug use among adolescents (10–19 years), by age group (10-14, 15-19 years), sex and by type of substances
- 2.05 Prevalence of current (past 30 days) use of tobacco products among adolescents (10–19 years), by age group (10-14, 15-19 years), sex, and type of tobacco used
- 2.06 Percentage of adolescents (10–19 years) who consume at least 5 servings of fruit and vegetables daily, by age group (10-14, 15-19 years) and sex
- 2.07 Percentage of adolescents (10–19 years) who have accumulated an average of at least 60 minutes per day of moderate-vigorous physical activity in the previous week, by age group (10-14, 15-19 years) and sex
- 2.08 Percentage of adolescents (10-19 years) 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
- 2.09 Percentage of adolescents (15-19 years) who had their first sexual intercourse before 15 years of age, by sex
- 2.10 Percentage of live births to female adolescents (10-19 years) attended by skilled health personnel, by age group (10-14, 15-19 years)
- 2.11 Prevalence of contraceptive use (modern method) among adolescents (10-19 years), by age group (10-14, 15-19 years), sex and method used
- 2.12 Percentage of adolescents (10-19 years) who have their need for contraception satisfied with modern methods, by age group (10-14, 15-19 years) and sex
- A2.01 Prevalence of current (past 30 days) alcohol use among adolescents (10-19 years), by age group (10-14, 15-19 years) and sex
- A2.02 Percentage of adolescents (10-19 years) who usually drank sugar-sweetened beverages once per day or more during the past 30 days, by age group (10-14, 15-19 years) and sex
- A2.03 Percentage of female adolescents (10-19 years) who were aware of menstruation before menarche, by age group (10-14, 15-19 years)

Relevant indicators included in other sections

- 1.04 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)
- 4.02 Percentage of the target population covered by HPV vaccine (last dose in schedule) by sex
- A4.01 Existence of a nationally-defined minimum package of school-based health and nutrition services based on local health priorities
- A4.02 Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year
- 6.09 Percentage of adolescents (10-19 years) involved in physical violence in the past 12 months, by type of involvement (victim, perpetrator, both), age group (10-14, 15-19 years), sex, perpetrator (parents/caregivers, teachers, intimate partners, peers)
- 6.10 Percentage of adolescents (10-19 years) experiencing contact sexual violence in the past 12 months, by age group (10-14, 15-19 years), sex, and perpetrator
- 6.10-ALT Percentage of young women and men (18-29 years) who experienced sexual violence by age 18, by age at victimization (<10, 10-14, 15-18 years), sex, and perpetrator
- A6.03 Percentage of female adolescents (10-19 years) who have undergone female genital mutilation/cutting, by age group (10-14, 15-19 years)
- A6.04 Prevalence of anaemia among adolescents (10-19 years), by age category (10-14, 15-19 years) and sex

Measurement gaps

- Active travel
- Sports participation
- Online behaviours
- Addictive behaviours, particularly gaming disorder
- Pre-coital sexual activity
- SRH indicators for younger adolescents (body pride, comfort with one's sexuality, puberty, menstruation/menstrual health)
- Abortion and post-abortion care
- Counselling bias for contraception methods (e.g., adolescents not counselled on all methods, such as emergency contraception)

2.01 Prevalence of overweight and obesity among adolescents (10-19 years), by weight status (overweight, obese), age group (10-14, 15-19 years), and sex

Definition	Percentage of adolescents (10-19 years) whose BMI was ≥ 1 SD (overweight) and ≥ 2 SDs from the median BMI (obese) according to WHO growth reference standards for respective age and sex in the survey, by weight status (overweight, obese), age group (10-14,15-19 years), and sex
Numerator	Number of adolescents (10-19 years) whose BMI was ≥ 1 SD (overweight) and ≥ 2 SDs from the median BMI (obese) according to WHO growth reference standards for respective age and sex in the survey
Denominator	Total number of adolescents (10-19 years) in the survey
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Weight status (overweight, obese); Age (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use
Original initiative	Global reference list of health indicators for adolescents
Other initiatives using this indicator	Core 100 (modified); Lancet commission (modified); UNECE Monitoring Framework (ICPD) (modified); FRESH (modified)
Rationale for inclusion	<u>Rationale for Indicators 2.1 and 2.2:</u> These indicators were recommended as priority indicators to capture adolescents at both extremes of weight status. These particular indicators were preferred for their assessment of weight status in reference to a median value rather than as an absolute BMI cut-off.
Proposed modifications	<ul style="list-style-type: none"> Standardized metadata Disaggregation expanded to include obesity status and five-year age groups, modification also reflected in indicator name
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization To ensure that the prevalence of obesity is reported (previous indicator left open the possibility that overweight/obesity would be reported as single number)
Additional comments	

2.02 Prevalence of thinness among adolescents (10-19 years), by age group (10-14, 15-19 years), and sex

Definition	Percentage of adolescents (10-19 years) whose BMI was ≤ 2 SDs from the median BMI according to WHO growth reference standards for the respective age and sex in the survey, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) whose BMI was ≤ 2 SDs from the median BMI according to WHO growth reference standards for the respective age and sex in the survey
Denominator	Total number of adolescents (10-19 years) in the survey
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use
Original initiative	Global reference list of health indicators for adolescents
Other initiatives using this indicator	EMRO Core Indicators (modified)
Rationale for inclusion	<u>Rationale for Indicators 2.1 and 2.2:</u> These indicators were recommended as priority indicators to capture adolescents at both extremes of weight status. These particular indicators were preferred for their assessment of weight status in reference to a median value rather than as an absolute BMI cut-off.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation by age modified to 5-year age groups • Underweight replaced with thinness
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex
Additional comments	Within this age group, thinness is the relevant measurement for >2 SD below the median BMI. Alternative cut-offs of mild underweight (1-2 SD below) and severe thinness (>3 SD below) may also be considered if relevant.

2.03 Past 30 day prevalence of heavy episodic drinking among adolescents (10-19 years), age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days, by age group (10-14, 15-19 years) and sex. A consumption of 60 grams of pure alcohol corresponds approximately to 6 standard alcoholic drinks.
Numerator	Number of adolescents (10-19 years) who reported drinking 60 grams or more of pure alcohol on at least one occasion in the past 30 days.
Denominator	Total number of adolescents (10-19 years) responding to the corresponding question(s) in the survey plus abstainers.
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use (for ages 15+)
Original initiative	Global Information System on Alcohol and Health (modified)
Other initiatives using this indicator	Inspire (modified); Lancet Commission (modified)
Rationale for inclusion	Experts noted the relevance of including an additional indicator on binge drinking among adolescents, highlighting the population at heightened risk. Two indicators were identified through the mapping without a clear preference among the group for either. The current indicator was not identified in the mapping but was recommended by WHO colleagues during the 4 th GAMA meeting.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Proposed age range modified for adolescents (lower bound reduced to 10 years and upper bound reduced to 19 years), change reflected in name, definition, numerator, and denominator
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To align with GAMA's focus on ages 10-19 years (recognizing that the current method of assessment would not include ages 10-14 years)
Additional comments	

2.04 Past 12 month prevalence of psychoactive drug use among adolescents (10–19 years), by age group (10-14, 15-19 years), sex and by type of substances

Definition	Percentage of adolescents (10-19 years) who have taken any drugs (psychoactive) in the past 12 months, by age group (10-14, 15-19 years), sex, and type of substances
Numerator	Number of adolescents (10-19 years) who have ever taken any psychoactive drug other than alcohol or tobacco in the past 12 months
Denominator	Total population of adolescents (10-19 years) in the same period of time
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex; Type of substance (e.g., cannabis, opiates)
Indicator type	Outcome
Use status	In use (currently does include disaggregation by type of substance used)
Original initiative	EMRO Core Indicators (modified)
Other initiatives using this indicator	Adolescent country tracker (modified); Global Youth Development Index (modified)
Rationale for inclusion	This indicator assesses the core measurement area of substance use (other than alcohol and tobacco). It was the highest scoring indicator within this area. It was preferred for its broader view of substance use as compared to substance-specific indicators (i.e. methamphetamine, cannabis).
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation by age modified to 5-year age groups • Added disaggregation by substance type
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex • In recognition that certain substances (e.g., cannabis) will drive this indicator in certain contexts, disaggregation by substance was considered highly relevant
Additional comments	

2.05 Prevalence of current (past 30 days) use of tobacco products among adolescents (10–19 years), by age group (10-14, 15-19 years), sex, and type of tobacco used

Definition	Prevalence of tobacco use among adolescents (10-19 years) on more than one occasion in the 30 days preceding the survey (either daily or non-daily), by age group (10-14, 15-19 years), sex, and type of tobacco used (smoking, smokeless tobacco, electronic cigarettes)
Numerator	Number of adolescents (10-19 years) interviewed who have used a tobacco substance on more than one occasion in the 30 days preceding the survey
Denominator	Total population of adolescents (10-19 years) interviewed in the survey or study in the same period
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex; Type of tobacco used (i.e. smoking, use of smokeless tobacco, electronic cigarettes)
Indicator type	Outcome
Use status	In use
Original initiative	EMRO Core Indicators
Other initiatives using this indicator	Global reference list of health indicators for adolescents (modified); FRESH (modified)
Rationale for inclusion	This was the highest scoring indicator within the core measurement area of tobacco use and was recommended for inclusion as a priority indicator during the group-specific calls.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation by age modified to 5-year age groups • Electronic cigarettes added to disaggregation by type
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex • To reflect the changing patterns of tobacco consumption
Additional comments	

2.06 Percentage of adolescents (10–19 years) who consume at least 5 servings of fruit and vegetables daily, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who consume at least five servings of fruit and vegetables daily, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) who consumed at least five servings of fruit and vegetables daily in a specific period of time
Denominator	Total population of adolescents (10-19 years) in the same period of time
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use
Original initiative	EMRO Core Indicators
Other initiatives using this indicator	None
Rationale for inclusion	This indicator assesses the core measurement area of dietary behaviour and was recommended for inclusion as a priority indicator during the group-specific call.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Disaggregation by age modified to 5-year age groups
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex
Additional comments	One standard serving = 80 g (translated into different units of cup depending on type of vegetable and standard cup measures in the country).

2.07 Percentage of adolescents (10–19 years) who have accumulated an average of at least 60 minutes per day of moderate-vigorous physical activity in the previous week, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10–19 years) who have accumulated an average of at least 60 minutes per day of moderate-vigorous physical activity in the previous week, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) who reported during the survey having accumulated an average of at least 60 minutes per day of moderate to vigorous physical activity in the previous week
Denominator	Total population of adolescents (10-19 years)
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use (assesses actual accumulated time rather than average)
Original initiative	EMRO Core Indicators (modified)
Other initiatives using this indicator	FRESH (modified)
Rationale for inclusion	This was the highest scoring indicator assessing the core measurement area of physical activity and was recommended by experts during the group-call to be included as a priority indicator to assess that area.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation by age modified to 5-year age groups • Revised cut-off to align with recent WHO guidelines (accumulated an average of 60 minutes per day in the previous week)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex • To align with WHO recommended guidelines for adolescents
Additional comments	

2.08 Percentage of adolescents (10-19 years) 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

Definition	Percentage of adolescents involved in bullying during 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
Numerator	Number of adolescents (10-19 years) who report bullying and/or being bullied in the past 12 months
Denominator	Total number of adolescents (10-19 years) asked about bullying and being bullied in the same reference period
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Type of involvement (victim, perpetrator, both); Type of bullying (e.g. in-person vs. digital/cyber); Age Group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use (bullying victimization among students only)
Original initiative	Inspire
Other initiatives using this indicator	Adolescent country tracker (modified); SDGs (Thematic indicator 4.a.2) (modified); UNECE Monitoring Framework (ICPD) (modified); FRESH (modified)
Rationale for inclusion	This was the top-scoring indicator within the core measurement area of bullying and was recommended for inclusion during the group-specific call.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Target population expanded to include adolescents not in school • Disaggregation specified and included in indicator name • Indicator modified to also including bullying perpetration • Proposed age range specified
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To also collect data on adolescents out of school and bullying perpetration • To promote standard disaggregation by age and sex
Additional comments	

2.09 Percentage of adolescents (15-19 years) who had their first sexual intercourse before 15 years of age, by sex

Definition	Percentage of adolescents (15-19 years) who had their first sexual intercourse before 15 years of age, by sex
Numerator	Number of adolescents (15-19 years) who report having first sexual intercourse before 15 years of age
Denominator	Total number of adolescents (15-19 years) asked about age at first sexual intercourse
Data source	Population-based survey; School-based survey
Proposed age range	<15 years
Disaggregation	Sex
Indicator type	Outcome
Use status	In use
Original initiative	Inspire
Other initiatives using this indicator	Global reference list of health indicators for adolescents; FRESH (modified); Measuring the education sector response to HIV and AIDS (modified)
Rationale for inclusion	Experts prioritized included an indicator to assess initiation of sexual activity. Experts initially selected a different indicator though it was noted during the 4 th GAMA meeting that metadata for that indicator were poorly defined. The current indicator was selected as a replacement given its relatively more complete metadata.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation specified
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age/sex (recognizing that 5-year age groups do not apply for this indicator)
Additional comments	

2.10 Percentage of live births to female adolescents (10-19 years) attended by skilled health personnel, by age group (10-14, 15-19 years)

Definition	Percentage of live births to female adolescents (10-19 years) attended by skilled health personnel in a given time period, by age group (10-14, 15-19 years)
Numerator	Number of female adolescents (10-19 years) who reported having been attended by skilled health personnel at the time of delivery in a given time period
Denominator	Total number of female adolescents (10-19 years) who reported a live birth in the same time period
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years)
Indicator type	Outcome
Use status	In use (among 15+ only)
Original initiative	Countdown to 2030
Other initiatives using this indicator	Core 100 (modified); Global Strategy (modified); SDGs (3.1.2, modified); UNECE Monitoring Framework (ICPD) (modified); EMRO Core Indicators; WHO GPW (modified)
Rationale for inclusion	This was among the top-scoring indicators within the measurement area of reproductive health and was recommended for inclusion during the group-specific call.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Expanded age range to include younger adolescents (10-14 years)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To reflect GAMA's scope to include all adolescents (10-19 years)
Additional comments	

2.11 Prevalence of contraceptive use (modern method) among adolescents (10-19 years), by age group (10-14, 15-19 years), sex and method used

Definition	Percentage of adolescents (10-19 years) who are using any modern method of contraception, by age group (10-14, 15-19 years), sex and method used. Modern methods include female sterilization, male sterilization, oral contraceptive pill, intra-uterine device, injectables, implants, male condom, lactational amenorrhea method, standard days method, female condom, emergency contraception, diaphragm, and foam or jelly.
Numerator	Number of currently married or unmarried adolescents (10-19 years) who use a modern method of contraception.
Denominator	Total number of adolescents (10-19 years) surveyed
Data source	Population-based surveys
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex; Method used
Indicator type	Outcome
Use status	In use (among women 15-49 years)
Original initiative	Countdown to 2030
Other initiatives using this indicator	Core 100 (modified); UNECE Monitoring Framework (ICPD) (modified); FP2020
Rationale for inclusion	An indicator on modern contraceptive prevalence rate was proposed during the 4 th GAMA meeting and received broad support. This indicator was the highest scoring indicator assessing that topic.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Proposed age range shifted to include adolescent period (from 15-49 years to 10-19 years) • Population of interest expanded to include both married and unmarried female and male adolescents • Expanded list of modern methods to include lactational amenorrhea method, standard days method, and emergency contraception
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To reflect GAMA's scope (10-19 years) • To be explicit that the indicator measures contraceptive prevalence rate among both married and unmarried female adolescents • To reflect GAMA's scope to include all adolescents (10-19 years) • To harmonize the list of modern contraceptive methods
Additional comments	

2.12 Percentage of adolescents (10-19 years) who have their need for contraception satisfied with modern methods, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern method of contraception, by age group (10-14, 15-19 years) and sex. Modern methods include female sterilization, male sterilization, oral contraceptive pill, intra-uterine device, injectables, implants, male condom, lactational amenorrhea method, standard days method, female condom, emergency contraception, diaphragm, and foam or jelly.
Numerator	Number of adolescents (10-19 years old) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method.
Denominator	Total demand for family planning (the sum of contraceptive prevalence (any method) and the unmet need for family planning) among adolescents (10-19 years)
Data source	Population-based surveys
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use (for women 15-49 years)
Original initiative	SDGs (3.7.1, modified)
Other initiatives using this indicator	Core 100 (modified); Global strategy (modified); Countdown to 2030 (modified); Global reference list of health indicators for adolescents; Lancet Commission (modified); UNECE Monitoring Framework (ICPD) (modified); FP2020 (modified); WHO GPW (modified)
Rationale for inclusion	Experts recommended including an indicator on met need for family planning. An alternative indicator was initially put forward but was replaced with this SDG indicator during the 4 th GAMA meeting.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • “Family planning” replaced by “contraception” in the indicator name • Proposed age range shifted to include adolescent period (from 15-49 years to 10-19 years) • Target population expanded to include male adolescents • Expanded list of modern methods to include lactational amenorrhea method, standard days method, and emergency contraception
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • It was recognized that “family planning” may not be an appropriate term for many adolescents

	<ul style="list-style-type: none">• To reflect GAMA's scope to include all adolescents (10-19 years)• To harmonize the list of modern contraceptive methods
Additional comments	

A2.01 Prevalence of current (past 30 days) alcohol use among adolescents (10-19 years), by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who have consumed any alcohol during the past 30 days, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) who have consumed any alcohol during the past 30 days
Denominator	Total number of adolescents (10-19 years) in the survey
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use
Original initiative	Global reference list of health indicators for adolescents
Other initiatives using this indicator	FRESH (modified)
Rationale for inclusion	This was the highest scoring indicator among the core measurement area of alcohol use and was recommended for inclusion as a priority indicator during the group-specific calls. The 30-day reference period used in this indicator was preferred to alternative indicators that considered alternative reference periods (e.g. previous seven days).
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation specified by age group and sex
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex
Additional comments	

A2.02 Percentage of adolescents (10-19 years) who usually drank sugar-sweetened beverages once per day or more during the past 30 days, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who usually drank sugar-sweetened beverages once per day or more during the past 30 days, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) who report usually drinking sugar-sweetened beverages once per day or more during the past 30 days
Denominator	Total number of adolescents (10-19 years) asked about sugar-sweetened beverage consumption in the survey
Data source	School-based survey; Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years), Sex
Indicator type	Outcome
Use status	In use (for students only, specifying carbonated soft drinks and with opposite directionality)
Original initiative	FRESH (modified)
Other initiatives using this indicator	None
Rationale for inclusion	This indicator was among the top-scoring indicators within the measurement area of dietary behaviour and was recommended for inclusion as an additional indicator during the group-specific calls.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Population specified as adolescents (rather than students) • Specified metadata, proposed age range, and disaggregation; included in indicator name • “Carbonated soft drinks” replaced with “sugar-sweetened beverages” • Directionality changed (“less than once per day” → “once per day or more”)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To capture adolescents out of school • Sugar-sweetened beverages considered to be more problematic for adolescent health • The revised directionality was preferred as this more closely monitors the behaviour to be minimized (frequent consumption)
Additional comments	

A2.03 Percentage of female adolescents (10-19 years) who were aware of menstruation before menarche, by age group (10-14, 15-19 years)

Definition	Percentage of female adolescents (10-19 years) who were aware of menstruation before menarche, by age group (10-14, 15-19 years)
Numerator	Number of postmenarchal female adolescents (10-19 years) who report being aware of menstruation before menarche
Denominator	Total number of postmenarchal female adolescents (10-19 years) in the survey
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years)
Indicator type	Outcome
Use status	Proposed
Original initiative	None
Other initiatives using this indicator	None
Rationale for inclusion	This indicator was added in response to several requests for an indicator on menstrual hygiene and management, especially during the 4 th GAMA Meeting and the internal review of the first draft of this document. Data from this indicator will help to develop more effective interventions around puberty education and menstrual hygiene as well as inform policies and programs in WASH, adolescent sexual and reproductive health and family planning.
Proposed modifications	<ul style="list-style-type: none"> • None
Rationale for modifications	<ul style="list-style-type: none"> • N/A
Additional comments	<p>This indicator is derived from an indicator proposed by the members of the Menstrual Hygiene and Health Management Meeting (Geneva, March 2019). For further information on this meeting, see:</p> <p>https://menstrualhygieneday.org/wp-content/uploads/2019/08/green_paper_monitoring_menstrual_health_and_hygiene.pdf</p>

3. POLICIES, PROGRAMMES, AND LAWS

Section summary

Indicators included within section (indicator details presented below summary)

- 3.01 Existence of a functional adolescent (10-19 years) health program with coverage at the national level
- 3.02 Existence of national standards for delivery of health services to adolescents (10-19 years)
- A3.01 Existence of national policy exempting adolescents (10-19 years) from user fees for specified health services in the public sector, by type of service
- A3.02 Existence of legal age limit for married and unmarried adolescents (10-19 years) to provide consent, without spousal/parental/legal guardian consent, for specified adolescent health services, by marital status and type of service

Relevant indicators included in other sections

- None

Measurement gaps

- Overall indicator assessing adolescent right to health/healthcare
- Measures of policy implementation and impact

3.01 Existence of a functional adolescent (10-19 years) health program with coverage at the national level

Definition	The country has an adolescent (10-19 years) health program at the national level or in all subnational (first administrative level) jurisdictions with at least one designated full-time person and a regular government budget allocation to support the program.
Numerator	<p><u>National level:</u> The country reports the existence of a national health program with at least one designated full-time person and a regular government budget allocation to support the program.</p> <p><u>Subnational level (first administrative level):</u> Each subnational jurisdiction reports the existence of a subnational adolescent health program with at least one full-time person and a regular government budget allocation to support the program.</p>
Denominator	Not applicable.
Data source	RMNCAH Policy Survey
Proposed age range	10-19 years
Disaggregation	Not applicable
Indicator type	Input and process
Use status	In use
Original initiative	Countdown to 2030
Other initiatives using this indicator	None
Rationale for inclusion	<u>Rationale for indicators 3.01 and 3.02:</u> These indicators were selected to measure the existence of a national program (3.01) and standards (3.02) for adolescent health. The selected indicators were the among the three highest scored and were preferred over comparable indicators because they examine these concepts with the broadest view of adolescent health rather than focusing on a specific domain.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Age range specified in metadata and indicator name • Indicator definition added that operationalizes “functional” based on metadata (see “additional comments”, below) • Metadata adjusted to allow measurement in countries with decentralized health systems • Removed criteria specifying presence of a record/report of activities in the past financial year
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization

	<ul style="list-style-type: none"> • To operationalize definition in countries with centralized and decentralized health systems • To reflect available data from the RMNCAH Policy Survey
Additional comments	<p>Specific definition/operationalization not provided but metadata details the following:</p> <ol style="list-style-type: none"> 1. Has budget been allocated to support activities planned for adolescent health? 2. Is there a designated adolescent health unit in the Ministry of Health or a designated person for coordinating the adolescent health programme at national level? Yes/No/Unknown

3.02 Existence of national standards for delivery of health services to adolescents (10-19 years)

Definition	The country has national standards for delivery of health services specifically for adolescents (10-19 years) that include a clearly defined, comprehensive package of health services, the implementation of which has been monitored by quality and coverage measurement surveys within the past two years.
Numerator	See “Additional comments” below
Denominator	Not applicable
Data source	RMNCAH Policy Survey
Proposed age range	10-19 years
Disaggregation	Not applicable
Indicator type	Input and process
Use status	In use
Original initiative	Countdown to 2030
Other initiatives using this indicator	None
Rationale for inclusion	<u>Rationale for indicators 3.01-3.02:</u> These indicators were selected to measure the existence of a national program (3.01) and standards (3.02) for adolescent health. The selected indicators were among the three highest scored and were preferred over comparable indicators because they examine these concepts with the broadest view of adolescent health rather than focusing on a specific domain.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Proposed age range restricted to 10-19 years (originally 10-24 years) and specified in indicator name • Added indicator definition based on metadata (see “Additional comments” below)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To reflect GAMA’s scope (i.e. 10-19 years) • To operationalize definition and include component of implementation
Additional comments	<p>Specific definition/operationalization not provided but metadata details the following:</p> <p>Are there national standards for delivery of health services specifically for adolescents (ages 10-19)?</p> <p>If yes,</p> <ul style="list-style-type: none"> - Do these standards include a clearly defined comprehensive package of health services for adolescents (10-19)?

	- Are activities being carried out to monitor the implementation of these adolescent health standards for delivery? (Yes/No/Unknown)
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A3.01 Existence of national policy exempting adolescents (10-19 years) from user fees for specified health services in the public sector, by type of service

Definition	The existence of a national policy exempting adolescents from user fees for specified health services in the public sector (i.e., outpatient care visits; inpatient care visits; HIV testing and counselling; contraceptives; mental health; rehab for substance abuse; pharmaceutical products and/or other medical supplies if required for diagnosis and treatment; testing and treatment for sexually transmitted infections; and vaccination for HPV), by type of service.
Numerator	Yes = All adolescents are exempted from user fees for the specified service Partial = Selected adolescent population subgroups are exempted from user fees for the specified service No = Adolescents are not exempted from user fees for the specified service
Denominator	Not applicable
Data source	RMNCAH Policy Survey
Proposed age range	10-19 years
Disaggregation	Type of service
Indicator type	Inputs and processes
Use status	Proposed
Original initiative	None
Other initiatives using this indicator	None
Rationale for inclusion	This indicator was developed based on data collected through the RMNCAH Policy Survey (questions CC_36a to CC_36i). This indicator has been included in response to feedback received during the internal review of the indicator list, particularly the requests received to include an indicator assessing the presence of tariffs/user fees for adolescent health services.
Proposed modifications	<ul style="list-style-type: none"> None (new indicator)
Rationale for modifications	<ul style="list-style-type: none"> N/A
Additional comments	

A3.02 Existence of legal age limit for married and unmarried adolescents (10-19 years) to provide consent, without spousal/parental/legal guardian consent, for specified adolescent health services, by marital status and type of service

Definition	The existence of a legal age limit to allow married and unmarried adolescents (10-19 years) to provide consent, without parental/legal guardian consent, for specified adolescent health services (i.e., contraceptive services except sterilization; emergency contraception; HIV testing and counselling services; HIV care and treatment; harm reduction interventions for Injective Drug Users; and Mental Health Services).
Numerator	Yes = The country reports a legal age limit for providing consent to the specified service without spousal (married adolescents) or parental/legal guardian (unmarried adolescents) consent.
Denominator	Not applicable
Data source	RMNCAH Policy Survey
Proposed age range	10-19 years
Disaggregation	Marital status, type of service
Indicator type	Inputs and processes
Use status	Proposed
Original initiative	None
Other initiatives using this indicator	None
Rationale for inclusion	This indicator replaces a previously included indicator assessing adolescent capacity for autonomous decision-making specifically within the context of contraception. The current indicator expands upon the previous indicator to also assess adolescent capacity for autonomous decision-making in a number of other services.
Proposed modifications	<ul style="list-style-type: none"> None (new indicator)
Rationale for modifications	<ul style="list-style-type: none"> N/A
Additional comments	

4. SYSTEMS PERFORMANCE AND INTERVENTIONS

Section summary

Indicators included within section (indicator details presented below summary)

- 4.01 Percentage of adolescents (10-19 years) using specified health services in the public or private sector within the past 12 months, by sector, age group (10-14, 15-19 years) and sex
- 4.02 Percentage of adolescents (15 years) covered by HPV vaccine (last dose in schedule), by sex
- 4.03 Existence of age- and sex-disaggregated health data for adolescents (10-19 years) in the national health information system
- A4.01 Existence of a nationally-defined minimum package of school-based health and nutrition services based on local health priorities
- A4.02 Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year

Relevant indicators included in other sections:

- 3.02 Existence of national standards for delivery of health services to adolescents (10-19 years)

Measurement gaps:

- Prevention activities
- Measures of health service quality
- Proportion of health facilities providing adolescent-friendly services
- Integration of adolescent-friendly services within primary health care system
- Indicator of implementation for standalone and/or integrated services
- Existence of routinely administered adolescent-specialized survey

4.01 Percentage of adolescents (10-19 years) using specified health services in the public or private sector within the past 12 months, by sector, age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who used WHO-recommended services or interventions in either the public or private sector in the past 12 months, by sector, age group (10-14, 15-19 years) and sex.
Numerator	Number of adolescents (10-19 years) who used WHO-recommended services or interventions in either the public or private sector in the past 12 months
Denominator	Total number of adolescents (10-19 years) in the survey
Data source	Population-based survey; HMIS
Proposed age range	10-19 years
Disaggregation	Sector (public, private); Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	To be developed
Original initiative	Global reference list of health indicators for adolescents
Other initiatives using this indicator	None
Rationale for inclusion	This was the highest scoring indicator assessing the measurement area of health services availability and access and was recommended for inclusion during the group-specific calls.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Definition and numerator revised to include both public and private sector health service use • Added disaggregation by age group • Added HMIS as potential data source • Specified a package of health services based on proposal included in original indicator metadata (see “Additional comments”)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To make the indicator relevant for contexts where the private sector accounts for substantial health service use • To promote age and sex disaggregation in the HMIS system and Private Sector health service delivery systems if not included in HMIS
Additional comments	For a list of currently recommended adolescent services and interventions please see the Global Accelerated Action for the Health of Adolescents (AA-HA!), available here: https://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf?sequence=1

4.02 Percentage of adolescents (15 years) covered by HPV vaccine (last dose in schedule), by sex

Definition	Percentage of adolescents (15 years old) who received the recommended doses of HPV vaccine, by sex
Numerator	Number of adolescents (15 years old) who received the recommended doses of HPV vaccination
Denominator	Total number of 15-year-old adolescents eligible to receive the recommended doses of HPV vaccination
Data source	Population-based survey; HMIS
Proposed age range	<16 years
Disaggregation	Sex
Indicator type	Outcome
Use status	In use
Original initiative	SDGs (3.b.1)
Other initiatives using this indicator	Global strategy (modified)
Rationale for inclusion	This indicator was independently selected as a priority indicator by two working groups for its relevance to the core measurement areas of immunization and STIs (other than HIV/AIDS). The initially proposed version of this indicator included all four subcomponents of the SDG indicator but three of these subcomponents assessed vaccinations delivered in early childhood. The indicator has been reframed to focus solely on HPV vaccination.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Numerator and denominator specified based on definition included in original indicator metadata • Definition expanded to include boys • Focus of indicator restricted to HPV vaccination (rather than a composite of four vaccinations)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation (five-year age groups not added given the restricted focus to <16 years) • To promote measurement of HPV vaccination among both male and female adolescents • To maintain a primary focus on adolescence
Additional comments	

4.03 Existence of age- and sex-disaggregated health data for adolescents (10-19 years) in the national health information system

Definition	National health information systems include data on adolescent (10-19 years) health indicators, each broken down by relevant age group and sex
Numerator	For calculation, see “Additional comments” below
Denominator	Not applicable
Data source	HMIS
Proposed age range	10-19 years
Disaggregation	N/A
Indicator type	Inputs and processes
Use status	In use
Original initiative	EMRO Core Indicators
Other initiatives using this indicator	None
Rationale for inclusion	This was among the two highest scoring indicators within the core measurement area of monitoring and surveillance systems for adolescents. This indicator was preferred as it was the most broadly relevant while the other was more focused toward LMIC contexts.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Harmonize age groups according to standard five-year bands • Removed criteria specifying disaggregation by locality
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • Prioritize disaggregation by standard age groups and sex
Additional comments	<p>Calculated as an index.</p> <p>Score 0 = No adolescent health age- and sex-disaggregated data in the health information system</p> <p>Score 1 = Data included but not in full (either one of the criteria is not met)</p> <p>Score 2 = Data included in full (both criteria are present)</p> <p>Criteria</p> <ol style="list-style-type: none"> 1. Age groups included: 10–14 and 15–19 years 2. Sex-disaggregated

A4.01 Existence of a nationally-defined minimum package of school-based health and nutrition services based on local health priorities

Definition	Using FRESH Checklist 7, this indicator is measured by conducting key informant interviews and reviewing national policies and strategies to determine: <ul style="list-style-type: none"> • The extent to which a package of school-based health and nutrition services has been defined and recommended at national-level. • The extent to which the recommended package of school-based health and nutrition services is based on a rigorous assessment of the health and nutrition needs of school-age children across the country. • The extent to which school-based health and nutrition services are relevant to local-level.
Numerator	See definition and “Additional comments” below. (Further details available in original indicator metadata.)
Denominator	Not applicable
Data source	Special data collection effort (key informant interviews and review of national policies/strategies)
Proposed age range	Not applicable
Disaggregation	None
Indicator type	Output
Use status	In use
Original initiative	FRESH
Other initiatives using this indicator	None
Rationale for inclusion	This indicator replaces a previously included indicator measuring the percentage of schools providing the package of services specified in this indicator. Several reviewers raised concerns that the previous indicator would be challenging to assess and noted a preference for replacing it with the currently proposed indicator.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization
Additional comments	Scoring: Once data for each National-Level FRESH Checklist is collected, calculate the total in each Sub-Indicator section by adding the scores together (where there is more than one score) and calculating the mean score for that Sub-Indicator. Note that each Sub-Indicator is weighted equally. Thus, the overall total is calculated by adding together the scores for each Sub-Indicator and dividing the total score by the number of Sub-Indicators to obtain the mean score.

A4.02 Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year

Definition	Percentage of schools that offer life skills-based HIV and sexuality education (i.e., education on life skills, sexual and reproductive health, sexuality, and HIV transmission and prevention) in the previous academic year within the formal curriculum, as determined by either an annual school census or a school-based survey.
Numerator	<p><i>Annual School Census:</i> Number of schools that report teaching all three of the following within the formal curriculum: generic life skills, sexual and reproductive health/sexuality education, and HIV transmission and prevention.</p> <p><i>School-Based Survey:</i> Number of schools that provided life skills-based HIV and sexuality education in the previous academic year according to a combination of all essential topics and at least six desirable topics in the questionnaire, as part of the formal curriculum.</p>
Denominator	Number of schools surveyed
Data source	Annual School Census or School-Based Survey
Proposed age range	Not applicable
Disaggregation	None
Indicator type	Output
Use status	In use
Original initiative	SDGs
Other initiatives using this indicator	UNAIDS Unified Budget, Results and Accountability Framework (modified); UNECE Monitoring Framework (ICPD)
Rationale for inclusion	This indicator was proposed during the internal review of the indicator list and replaces a previous indicator assessing the existence of a national policy regarding comprehensive sexuality education.
Proposed modifications	<ul style="list-style-type: none"> Specified within the numerator for the annual school census that this should also be restricted to the formal school curriculum
Rationale for modifications	<ul style="list-style-type: none"> For consistency between approaches
Additional comments	See indicator metadata for additional details of both proposed assessment methods: http://tcg.uis.unesco.org/wp-content/uploads/sites/4/2018/08/TCG4-17-Development-of-Indicator-4.7.2.pdf

5. SUBJECTIVE WELL-BEING

Section summary

Indicators included within section (indicator details presented below summary)

- A5.01 Percentage of adolescents (10-19 years) with someone to talk to when they have a worry or problem, by age group (10-14, 15-19 years) and sex
- A5.02 Percentage of adolescents (10-19 years) with a positive connection with their parent or guardian, by age group (10-14, 15-19 years) and sex

Relevant indicators included in other sections:

- None

Measurement gaps:

- Measures of positive well-being
- Resilience, protective factors, supportive assets
- Positive youth development
- Sleep

A5.01 Percentage of adolescents (10-19 years) with someone to talk to when they have a worry or problem, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) reporting they talk to someone either most or all of the time when they have a problem or worry having to do with difficult feelings and experiences, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) reporting they talk to someone either most or all of the time when they have a problem or worry having to do with difficult feelings and experiences
Denominator	Total number of adolescents (10-19 years)
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	Proposed
Original initiative	Measurement of Mental Health among Adolescents at the Population Level
Other initiatives using this indicator	None
Rationale for inclusion	<u>Rationale for Indicators A5.01 and A5.02:</u> Experts recommended the inclusion of these two indicators on adolescent wellbeing due to their important association with a range of adolescent health outcomes.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization
Additional comments	

A5.02 Percentage of adolescents (10-19 years) with a positive connection with their parent or guardian, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who report that, in the past 30 days, their parents/ guardians understand their problems or worries most or all of the time, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) who report that, in the past 30 days, their parents or guardians understood their problems or worries most or all of the time
Denominator	Total number of adolescents (10-19 years)
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use
Original initiative	Measurement of Mental Health among Adolescents at the Population Level
Other initiatives using this indicator	None
Rationale for inclusion	<u>Rationale for Indicators A5.01 and A5.02:</u> Experts recommended the inclusion of these two indicators on adolescent wellbeing due to their important association with a range of adolescent health outcomes.
Proposed modifications	<ul style="list-style-type: none"> Standardized name
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization
Additional comments	

6. HEALTH OUTCOMES AND CONDITIONS

Section summary

Indicators included within section (indicator details presented below summary)

- 6.01 Adolescent (10-19 years) mortality rate, by age group (10-14, 15-19 years) and sex
- 6.02 Adolescent (10-19 years) mortality rate, by specified causes of death, age group (10-14, 15-19 years) and sex
- 6.03 Number of new adolescent (10-19 years) HIV infections per 1,000 uninfected adolescent population, by age group (10-14, 15-19 years) and sex
- 6.04 Percentage of adolescents (10-19 years) who used a condom at last intercourse, by age group (10-14, 15-19 years) and sex
- 6.05 Percentage of adolescents (10-19 years) reporting a suicide attempt in the past 12 months, by age group (10-14, 15-19 years) and sex
- 6.06 Percentage of adolescents (10-19 years) with depression and/or anxiety, by age group (10-14, 15-19 years) and sex
- 6.07 Percentage of adolescents (10-19 years) with depression and/or anxiety seeking mental health care or psychosocial support, by age group (10-14, 15-19 years) and sex
- 6.08 Incidence rate of specified types of injuries among adolescents (10–19 years), and by age category (10-14, 15-19 years), sex and type of injuries (per 100,000 population)
- 6.09 Percentage of adolescents (10-19 years) involved in physical violence in the past 12 months, by type of involvement (victim, perpetrator, both), age group (10-14, 15-19 years), sex, perpetrator (parents/caregivers, teachers, intimate partners, peers)
- 6.10 Percentage of adolescents (10-19 years) experiencing contact sexual violence in the past 12 months, by age group (10-14, 15-19 years), sex, and perpetrator
- 6.10-ALT Percentage of young women and men (18-29 years) who experienced sexual violence by age 18, by age at victimization (<10, 10-14, 15-18 years), sex, and perpetrator
- 6.11 Adolescent (10-19 years) fertility rate, by age group (10-14, 15-19 years)
- A6.01 Incidence rate of sexually transmitted infections (STIs) among adolescents (10-19 years), by age group (10-14, 15-19 years) and sex
- A6.02 Percentage of adolescents (10-19 years) reporting current (past two weeks) suicidal thoughts, by age group (10-14, 15-19 years) and sex
- A6.03 Percentage of female adolescents (10-19 years) who have undergone female genital mutilation/cutting, by age group (10-14, 15-19 years)
- A6.04 Prevalence of anaemia among adolescents (10-19 years), by age category (10-14, 15-19 years) and sex

Relevant indicators included in other sections

- None

Measurement gaps

- Self-rated health
- Disability
- Self-harm
- Overall measure to mental health
- Stress, post-traumatic stress
- Adolescent pregnancy

6.01 Adolescent (10-19 years) mortality rate, by age group (10-14, 15-19 years) and sex

Definition	Number of deaths among adolescents (10-19 years) per 100,000 adolescent population
Numerator	Number of deaths among adolescents (10-19 years) x 100,000
Denominator	Total adolescent (10-19 years) population
Data source	CRVS; Population-based survey (potential source that requires further investment)
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use
Original initiative	Global Strategy
Other initiatives using this indicator	Core 100; Countdown to 2030; Global reference list of health indicators for adolescents; Adolescent country tracker; Global Youth Development Index (modified)
Rationale for inclusion	This was the highest scoring indicator among the measurement area of all-cause mortality and was recommended for inclusion during the group-specific call.
Proposed modifications	<ul style="list-style-type: none"> Standardized name
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization
Additional comments	

6.02 Adolescent (10-19 years) mortality rate, by specified causes of death, age group (10-14, 15-19 years) and sex

Definition	Mortality rates among adolescents (10-19 years) by specified causes, including priority causes of adolescent death globally (i.e., Road injury, interpersonal violence, drowning, self-harm, maternal conditions, diarrhoeal diseases, and HIV/AIDS) and other priorities determined by the national context, by age group (10-14, 15-19 years) and sex
Numerator	Number of deaths among adolescents (10-19 years) due to specified causes x 100,000
Denominator	Total adolescent (10-19 years) population
Data source	CRVS; Population-based surveys; National surveillance system; HMIS
Proposed age range	10-19 years
Disaggregation	Cause (Leading global causes such as injuries, homicide, suicide, maternal conditions, and HIV, as well as other relevant causes determined by national context); Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	Proposed
Original initiative	Countdown to 2030
Other initiatives using this indicator	Global strategy
Rationale for inclusion	This indicator was proposed due to the critical importance of having cause-specific adolescent mortality data at the national level. The group agreed that this may be aspiration given current data systems but wanted to prioritize this indicator in an attempt to catalyse investment in better data systems.
Proposed modifications	<ul style="list-style-type: none"> Name standardized Disaggregation specified and included in indicator name Metadata specified based on expert inputs, including specific causes to be reported (based on top five causes for male and female adolescents globally)
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization To promote standard disaggregation Indicator operationalization
Additional comments	

6.03 Number of new adolescent (10-19 years) HIV infections per 1,000 uninfected adolescent population, by age group (10-14, 15-19 years) and sex

Definition	Number of new adolescent (10-19 years) HIV infections per 1,000 uninfected adolescent population is defined as the number of new HIV infections per 1000 person-years among the uninfected population, by age group (10-14, 15-19 years) and sex
Numerator	See “Additional comments” below
Denominator	See “Additional comments” below
Data source	Population-based survey; HMIS; Other data source (see “Additional comments” below)
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use
Original initiative	SDGs (3.3.1)
Other initiatives using this indicator	Core 100; Global Strategy; UNECE Monitoring Framework (ICPD); WHO GPW
Rationale for inclusion	This indicator on HIV incidence replaces the previous indicator on HIV prevalence. The change is made at the request of several reviewers who noted challenges in assessing prevalence and also noted that incidence would have greater public health significance.
Proposed modifications	<ul style="list-style-type: none"> Name standardized and adapted to focus specifically on adolescents
Rationale for modifications	<ul style="list-style-type: none"> Standardization
Additional comments	Computation method: Longitudinal data on individuals are the best source of data but are rarely available for large populations. Special diagnostic tests in surveys or from health facilities can be used to obtain data on HIV incidence. HIV incidence is thus modelled using the Spectrum software.

6.04 Percentage of adolescents (10-19 years) who used a condom at last intercourse, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who reported condom use the last time they had sexual intercourse, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) who reported condom use the last time they had sexual intercourse
Denominator	Total number of adolescents (10-19 years) who reported having had sexual intercourse and were asked whether they or their partner had used a condom the last time they had had intercourse
Data source	School-based survey; Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use (may not include data for all ages)
Original initiative	UNECE Monitoring Framework (ICPD)
Other initiatives using this indicator	FRESH (modified)
Rationale for inclusion	This indicator was among the highest scoring within three core measurement areas and was recommended for inclusion by several experts during the group-specific call.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Numerator and denominator specified using data from original indicator definition • Proposed age range expanded to include all adolescents (previously only included adolescents age 15 years) • Added population-based survey to data sources
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization, operationalization • To reflect GAMA's scope to include all adolescents (10-19 years)
Additional comments	

6.05 Percentage of adolescents (10-19 years) reporting a suicide attempt in the past 12 months, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) reporting a suicide attempt in the last 12 months, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) reporting a suicide attempt in the last 12 months
Denominator	Total number of adolescents (10-19 years)
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	Proposed
Original initiative	Measurement of Mental Health among Adolescents at the Population Level
Other initiatives using this indicator	EMRO Core Indicators (modified)
Rationale for inclusion	Experts identified three important concepts related to adolescent suicide: suicide, suicide attempt, and suicidal ideation. Adolescent suicide is included within the indicator on cause-specific mortality (6.01). Of the two remaining concepts, experts recommended this indicator on suicide attempts be included as a priority indicator. An additional indicator is recommended for suicidal ideation (A6.02).
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization
Additional comments	

6.06 Percentage of adolescents (10-19 years) with depression and/or anxiety, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) reporting symptoms of depression and/or anxiety at a clinical threshold, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) reporting symptoms of depression and/or anxiety at a clinical threshold
Denominator	Total number of adolescents (10-19 years)
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years), Sex
Indicator type	Impact
Use status	Proposed
Original initiative	Measurement of Mental Health among Adolescents at the Population Level
Other initiatives using this indicator	Global Strategy (modified); Global reference list of health indicators for adolescents (modified); EMRO Core Indicators (modified)
Rationale for inclusion	<u>Rationale for Indicators 6.06 and 6.07:</u> Experts recommended jointly considering anxiety and depressive disorders, recognizing the overlap in symptoms and treatment. These indicators were proposed to assess the prevalence of depression and anxiety and the treatment seeking behaviour for these conditions.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Definition revised per guidance from MMAP
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization
Additional comments	

6.07 Percentage of adolescents (10-19 years) with depression and/or anxiety seeking mental health care or psychosocial support, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) with depression and/or anxiety reporting contact with someone (health professional or counsellor) about difficult feelings and experiences, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) with depression and/or anxiety reporting contact with someone (health professional or counsellor) about difficult feelings and experiences
Denominator	Number of adolescents (10-19 years) with depression and/or anxiety
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	Proposed
Original initiative	Measurement of Mental Health among Adolescents at the Population Level
Other initiatives using this indicator	Core 100 (modified)
Rationale for inclusion	<u>Rationale for Indicators 6.06 and 6.07:</u> Experts recommended jointly considering anxiety and depressive disorders, recognizing the overlap in symptoms and treatment. These indicators were proposed to assess the prevalence of depression and anxiety and the treatment seeking behaviour for these conditions.
Proposed modifications	<ul style="list-style-type: none"> • Name revised per guidance from MMAP • Standardized name
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization
Additional comments	

6.08 Incidence rate of specified types of injuries among adolescents (10–19 years), and by age category (10-14, 15-19 years), sex and type of injuries (per 100,000 population)

Definition	Number of new cases of specific types of injuries (i.e., road traffic injuries, fire-related burns, poisonings, falls, and drowning) among adolescents (10-19 years) per 100,000 adolescent population, by age group (10-14, 15-19 years) and sex
Numerator	Number of new cases of a specific type of injuries (i.e., road traffic injuries, fire-related burns, poisonings, falls, and drowning) among adolescents (10-19 years) in a given year x 100,000
Denominator	Total adolescent population (10-19 years) in the same year
Data source	Population-based survey; HMIS; National surveillance system; School-based survey
Proposed age range	10-19 years
Disaggregation	Age groups (10-14, 15-19 years); Sex; Injury type (road traffic injuries, fire-related burns, poisoning, falls and drowning)
Indicator type	Impact
Use status	In use
Original initiative	EMRO Core Indicators
Other initiatives using this indicator	None
Rationale for inclusion	Experts recommended two indicators to assess the health burden of injuries among adolescents. This indicator assesses the incidence rate of injuries. An indicator on injury-related mortality has been integrated within the indicator on cause-specific mortality among adolescents (6.02).
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Disaggregation by age modified to 5-year age groups
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote standard disaggregation by age and sex
Additional comments	

6.09 Percentage of adolescents (10-19 years) involved in physical violence in the past 12 months, by type of involvement (victim, perpetrator, both), age group (10-14, 15-19 years), sex, perpetrator (parents/caregivers, teachers, intimate partners, peers)

Definition	Percentage of adolescents (10-19 years) involved in physical violence in the past 12 months, by type of involvement (victim, perpetrator, both), age group (10-14, 15-19 years), sex, and perpetrator (parents/caregivers, teachers, intimate partners, peers)
Numerator	Number of adolescents (10-19 years) who report involvement in physical violence in the past 12 months
Denominator	Total number of adolescents (10-19 years) asked about involvement in physical violence
Data source	Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Involvement (victim, perpetrator, both); Age group (10-14, 15-19 years); Sex; Perpetrator (parents/caregivers, teachers, intimate partners, peers)
Indicator type	Impact
Use status	In use (for victimization only and without disaggregation by perpetrator)
Original initiative	Inspire
Other initiatives using this indicator	FRESH (modified)
Rationale for inclusion	Experts recommended two indicators to assess the health burden of interpersonal violence among adolescents. An indicator on adolescent homicide was integrated within adolescent cause-specific mortality (6.02).
Proposed modifications	<ul style="list-style-type: none"> Standardized name Expanded age group from 13-15 to 10-19 years Added disaggregation by involvement and perpetrator
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization To include the full adolescent age range To also capture data on perpetration of physical violence To promote disaggregation by additional meaningful covariates (involvement, perpetrator, weapon)
Additional comments	

6.10 Percentage of adolescents (10-19 years) experiencing contact sexual violence in the past 12 months, by age group (10-14, 15-19 years), sex, and perpetrator

Definition	Percentage of adolescents (10-19 years) who experienced contact sexual violence (i.e. forced (completed) sex; pressured or coerced (completed) sex; attempted (but not completed) forced, coerced or pressured sex; unwanted, non-consensual sexual touch) in the past 12 months, by age group (10-14, 15-19 years), sex and perpetrator
Numerator	Number of adolescents (10-19 years) who report experiencing contact sexual violence in the past 12 months
Denominator	Total number of adolescents (10-19 years) asked about sexual violence
Data source	Population-based survey (e.g. VACS, WHO MCS, DHS)
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex; Perpetrator
Indicator type	Impact
Use status	In use (for ages 13-17)
Original initiative	Inspire
Other initiatives using this indicator	None
Rationale for inclusion	This indicator was proposed to assess recent exposure to sexual violence, which was considered by experts to be more actionable than alternative indicators which assessed lifetime exposure to sexual violence.
Proposed modifications	<ul style="list-style-type: none"> • Metadata standardized • Added disaggregation by perpetrator • Specified what is meant by sexual violence • Expanded age range to include full adolescent period
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To promote disaggregation by additional meaningful covariates (perpetrator); to reflect GAMA's focus on the full adolescent period • To improve operationalization
Additional comments	

6.10-ALT Percentage of young women and men (18-29 years) who experienced sexual violence by age 18, by age at victimization (<10, 10-14, 15-18 years), sex, and perpetrator

Definition	Percentage of young women and men (18-29 years) who experienced sexual violence by age 18, by age at victimization (<10, 10-14, 15-18 years), sex, and perpetrator
Numerator	Number of young women and men (18-29 years) who report having experienced any sexual violence by age 18
Denominator	Total number of young women and men (18-29 years) in the population
Data source	Population-based survey
Proposed age range	By age 18 years
Disaggregation	Age group at victimization (<10, 10-14, 15-18 years); Sex; Perpetrator
Indicator type	Outcome
Use status	In use
Original initiative	SDGs (16.2.3)
Other initiatives using this indicator	Core 100; Global Strategy; Inspire; UNECE Monitoring Framework (ICPD);
Rationale for inclusion	This indicator was proposed as an alternative to the priority indicator assessing recent exposure to sexual violence. Experts noted that the preferred indicator (6.10) may not be feasible in all contexts given that it relies on data collected directly from adolescents. This indicator (6.10-ALT) provides a measurement of sexual violence in childhood that may be feasible in contexts where the preferred indicator cannot be assessed.
Proposed modifications	<ul style="list-style-type: none"> Specified disaggregation and included in indicator name
Rationale for modifications	<ul style="list-style-type: none"> To promote standard disaggregation by age group and sex To promote disaggregation by other meaningful covariates (perpetrator)
Additional comments	

6.11 Adolescent (10-19 years) fertility rate, by age group (10-14, 15-19 years)

Definition	Annual number of births to female adolescents (10-19 years) per 1000 female adolescents, by age group (10-14, 15-19 years)
Numerator	Number of live births to female adolescents (10-19 years)
Denominator	Total number of female adolescents (10-19 years)
Data source	Population-based surveys; CRVS
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years)
Indicator type	Impact
Use status	In use (may not include data for all proposed ages)
Original initiative	Global reference list of health indicators for adolescents
Other initiatives using this indicator	Core 100 (modified); Global Strategy (modified); Countdown to 2030; SDGs (3.7.2, modified); Adolescent country tracker (modified); Lancet Commission (modified); Global Youth Development Index; UNECE Monitoring Framework (ICPD) (modified); FP2020; EMRO Core Indicators (modified); Global Financing Facility
Rationale for inclusion	This was the highest scoring indicator within the core measurement area of adolescent fertility and was recommend as a priority indicator during the group-specific all on indicators for sexual and reproductive health.
Proposed modifications	<ul style="list-style-type: none"> Name, definition, and denominator standardized
Rationale for modifications	<ul style="list-style-type: none"> Indicator standardization
Additional comments	

A6.01 Incidence rate of sexually transmitted infections (STIs) among adolescents (10-19 years), by age group (10-14, 15-19 years) and sex

Definition	Number of new cases of reported STIs (syndromic or etiological reporting) among adolescents (10-19 years) in a specified time period, by age group (10-14, 15-19 years) and sex
Numerator	Number of new cases of STIs among adolescents (10-19 years) in a specified time period
Denominator	Total population of adolescents (10-19 years) in the same time period
Data source	HMIS
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	In use (may not include data for all proposed ages)
Original initiative	Core 100
Other initiatives using this indicator	None
Rationale for inclusion	This additional indicator was added in response to comments received during the internal review of the first draft of this list. This indicator addresses a gap identified regarding the measurement of STIs other than HIV/AIDS and HPV.
Proposed modifications	<ul style="list-style-type: none"> • Name and other metadata standardized • Proposed age range specified to include adolescent period (10-19 years) • Added population-based survey to data sources
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization, operationalization • To reflect GAMA's scope to include all adolescents (10-19 years)
Additional comments	

A6.02 Percentage of adolescents (10-19 years) reporting current (past two weeks) suicidal thoughts, by age group (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) reporting suicidal thoughts in the last two weeks, by age group (10-14, 15-19 years) and sex
Numerator	Number of adolescents (10-19 years) reporting suicidal thoughts in the last two weeks
Denominator	Total number of adolescents (10-19 years)
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Impact
Use status	Proposed
Original initiative	Measurement of Mental Health among Adolescents at the Population Level
Other initiatives using this indicator	EMRO Core Indicators (modified)
Rationale for inclusion	Experts identified three important concepts related to adolescent suicide: suicide, suicide attempt, and suicidal ideation. Adolescent suicide is included within the indicator on cause-specific mortality (6.02). Experts also recommended a priority indicator on suicide attempts (6.05). Experts recommend that this this indicator be included to assess suicidal ideation.
Proposed modifications	<ul style="list-style-type: none"> • Name revised per guidance from MMAP • Metadata standardized
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization
Additional comments	

A6.03 Percentage of female adolescents (10-19 years) who have undergone female genital mutilation/cutting, by age group (10-14, 15-19 years)

Definition	Percentage of female adolescents (10-19 years) who have undergone female genital mutilation/cutting, by age group (10-14, 15-19 years)
Numerator	Number of female adolescents (10-19 years) who have undergone female genital mutilation/cutting
Denominator	Total number of female adolescents (10-19 years) in the population
Data source	Population-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years)
Indicator type	Outcome
Use status	In use (for ages 15+)
Original initiative	SDGs (5.2.3, modified)
Other initiatives using this indicator	Core 100; Countdown to 2030;
Rationale for inclusion	This indicator was recommended for inclusion during the 4 th GAMA meeting by GAMA experts and technical experts in the field of sexual and reproductive health. It was noted that while this has been perceived as a regional or context-specific issue, several factors have contributed to its rising global importance.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Proposed age range shifted to include adolescent period (from 15-49 years to 10-19 years)
Rationale for modifications	<ul style="list-style-type: none"> • Indicator standardization • To reflect GAMA's scope to include all adolescents (10-19 years)
Additional comments	

A6.04 Prevalence of anaemia among adolescents (10-19 years), by age category (10-14, 15-19 years) and sex

Definition	Percentage of adolescents (10-19 years) who have a haemoglobin level below 11 g/dl for males and 12 g/dl for females, at sea level, in a country within a given year, by age group (10-14, 15-19 years) and sex
Numerator	Number of female adolescents (10-19 years) who have a haemoglobin level less than 11 g/dl and male adolescents less than 12 g/dl at sea level in a country in a given year.
Denominator	Total population of female and male adolescents (10-19 years) in the same country in the same year.
Data source	National surveillance system; Population-based survey; School-based survey
Proposed age range	10-19 years
Disaggregation	Age group (10-14, 15-19 years); Sex
Indicator type	Outcome
Use status	In use
Original initiative	EMRO Core Indicators
Other initiatives using this indicator	See “Additional comments” below
Rationale for inclusion	This indicator was added after the initial review of the indicator list. Iron deficiency had previously been designated as a context-specific measurement area but expert feedback suggested the benefit of including a related indicator among the list.
Proposed modifications	<ul style="list-style-type: none"> • Name standardized • Age groups specified
Rationale for modifications	<ul style="list-style-type: none"> • To promote standardization in naming and disaggregation
Additional comments	This indicator addresses a measurement area not included in the original indicator mapping. It is likely that other initiatives use either the same indicator or a similar indicator.

Annex 1: Additional details on methods

List of 16 adolescent health initiatives

1. Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development
2. The Lancet Commission on Adolescent health and wellbeing
3. Indicator and Monitoring Framework for the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030)
4. Countdown to 2030
5. Family Planning 2020
6. Adolescent Country Tracker
7. Global Reference List of 100 core health indicators
8. Global Reference List of Health Indicators for Adolescents (aged 10-19 years)
9. Core Indicators for Adolescent Health: A Regional Guide (Eastern Mediterranean Regional Office)
10. Commonwealth Youth Development Index
11. INSPIRE Indicator Guidance and Results Framework
12. Monitoring and Evaluation Guidance for School Health Programmes
13. Measuring the Education Sector response to HIV and AIDS: guidelines for the construction and use of core indicators
14. UNECE Monitoring Framework for the ICPD Programme of Action beyond 2014
15. WHO's 13th General Programme of Work Impact Framework
16. Measurement of Mental Health Among Adolescents at the Population Level

Indicator scoring criteria

- **Relevance:** The indicator measures a specific construct in a priority area of interest and there is a clear, demonstrated relationship between the indicator and adolescent health.
- **Feasibility:** Data for the indicator can be obtained with reasonable and affordable effort.
- **Validity:** The indicator provides a robust assessment of the construct of interest, is sensitive to change in that construct, and has been field tested. The method of assessment produces consistent results that are comparable across time periods and settings.
- **Usefulness:** The indicator captures information that is easily understood and timely. The information is easy to communicate to stakeholders and facilitates investment and action in adolescent health strategies, priorities, or programming.

Adolescent health measurement domains, core measurement areas, and contents area

ADOLESCENT HEALTH MEASUREMENT DOMAIN	ADOLESCENT HEALTH CORE MEASUREMENT AREA	CONTENT AREA/ WORKING GROUP
Social, cultural, economic, educational, environmental determinants of health	Education level/schooling status	3. Determinants of health
	Income level and poverty	
	Population (total and % adolescents)	5. Demographics, mortality, morbidity, disability
	Gender	6. Sexual and reproductive health
Health behaviours and risks	Weight status	4. Health behaviours and risks
	Alcohol use	
	Substance use (other than alcohol and tobacco)	
	Tobacco use	
	Dietary behaviour	
	Physical activity	
	Sexual health	6. Sexual and reproductive health
	Reproductive health	
	Contraception	
Bullying	7. Violence and injury	
Policies, programmes, and laws	Adolescent health policies/plans (availability, implementation, funding, M&E)	1. Policies, programmes, laws
	Adolescent health protective laws (availability, implementation, funding, M&E)	
Systems performance and interventions	Health service availability and access	2. Systems performance and interventions
	Health service quality	
	Immunization	
	System for monitoring and surveillance of adolescent health	
Health outcomes and conditions	All-cause mortality	5. Demographics, mortality, morbidity, disability
	Cause-specific mortality	
	Disability	
	HIV/AIDS	6. Sexual and reproductive health
	STIs excluding HIV/AIDS	
	Adolescent fertility	
	Road injury	7. Violence and injury
	Interpersonal violence	
	Sexual violence	
	Gender-based violence	
	Self-harm	8. Mental health
	Anxiety disorders	
Depressive disorders		

NOTE: A ninth content area, "Wellbeing," was subsequently added based on recommendations made during the 4th GAMA Meeting (June 2020, Virtual teleconference).

Annex 2: Classification of adolescent health measurement areas

Members of the GAMA advisory group and others identified 99 adolescent health measurement areas, based on four inputs [(1) young people’s perspectives; (2) priorities in countries; (3) adolescent disease burden; and (4) measurement areas included in the existing initiatives]. From this, the 17 GAMA experts selected 33 core, 19 expanded, and 6 context-specific measurement areas. The table below presents the 99 measurement areas according to their classification.

Domain	Priority measurement areas			Not selected as priority
	Core	Expanded	Context-specific	
Social, cultural, economic, educational, environmental determinants of health	<ul style="list-style-type: none"> • Education level/schooling status • Income level and poverty • Population (total and % adolescents) • Gender 	<ul style="list-style-type: none"> • Ethnicity • Being part of a vulnerable group (orphaned, out-of-school, migrant, minority etc) • Environment/ pollution • Social support 	<ul style="list-style-type: none"> • Child marriage • Child labour • Child labour 	<ul style="list-style-type: none"> • Employment status • Disaster risk reduction • WASH (safe water source/sanitation, access to handwashing facility)
Health behaviours and risks	<ul style="list-style-type: none"> • Weight status • Alcohol use • Substance use (other than alcohol and tobacco) • Tobacco use • Dietary behaviour • Physical activity • Sexual health • Reproductive health • Contraception • Bullying 	<ul style="list-style-type: none"> • Social media/internet • Sedentary behaviour • Sleep 		<ul style="list-style-type: none"> • High fasting plasma glucose • High systolic blood pressure • High LDL cholesterol • Gaming • Menstruation
Policies, programmes, and laws	<ul style="list-style-type: none"> • Adolescent health policies/plans (availability, implementation, funding, M&E) • Adolescent health protective laws (availability, 	<ul style="list-style-type: none"> • Adolescent health programmes (availability, implementation, funding, M&E) • Adolescents' participation in programming and planning 		

	implementation, funding, M&E)			
Systems performance and interventions	<ul style="list-style-type: none"> • Health service availability and access • Health service quality • Immunization System for monitoring and surveillance of adolescent health	<ul style="list-style-type: none"> • Health service utilization and barriers • School health • Health education 	Social protection	<ul style="list-style-type: none"> • Health check-ups • Community health • Training/ education in adolescent health for professionals • Financial protection/health expenditure
Subjective well-being		<ul style="list-style-type: none"> • Autonomy • Social connectedness 		<ul style="list-style-type: none"> • Affect/feeling/ emotion • Life satisfaction • Meaning/ achievement • Spirituality
Health outcomes and conditions	<ul style="list-style-type: none"> • All-cause mortality • Cause-specific mortality • Disability • HIV/AIDS • STIs excluding HIV/AIDS • Adolescent fertility • Road injury • Interpersonal violence • Sexual violence • Gender-based violence • Self-harm • Anxiety disorders • Depressive disorders 	<ul style="list-style-type: none"> • Maternal conditions • Diabetes • Asthma • Drowning • Collective violence and legal intervention 	<ul style="list-style-type: none"> • Iron-deficiency • Vitamin A deficiency 	<ul style="list-style-type: none"> • Tuberculosis • Lower respiratory infections • Diarrhoeal diseases • Meningitis • Malaria • Worms • Perinatal conditions • Leukaemia • Brain and nervous system cancers • Cardiovascular diseases • Cirrhosis of the liver • Sickle cell disorders and trait • Congenital anomalies • Childhood behavioural disorders • Autism and Asperger syndrome • Stress/pressure • Eye diseases and disorders • Ear diseases and disorders

				<ul style="list-style-type: none">• Oral conditions• Allergies• Skin diseases• Migraine• Back or neck pain• Multi-morbidity• Female genital mutilation/cutting
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