

Proposed health indicators for adolescents (ages 10–19 years)

Further disaggregation proposed by: (1) ages 10–14, (2) ages 15–19 years (and by sex)

Mortality: due to all causes																					
1	Mortality all causes	An important measure of population health and a major component of disease burden.	The estimated proportion of adolescents aged 10–14 and 15–19, years, that have died in a specified year due to all causes of mortality. Expressed per 100,000 10–14 and 15–19 year olds. The mortality rates are further disaggregated by sex. Numerator: <i>Number of all deaths</i> among adolescents aged 10–14 and 15–19 years, in a specified year. (Further disaggregated by sex). Denominator: <i>Per 100,000</i> Adolescents ages 10–14 and 15–19 years. (Further disaggregation by sex).	Global Mortality Database (GMD) 119 countries from VR Covers > 50% of adolescent population																	
Mortality: due to road traffic injuries																					
2	Mortality due to Road Traffic Accidents (RTA)	This is estimated to be the No.1 cause of death globally, for 10–19 year olds in 2012.	The estimated proportion of adolescents aged 10–14 and 15–19, years who have died in a specified year due to road traffic accidents. Expressed per 100,000 10–14 and 15–19 year olds. The mortality rates are further disaggregated by sex. Numerator: <i>Number of RTA deaths</i> among adolescents aged 10–14 and 15–19 years, in a specified year. (Further disaggregated by sex). Denominator: <i>Per 100,000</i> adolescents ages 10–14 and 15–19 years. (Further disaggregation by sex).	Global Mortality Database (GMD) 119 countries from VR Covers > 50% of adolescent population																	
Mortality: due to HIV																					
3	Mortality due to HIV	This is estimated to be the No. 2 cause of death globally, for 10–19 year olds in 2012. In the year 2000, HIV-related deaths were not even among the top ten causes of death. UNAIDS estimates for 2013 show that it is only for the Adolescent Age–group that HIV-related deaths have increased, while a decrease has been observed in all other age groups.	The estimated NUMBER of adolescents aged 10–14 and 15–19, years, that have died in a specified year due to HIV The numbers are further disaggregated by sex.	UNAIDS																	
Mortality: due to suicides																					
4	Mortality due to Suicides	This is estimated to be the No.3 cause of death globally, for 10–19 year olds in 2012.	The estimated proportion of adolescents aged 10–14 and 15–19, years, that have died in a specified year due to suicide. Expressed per 100,000 10–14 and 15–19 year olds. The mortality rates are further disaggregated by sex. Numerator: <i>Number of suicide deaths</i> among adolescents aged 10–14, 15–19, years, in a specified year Denominator: <i>Per 100,000</i> adolescents ages 10–14 and 15–19 years. (Further disaggregation by sex).	Global Mortality Database (GMD) 119 countries from VR Covers > 50% of adolescent population																	
Mortality: due to interpersonal violence																					
5	Mortality due to Interpersonal Violence (IPV)	This is estimated to be the No.6 cause of death globally, for 10–19 year olds in 2012.	The estimated proportion of adolescents aged 10–14 and 15–19, years, that have died in a specified year due to Interpersonal Violence Expressed per 100,000 10–14 and 15–19 year olds. The mortality rates are further disaggregated by sex. Numerator: <i>Number of deaths due to IPV</i> among adolescents aged 10–14 and 15–19 years, in a specified year. (Further disaggregated by sex). Denominator: <i>Per 100,000</i> adolescents ages 10–14 and 15–19 years. (Further disaggregation by sex).	Global Mortality Database (GMD) 119 countries from VR Global Mortality Database (GMD) 119 countries from VR Covers > 50% of adolescent population																	
Maternal mortality																					
6	Maternal mortality	An important measure of maternal health. Maternal conditions are the second cause of deaths for 15–19 year olds females.	Maternal mortality ratio is the estimated ratio of female deaths for 15–19 year olds from pregnancy related causes per 100,000 live births for a specified year. This includes within 42 days of terminated pregnancy, regardless of duration and site of pregnancy This excludes (1) accidental or incidental causes in pregnancy and childbirth Expressed per 100,000 live births Numerator: <i>Number of maternal deaths</i> Denominator: <i>Per 100,000 live births</i> Ratio: <i>Number of maternal deaths per 100,000 live births.</i>	MICS, DHS 109 countries Global Mortality Database (GMD) 119 countries from VR Covers > 50% of adolescent population																	
Morbidity: Depression																					
7	Mental Health	USE FROM LANCET PAPER	Axis–1 Psychiatric Disorders	Source to be confirmed																	
7a	Depression	An important measure of mental disorders, which are estimated to be the largest contributor to Disability Adjusted Life years in 10–19 year olds in 2012.	The proportion of young people aged 10–14 and 15–19, who report having ever experienced being sad/ or discouraged/ or/bored, for most of the day, almost every day, for two weeks or longer Numerator: <i>Number of young people</i> aged 10–14, 15–19 years, who report <i>experiencing the above-mentioned symptoms of depression</i> . (Further disaggregated by sex). Denominator: <i>Total number of respondents</i> aged 10–14, and 15–19, (Further disaggregated by sex).	World Mental Health Survey; 5 countries																	
7b	Depression		The proportion of adolescents aged 13–15 years who reported that during the past 12 months they felt so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing their usual activities Numerator: <i>Number of adolescents</i> aged 13–15 years who reported experiencing the above symptoms during the past 12 months. (Further disaggregated by sex). Denominator: <i>Total adolescent respondents</i> aged 13–15 years. (Further disaggregation by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Morbidity: Adolescents living with HIV																					
8	Adolescents living with HIV	The number of adolescents living with HIV are important to document to inform testing, treatment and prevention strategies.	The estimated NUMBER of adolescents aged 10–14 and 15–19, years living with HIV. The numbers are further disaggregated by sex.	UNAIDS																	
Morbidity: SyphilisSeroprevalence																					
9	Syphilis prevalence among pregnant adolescents	This indicator allows opportunistic surveillance on recent changes in sexual behaviour related to increased risk of HIV and STI transmission in the general population.	The proportion of pregnant adolescent women 15–19 who test positive for syphilis in antenatal clinics. Numerator: <i>Number of 15–19 year old antenatal clinic attendees</i> whose syphilis test results are positive. Denominator: <i>Number of 15–19 year old antenatal clinic attendees</i> tested for syphilis.	Clinic Records from surveillance sites																	
Health condition: Adolescent Pregnancy																					
10	Prevalence of Adolescents who have begun child–bearing	Almost 11% of all births are to adolescent women 15–19 year. There are complex socio-economic, educational, cultural and service availability factors that influence this, but adolescent pregnancies can compromise the health and development of the mother and child.	The proportion of adolescent women 15–19 who are pregnant. Numerator: <i>Number of 15–19 year women</i> who are pregnant or have had a live birth Denominator: <i>Total number of respondent women</i> 15–19 years old	DHS 109 countries Covers > 50% of adolescent population																	
Health condition: Underweight																					
11	Prevalence of Underweight	Being underweight in early adolescence is associated with diarrhoea, malaria, pneumonia and maternal mortality. This risk factor commonly becomes established in childhood, but is associated with adverse consequences during the adolescent years.	The proportion of adolescents aged 13–15 years considered underweight. The standard measurement to be considered underweight is: > 1 SD below weight and height for age and sex, using WHO growth reference for adolescents. Numerator: <i>Number of adolescents</i> aged 13–15 years old considered underweight (Further disaggregated by sex). Denominator: <i>Total adolescent respondents</i> aged 13–15 years. (Further disaggregated by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health condition: Overweight																					
12	Prevalence of Overweight		The proportion of adolescents aged 13–15 years considered overweight. The standard measurement to be considered overweight is: > 1 SD above weight and height for age and sex, using WHO growth reference for adolescents. Numerator: <i>Number of adolescents</i> aged 13–15 years old considered overweight (Further disaggregated by sex). Denominator: <i>Total adolescent respondents</i> aged 13–15 years. (Further disaggregated by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health condition: Obesity																					
13	Prevalence of Obesity	A known risk factor for later life hypertension, diabetes, range of cancers, infertility and cardiovascular disease. Increase in rates in all countries. Studies have found that much obesity begins during the adolescent and young adult years. Obesity has also been identified as one of the NCD indicators to be monitored for adolescents	The proportion of adolescents aged 13–15 years considered obese. The standard measurement to be considered obese is: > 2 SDs above weight and height for age and sex, using WHO growth reference for adolescents. Numerator: <i>Number of adolescents</i> aged 13–15 years old considered obese (Further disaggregated by sex). Denominator: <i>Total adolescent respondents</i> aged 13–15 years. (Further disaggregated by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health behaviours: First sex before age 15																					
14	First sex before age 15	Early initiation of sexual activity for adolescent girls increases their risk of getting pregnant during adolescence	The proportion of adolescents 15–19 who have had sexual intercourse before age 15. (Further disaggregated by sex). Numerator: <i>Number of 15–19 year old adolescents</i> who have had sexual intercourse before age 15. Denominator: <i>Total number of adolescent respondents</i> 15–19 years old (Further disaggregated by sex).	DHS 109 countries Covers > 50% of adolescent population																	
15	Sexual Readiness DRAFT INDEX	Sexual health encompasses the rights of all people to have the knowledge and opportunity to pursue a safe and pleasurable sexual life. According to the working version of the WHO Sexual Health definition, "...Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence..." The indicator describes distribution of individuals' perceptions and beliefs on safety, autonomy and satisfaction regarding their sexual life and experience, and thereby provides and approximation of a "level of sexual wellbeing" in the survey population.	This indicator is scored by a 4–question scale measuring sexual wellbeing through individual's perceptions and beliefs regarding their sexual life and experience. 1. In the last 12 months, I have been able to use condoms as often as I wanted to. • Strongly disagree (0) • Rather disagree (1) • Rather agree (2) • Strongly agree (3) <i>Does not apply</i> (e.g. for people who do not practice penetrative sex, including women who only have sex with women) 2. In the last 12 months, I have been able to use contraception as often as I wanted to. • Strongly disagree (0) • Disagree (1) • Agree (2) • Strongly agree (3) <i>Does not apply</i> (e.g. for people who do not practice penile–vaginal sex, including same–sex couples, or couples where the woman is pregnant) 3. In the last 12 months, I have been able to refuse sexual intercourse and practice/ I don't want. • Never (0) • Sometimes (1) • Often (2) • Always (3) • Does not apply (e.g. never felt like refusing a specific sexual activity) 4. In the last 12 months, I have been satisfied with my sex life. • Not at all (0) • Sometimes (1) • Often (2) • Always (3)	To be tested																	
Health behaviours: Condom use at last higher–risk sex																					
16	Condom Use at last higher–risk sex	This is an essential protective behaviour for dual protection against HIV and unwanted pregnancies	The Proportion of adolescents 15–19 with more than one partner in the last 12 months who report condom use in their last intercourse. (Further disaggregated by sex). Numerator: <i>Number of 15–19 year old adolescents</i> reporting condom use during last (vaginal or anal) intercourse. Denominator: <i>Total number of adolescent respondents</i> 15–19 years old who have had at least one sexual partner in the last twelve months (Further disaggregation by sex).	DHS 109 countries Covers > 50% of adolescent population																	
Health behaviours: HIV testing and counselling																					
17	HIV Testing and Counselling	Access to and use of HIV Testing and counselling is needed to know one's HIV Status and get treatment as well as prevent further transmission.	The proportion of sexually active adolescents who had an HIV test in the last 12 months and know the results Numerator: <i>Number of adolescents</i> 15–19 years who have had an HIV test in the last 12 months and know the results. (Further disaggregated by sex). Denominator: <i>Total number of adolescent respondents</i> 15–19 years old who have had sex in the last 12 months. (Further disaggregated by sex).	AIS																	
Health behaviours: Tobacco use																					
18	Tobacco Use	A known major contributor to premature mortality and disability and one of the NCD indicators to be monitored for adolescents	The proportion of adolescents aged 13–15 years who have smoked one or more cigarettes in the past 30 days Numerator: <i>Number of adolescents</i> aged 13–15 years old who have smoked at least one cigarette or more in the past 30 days. (Further disaggregation by sex). Denominator: <i>Total number of adolescent respondents</i> aged 13–15 years. (Further disaggregation by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health behaviours: Alcohol use																					
19	Alcohol Use	A known major contributor to premature mortality and disability and one of the NCD indicators to be monitored for adolescents	The proportion of adolescents aged 13–15 years who had one alcoholic drink at least on one or more days during the past 30 days Numerator: <i>Number of adolescents</i> aged 13–15 years old who had one alcoholic drink at least on one or more days during the past 30 days. (Further disaggregation by sex). Denominator: <i>Total number of adolescent respondents</i> aged 13–15 years. (Further disaggregation by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health behaviours: Illicit drug use																					
20	Illicit Drug Use	An important and known risk for drug use disorders	The proportion of adolescents aged 13–15 years who reported Marijuana use in the past 30 days. Numerator: <i>Number of adolescents aged 13–15 years</i> who reported using Marijuana 10 or more times in the past 30 days. (Further disaggregated by sex). Denominator: <i>Total number of adolescent respondents</i> aged 13–15 (Further disaggregated by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health behaviours: Sedentary activity																					
21	Sedentary Activity	The increasing prevalence of obesity in adolescents is appearing at a time when eating unhealthy diets and being sedentary is also increasing	The proportion of adolescents aged 13–15 years who reported spending at least 5 hours per day on a typical day either (1) sitting and watching television (2) playing computer games, (3) talking with friends, (4) doing other sitting activities specific to their culture Numerator: <i>Number of adolescents</i> aged 13–15 years who report spending at least 5 hours per day in the sedentary activities noted above (Further disaggregation by sex). Denominator: <i>Number of adolescent respondents</i> , aged 13–15 years. (Further disaggregation by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Health behaviours: Physical activity																					
22	Physical Activity	An important indicator, which has evidence that for low physical activity being a risk factor for cardiovascular disease, range of cancers, osteoporosis, osteoarthritis and low back pain. Literature has found that important falls in physical activity occur during adolescence. Physical activity has also been identified as one of the NCD indicators to be monitored for adolescents	The proportion of adolescents aged 13–15 years who report being physical active for at least 60 minutes per day, in the last 7 days. Numerator: <i>Number of adolescents</i> aged 13–15 years who have been physical active for at least 60 minutes per days for 3 days or more in the past 7 days. (Further disaggregated by sex). Denominator: <i>Total number of adolescent respondents</i> aged 13–15 years (Further disaggregation by sex).	GSHS 80 countries Covers 48% of adolescent population																	
Determinants of health: Correct knowledge for prevention of HIV																					
23	Correct Knowledge for prevention of HIV	This is an important component for preventing HIV infection	The proportion of adolescents 15–19 years, who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy–looking person can have HIV. Numerator: <i>Number of adolescents</i> who, in response to prompting, 1) correctly identify using condoms and having sex only with one faithful uninfected partner as means of protection against HIV infection and 2) who correctly reject the two most common local misconceptions about AIDS transmission or prevention and 3) who correctly respond that a person who looks healthy can have HIV. Denominator: <i>Total number of adolescent respondents</i> 15–19 years. Further disaggregation by sex).	DHS/AIS 109 countries Covers > 50% of adolescent population																	
Determinants of health: Parental connection																					
24	Parental Connection	CONNECTION: is the positive, stable emotionally close relationships of adolescents to "trusted" adults in their lives. Connection has been shown through research to be a protective factor against a range of adolescent behavioural risks including for STIs, pregnancy, drug and alcohol use but also is associated with a lower prevalence of reported depression.	The proportion of adolescents aged 13–15 years who report that in the past 30 days, their parents or guardians have understood their problems or worries most of the time Numerator: <i>Number of adolescents</i> aged 13–15 years who reported their parents or guardians understood their problems or worries most of the time in the past 30 days. (Further disaggregated by sex). Denominator: <i>Total number of adolescent respondents</i> , aged 13–15 years. (Further disaggregated by sex).	GSHS 90 countries Covers >50% of adolescent population																	
Determinants of health: Parental regulation																					
25	Parental Regulation	REGULATION: is the provision of direction, structure and boundaries for adolescents through expectations, monitoring and enforcement of their behaviours by the relevant social systems they are in (e.g., family, cultural, political, legal, etc.). Regulation has been shown through research to be a stronger protective factor against a range of adolescent behavioural risks including for STIs, pregnancy, drug and alcohol use Together, Connection and Regulation are very complementary and important Protective factors for adolescents	The proportion of adolescents aged 13–15 years who reported that in the past 30 days, their parents or guardians really knew what they were doing with their free time Numerator: <i>Number of adolescents</i> aged 13–15 years who reported that in the past 30 days, their parents or guardians really knew what they were doing with their free time. (Further disaggregated by sex). Denominator: <i>Total number of adolescent respondents</i> , aged 13–15 years. (Further disaggregation by sex).	GSHS 90 countries Covers >50% of adolescent population																	
Coverage of interventions: Skilled attendant at birth																					
26	Skilled Birth Attendance	Historical and epidemiological data provide evidence to support the emphasis on skilled attendance for reducing MMR as well as IMR.	The proportion of live births to an adolescent (15–19 years) in a given time period, attended by skilled health personnel. Numerator: <i>Number of adolescents</i> (15–19 years) who reported having been attended by skilled health personnel at the time of delivery Denominator: <i>Total number of adolescent respondents</i> (15–19 years) who reported a live birth in a given time period	DHS 109 countries Covers > 50% of adolescent population																	
Coverage of interventions: Health service utilisation by adolescents																					
27	Health Service Utilization by adolescents	This provides important data on the delivery of a package of quality health services for adolescents and their utilization of specific interventions. It also provides information on the health conditions for which adolescents seek services and which groups among them are being served.	The proportion of adolescents aged 10–14 and 15–19 years who utilized a specified package of health services in the last 12 months. Numerator: <i>Number of adolescents</i> who used the specified package of health services provided in the last 12 months. (Further disaggregation by sex). Denominator: <i>Total number of adolescents</i> who responded to the survey (Further disaggregation by sex).	Population based surveys; Health Facility Surveys																	
Inputs and Outputs																					
Outputs: National standards																					
28	National Standards	National standards hold countries accountable in ensuring that quality health services are available for adolescent populations.	The proportion of countries that report having National Standards for Health Service Delivery for young people 10–24 years Numerator: <i>Number of countries</i> who report having National Standards for Health Service Delivery for young people 10–24 years Denominator: <i>Total number of countries surveyed</i>	MNCAH survey 85 countries Covers > 50% of adolescent population																	
Output: Trained Service providers on adolescent health																					
29	Trained Health Service Provider on ADH	A provider trained on service provision to adolescents has been one of the factors associated with increased use of health services by adolescents	The proportion of facilities by country, that have health service providers trained in the provision of adolescent health services in the last two years Numerator: <i>Number of facilities in the country</i> with at least one health service provider trained in the provision of adolescent health services in the last two years Denominator: <i>Total number of facilities surveyed in the country</i>	SARA survey																	
Input: Policies that allow legal minors to consent to health interventions																					
30	Policies that allow legal minors* to consent to health interventions * A legally minor adolescent is defined according to law in each country. (CRC defines children under 18)	Laws/regulations and/or policies/strategies specify that legally minor adolescents* can provide informed consent without parental or guardian authorization, according to their best interest and taking into consideration their evolving capacity, to each of the following services: <table><tr><th>Laws/regulations/ policies/ strategies concerning legally minor adolescents' consent to:</th><th>% of country population for which these laws/regulations and policies are in effect**</th><th>Age</th></tr><tr><td>Contraceptive services (except sterilization)</td><td></td><td></td></tr><tr><td>Emergency Contraception</td><td></td><td></td></tr><tr><td>HIV Testing (HCT)</td><td></td><td></td></tr><tr><td>HIV care and treatment</td><td></td><td></td></tr><tr><td>Harm reduction interventions for InjectingDrug Users (needle exchange, opiate substitution therapy)</td><td></td><td></td></tr></table>	Laws/regulations/ policies/ strategies concerning legally minor adolescents' consent to:	% of country population for which these laws/regulations and policies are in effect**	Age	Contraceptive services (except sterilization)			Emergency Contraception			HIV Testing (HCT)			HIV care and treatment			Harm reduction interventions for InjectingDrug Users (needle exchange, opiate substitution therapy)			MNCAH survey 85 countries Covers > 50% of adolescent population
Laws/regulations/ policies/ strategies concerning legally minor adolescents' consent to:	% of country population for which these laws/regulations and policies are in effect**	Age																			
Contraceptive services (except sterilization)																					
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Inputs: Functional national adolescent health programme																					
31	Functional National Adolescent Health Programme	Functional National Adolescent Health Programme	The proportion of countries that have: a) budget allocated to support activities planned for adolescent health, AND b) a record/report of activities implemented in the past financial year, AND c) a designated ADH unit in the Ministry of Health or a designated person for coordinating the adolescent health programme at national level Numerator: <i>Number of countries</i> who report yes to all 3 items Denominator: <i>Total number of countries surveyed</i>	MNCAH survey 85 countries Covers > 50% of adolescent population																	
Inputs: Age disaggregation in the HMIS																					
32	Age disaggregation in the HMIS	A significant impediment to the availability of information on the health and behaviours of adolescents is the lack of age disaggregation in the HMIS for 10–14 and 15–19 year olds	The proportion of countries that report having their National Health Information System (HIS) Data disaggregated by: 10–14 years 15–19 years Numerator: <i>Number of countries</i> who report having National HIS data age disaggregated for 10–14 and 15–19 year old males and females. Denominator: <i>Total number of countries surveyed</i>	MNCAH survey 85 countries Covers > 50% of adolescent population																	