MULTI-STAKEHOLDERS CONSULTATION
ON PROGRAMMING TO PROMOTE
ADOLESCENT WELL-BEING

19–20 August 2021
Virtual meeting
MULTI-STAKEHOLDER CONSULTATION ON PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING

19 – 20 AUGUST 2021
MEETING REPORT

MULTI-STAKEHOLDER CONSULTATION ON PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING

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NOTE

The views expressed in this report are those of the participants of the Multi-stakeholder Consultation on Programming to Promote Adolescent Well-being and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Multi-stakeholder Consultation on Programming to Promote Adolescent Well-being, held virtually on 19-20 August 2021.
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Key words:
Adolescent health / Adolescent health services / Health promotion
SUMMARY

The Multi-stakeholder Consultation on Programming to Promote Adolescent Well-being was held virtually on 19-20 August 2021. The meeting brought together 54 participants from government ministries, nongovernmental organizations, academic institutions and United Nations agencies to reach a broad agreement on policies and programming to promote adolescent well-being.

Key messages

Across countries, the top three priority policies and programmes are:

1) mental health concerns (including suicide and self-harm);
2) sexual and reproductive health; and
3) lifestyle behaviours (nutrition, physical activity, use of alcohol, tobacco and harmful substances).

Important policies and major enabling legislation to support these priorities are available in countries. All these priorities are implemented in formal school settings, and school health programmes are considered a key enabling factor. Information on the implementation of policies and programmes outside formal school settings is unclear and needs further action.

Key stakeholders are government ministries and bodies, service providers, professional associations, academia, civil society (including youth organizations), international organizations, schools and communities. Stakeholders are coordinated at the national level by a government ministry or body. Mechanisms for coordination may vary between countries.

Building and reaching consensus on priorities require an inclusive, multisectoral, multilevel approach; a good understanding of stakeholders’ needs, interests, and cultural and religious backgrounds; collaboration on data from collection to utilization; and a safe and supportive environment for open and transparent discussions.

Multisectoral collaboration is also needed to move programme design, implementation and measures of adolescent well-being beyond a siloed approach. A common action framework that guides data collection and sharing, as well as multisectoral committees or task forces to guide programme design, implementation and measures, will enable harmonization.

Key areas of information needed for investment consideration include evidence-based data on the impact of policies and programmes on adolescents in schools and outside formal school settings, and on needs for and access to support and services by those requiring special support.

Monitoring progress towards adolescent health and well-being requires quantitative and qualitative data on both in- and out-of-school adolescents. Creating and using a common framework to track progress and measure impact will enable the harmonization of approaches and comparison of information.

Proposed key actions for different stakeholders by 2023 and 2026

Academia, research institutions and WHO collaborating centres are in a good position to contribute to building the capacity of human resources in countries, generating knowledge by conducting research on agreed priority areas, and making information accessible to the public.
Civil society is already an active partner in many countries, providing capacity-building to adolescents, including those outside formal education. Sharing data on programme impact and experiences working with adolescents will greatly contribute to the body of knowledge on adolescent well-being.

International organizations and donors should “speak the same language” to harmonize their priorities, approaches for data collection and interpretation and requirements for reporting.

Members States are encouraged to:

1) Review existing policies and programmes to assess their impact on adolescents, and, where possible, involve youth representatives in the review process.
2) Define mechanisms for coordination and employ a multisectoral, multilevel approach to coordinate collaboration, consensus on priorities, oversight for monitoring and evaluation, ensuring that all voices from different stakeholders are heard.
3) Create or strengthen a mechanism to engage and empower adolescents and support their participation in policy development, implementation, monitoring and evaluation, as well as in multisectoral discussions.
4) Institutionalize a data repository that includes knowledge management and information sharing.
5) Coordinate the development of specific, achievable and comprehensive indicators for tracking adolescent health and well-being to which governments should be accountable and facilitate the harmonization of approaches across sectors and levels.
6) Strengthen school health programmes to ensure that key priorities are implemented effectively. Collect data on out-of-school adolescents using consistent approaches for data collection, monitoring, evaluation and capacity-building for human resources.
7) Develop a research agenda and build local capacity for research, leveraging support from technical experts through multisectoral collaboration and international corporation.

WHO is requested to:

1) Collaborate with H6 partners to harmonize approaches and requirements for data collection, interpretation and reporting using the “common language” to enable consistency of data collection in countries and communication of issues as well as comparisons across sectors and countries.
3) Support countries to develop national strategies, indicators and a common action framework that will enable consistency in implementation, monitoring and evaluation of policies and programmes in countries.
4) Support countries to review policies and assess their impact, and support countries to create mechanisms to engage and empower adolescents and build their capacity for meaningful participation and contribution.
1. INTRODUCTION

1.1 Background

Adolescence is characterized by a period of transition from being a child to an adult. It is a period that includes physical and physiological changes in their bodies and how they relate to other people and their environment. As such, adolescence opens room for a wide range of opportunities and risks to achieving adolescent well-being. Teenage pregnancy, alcohol use, substance use and injuries are just some of the public health challenges they face. Despite efforts to address the growing challenges, the adolescent population remains under-reached.

The World Health Organization (WHO), in collaboration with H6 partners (UNFPA, UNICEF, UN Women, UNAIDS and the World Bank) and the Partnership for Maternal, Newborn and Child Health (PMNCH), are spearheading the Adolescent Well-being Initiative. This is the first regional consultation in the Western Pacific on the topic. It is part of a series of consultations organized in different regions that serve as preliminary discussions to the inputs that will contribute to the planned Global Summit on Adolescent Well-being in a Digital Age in 2023 and the updating of the Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation, to support the multisectoral action for adolescent well-being in the member agencies. The country-level data and information gathered through the consultation will also inform regional strategies and plans to reach out to adolescents through community-based and school health programmes, in line with the “reaching the unreached” regional priority of For the Future: Towards the Healthiest and Safest Region.

1.2 Meeting preparation

An online survey targeting potential consultation participants was conducted to gauge their opinions on priorities and to collect information on their policies and programmes, their implementation and barriers that hinder adolescents’ participation in policy development and implementation.

Thirty-six people from 14 countries responded to the survey. Respondents had similar profiles as the consultation participants, with both representing government, academia, international organizations and nongovernmental organizations, including youth organizations. The majority of participants were government officials (67%), female (87%) and aged 40 years or older (70%). Three participants were aged between 20 and 29 years.

Key selected messages from the survey

From the survey, participants voted on and selected three priorities for policies and programmes: 1) lifestyle behaviours (diet, physical activity, use of alcohol, tobacco and drugs) (39%); 2) sexual and reproductive health (25%); and mental health concerns (15%).

Successful policy implementation is the result of:

- government-led coordination of stakeholders’ collaboration;
- high profile and high awareness among stakeholders (e.g. policies on teen pregnancy, sexual and reproductive health, suicide prevention);
- concerted efforts across multi-stakeholders to increase public awareness of policies and programmes;
being feasible and affordable to implement with available resources and to achieve quality outcomes.

To illustrate policies that have not been successful, an example of a programme on physical activity in school was given. Key reasons for its failure were parents prioritizing academics over physical activity, students’ discomfort (heat, perspiring) and negative past experiences (feeling embarrassed or judged by classmates).

Gaps in policies, programmes and services for adolescent health and well-being in countries were presented:

- Adolescent health services are not comprehensive.
- Issues relating to adolescents might not be well understood by the public, especially in the areas of mental health.
- Clear guidance on priorities, targets or recommended strategies is not available.
- Fragmented health system, lack of human resources, low capacity, lack of training and lack of data management at the local level.
- Stigma surrounds programmes related to mental health, HIV, weight management and other sensitive issues. “Some programmes must be youth led.”
- Disruption caused by COVID-19.

Digital technology was viewed favourably. During the pandemic, it has allowed services to continue through online counselling, consultations and follow-up. It is accepted by adolescents, allows connectivity and enables communication. A cautious note was given that the quality of services or learning may not be the same as face-to-face interactions. Also, rural areas where Internet coverage is poor may not benefit fully. The negative impacts of digital technology include overexposure, exposure to inappropriate content, addiction and cyber-bullying.

Key challenges that hinder adolescents’ involvement in the development or implementation policy and programmes include lack of awareness about adolescent or youth organizations, most adolescents are in schools and unavailable, lack of prioritization, limited time and capacity of the agency, and lack of respect for adolescents (cultural issue).

### 1.3 Meeting organization

The Multi-stakeholder Consultation on Programming to Promote Adolescent Well-being was held as a virtual consultation on 19-20 August 2021. The consultation was conducted over two mornings with 54 participants from 14 Member States and WHO partners and collaborators. It aimed to bring together multiple stakeholders to reach a broad agreement on policies and programming to promote adolescent well-being.

Profiles of the participants are as follows:

- senior officials from the health ministry working at the national level whose responsibilities involve programming and policies on adolescent well-being;
- senior officials from other relevant ministries whose responsibilities involve programming or policies relating to adolescent education, sports, social and/or cultural support and services;
- practitioners from government agencies or partner agencies, preferably those working at the subnational level, whose responsibilities involve implementing programming on adolescent well-being, including policies in digital technology; and
representatives of invited partner organizations, nongovernmental organizations, youth organizations, WHO collaborating centres and academic institutions.

Following a plenary session that set the scene for the consultation, breakout group discussions were held to facilitate active participation and maximize input from the participants. Experts facilitated four breakout group discussions in the areas of child health, adolescent health and school health. Each group was supported by a rapporteur and a WHO staff person as backup support.

1.4 Meeting objectives

The objectives of the meeting were:

1) to better understand the factors that inform decision-making on investing in adolescent well-being;
2) to share and document the experience and impact of partners implementing policies and programmes to improve adolescent well-being; and
3) to identify the successful evidence-based policies and programmes that have been used to promote adolescent well-being at the country level and in different contexts.

1.5 Expected outputs

Expected outputs of the consultation included:

1) a report with overall findings that will inform the development of a *British Medical Journal* collection of articles on the topic of programming to promote adolescent well-being in the digital age;
2) a set of identified gaps in evidence-based policies and programmes needed to promote adolescent well-being in different contexts, especially at the country level, which will update the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance; and
3) a set of concrete recommendations that support government policies, especially on multisectoral actions and system strengthening for adolescent well-being; and will contribute to the build-up towards a Global Summit on Adolescent Well-being in a digital age, planned for 2023.

2. PROCEEDINGS

2.1 Welcome and opening remarks

Mr Martin Taylor, Director of Division of Health Systems and Services, welcomed the participants. He urged them to collectively rethink how to accelerate comprehensive, multisectoral programmes to deliver services that promote adolescent well-being as part of efforts to progress towards universal health coverage. Through a video message, Dr Anshu Banerjee, Director of Maternal, Newborn, Child & Adolescent Health & Ageing, emphasized the importance of adolescent health and well-being in countries’ efforts to achieve the Sustainable Development Goals (SDGs). Adolescent health and well-being is more than mere access to formal education or access to primary health care. He particularly mentioned the Global Strategy for Women’s, Children’s and Adolescents health 2016–2030 and the AA-HA guidance. The AA-HA encourages a positive development approach to increase adolescents’ resilience and improve supportive environments, rather than focusing on reducing risk factors, such as alcohol or tobacco use.
Dr Maria Silva, Medical Specialist of the Family Health Division from the Department of Health Philippines, was elected to chair the consultation. She presented the objectives, expected outputs and agenda.

2.2 Adolescent health and well-being initiative

Dr Valentina Baltag, WHO headquarters, discussed the adolescent well-being framework, which consists of five interlinking domains: 1) good health and optimum nutrition; 2) connectedness, positive values, contribution to society; 3) safety and supportive environment; 4) learning, competence, education, skills and employability; and (5) agency and resilience. She also presented 15 background papers that captured different issues of adolescent well-being in the time of COVID-19. Key messages from the background papers included: embrace the multidimensional nature of well-being in programmes; realize that both human rights and economics demand investments in adolescent well-being; capture impact: there are ways to measure adolescent well-being; actively engage empowered adolescents and youth in all their adversity; consider context; and recognize that digital technologies provide both opportunities and challenges to adolescent well-being.

2.3 Priority policies and programmes for adolescent health and well-being

In this first breakout session, participants were asked to identify the top three priorities on adolescent health and well-being in their countries. Across countries, the top three priorities were categorized into three groups. These categories were used as the basis for further discussions in subsequent sessions during the consultation.

The top three priorities were identified as:

1) mental health (includes suicide and self-harm);
2) sexual and reproductive health (includes HIV/AIDS, sexually transmitted infections, teen pregnancy); and
3) lifestyle behaviours (includes healthy diet, physical activity, alcohol consumption, use of tobacco, use of drugs or harmful substances).

Other priorities mentioned by the participants included school health, prevention of injuries and accidents, prevention of the harmful impact of Internet use, improving health equity and strengthening resilience.

2.3.1 Mental health

Mental health in this context includes suicides and self-harm. Nine countries, specifically Australia, Brunei Darussalam, China, Japan, Malaysia, New Zealand, Philippines, Singapore and Vanuatu, identified mental health concerns among their top priorities. Australia, Brunei Darussalam, China, Malaysia and New Zealand identified mental health concerns as their first priority.

Some countries identified specific areas of concern and contributing factors. These included suicide and self-harm (Australia, Brunei Darussalam, China), depression (China), bullying in schools (Brunei Darussalam), impact of the increased or inappropriate use of Internet and screen time (China, Japan, Singapore) and impact of the COVID-19 pandemic (Philippines, Singapore). UNICEF echoed the message on the importance of strengthening adolescents’ resilience and capacity to cope with stress and adversity.
2.3.2 Sexual and reproductive health

Seven countries (Brunei Darussalam, Japan, Lao People’s Democratic Republic, Malaysia, New Zealand, the Philippines, Vanuatu) identified sexual and reproductive health among their top three priorities. Sexual and reproductive health in this context encompassed a range of issues, including HIV/AIDS, sexually transmitted infections (Brunei Darussalam, Japan, Philippines), teen pregnancy (Brunei Darussalam, Philippines, Vanuatu), maternal and newborn health in the context of teen mothers, especially marginalized adolescents (Lao People’s Democratic Republic), sexual violence (Vanuatu) and child marriage (Malaysia). The participant from UNICEF highlighted a need to address teenage pregnancy, sexual violence and child/forced marriages.

2.3.3 Lifestyle behaviours

Policies and programmes about lifestyle behaviours were categorized into one of two groups:

1) Healthy diet (nutrition) and physical activity – Niue identified this lifestyle behaviour as its first priority. Australia, Brunei Darussalam, China, Niue, Malaysia and Singapore also identified it among their priorities.

2) Use of alcohol, tobacco and harmful substances – Use of alcohol was specifically mentioned by Japan, Malaysia and New Zealand. Japan and Singapore also identified curbing smoking among adolescents and preventing smoking initiation as priorities. Vanuatu identified substance abuse as a priority among others.

2.3.4 School health

The Lao People’s Democratic Republic and Papua New Guinea identified education as their first priority. Japan also considered school health as a priority, but it was not among their top three priorities. Singapore emphasized health promotion and education efforts in school settings that are implemented through their Health Promoting School Framework, encompassing: creating a supportive environment; providing targeted interventions for specific groups; and building the capacity of stakeholders. Other priorities mentioned by participants included strengthening resilience (UNICEF), improving health equity (Australia) and preventing unintentional injuries and accidents (China).

2.4 Important policies, programmes and major enabling legislation available in countries

In relation to their top three priorities, participants identified important policies, programmes and services that are available to support adolescent health and well-being in their countries. These include both cross-cutting and targeted policies that address specific issues. Some of the examples shared by the participants are described below.

2.4.1 Policies on mental health

Six countries (Australia, Malaysia, New Zealand, Papua New Guinea, Singapore and Vanuatu) reported having comprehensive policies or programmes on adolescent health and well-being, many of which are implemented with multisectoral collaboration. Below are some examples:

− In Australia, a training programme aims at building the capacity of teachers to detect distress among students and conduct awareness-raising initiatives to build resilience. A youth health forum was held to discuss partnerships with adolescent health services providers.
"In Brunei Darussalam, the “Brunei Free of Bullies” programme addresses bullying in schools."

"In China, the Adolescent Mental Health Action Plan 2020–2022 is being implemented to screen for adolescent depression."

"In Japan, specific laws regulate Internet use in recognition that inappropriate use of the Internet affects adolescents’ mental health and well-being."

"In Papua New Guinea, programmes on mental health provide support for alcohol and substance users."

"In Singapore, the Youth Mental Health Network adopted a grounds-up approach to engage young people in driving change and improving health literacy on the topic, and to build the capacity of teachers to identify and support students in need."

"In Vanuatu, although infrastructure for providing mental health and psychosocial support is limited, systems are in place to refer people who need mental health interventions."

**2.4.2 Policies on sexual and reproductive health**

- Brunei Darussalam has specific policies on sexual and reproductive health and plans to set up specific adolescent health services by 2023 to provide a safe environment for discussions of health issues and to address HIV/AIDS, sexually transmitted infections and teenage pregnancy. Brunei Darussalam has a law that prevents child marriages, though its implementation needs to be assessed since there are religious considerations on child marriage in the country.
- Malaysia has a national plan that addresses child marriage and enhances sexual and reproductive health education and parenting skills.
- The Philippines issued Executive Order 141, declaring teen pregnancy as a national priority. It also calls for the scale-up of sexual and reproductive health services and comprehensive sexuality education for students and for adolescents outside a formal education sector.
- Malaysia and New Zealand have policies that aim to reduce child poverty, which is considered an influencing factor in sexual violence and child marriage. Malaysia also has the Child Act that protects young people from sexual offences, the Multimedia Act that bans pornography, and the Statutory Rape Act that protects adolescents aged 18 years or younger.
- In the Federated States of Micronesia, the age of sexual consent has been raised from 16 years to 18 years.
- Singapore has a programme that addresses sexual health among tertiary students.

**2.4.3 Policies on the use of alcohol, tobacco and harmful substances**

- Many countries have policies that address adolescents’ access to alcohol and tobacco as well as harmful substances.
- Australia, China, Japan and Singapore have policies on the sale of tobacco to restrict adolescents’ access to tobacco products.
- Australia and China also have policies that address alcohol and substances use, including policies that regulate illicit drugs and prescription medications.
- Singapore has laws restricting alcohol for people under 18 years old.
− In Japan, most laws that address health-related risky behaviours (alcohol consumption, smoking, use of harmful substances) are cross-cutting and are applicable to people of all ages, including adolescents.

2.4.4 Policies on healthy diet and physical activity

− Australia, Brunei Darussalam, the Lao People’s Democratic Republic and Singapore currently implement programmes for improving adolescents’ nutrition. Australia is developing its National Obesity Strategy, which will employ a whole-of-government approach towards addressing malnutrition. This includes strategies for regulating certain food types.
− The Lao People’s Democratic Republic collaborates with the World Food Programme on its School Meal Programme.
− Singapore has policies on food marketing aimed at reducing children’s exposure to advertisements on food and beverages that are high in fat, salt and sugar, in addition to making healthy meals accessible and promoting physical activity in schools.

2.4.5 Cross-cutting policies

The policies related to harmful products such as alcohol, tobacco, and food marketing are applicable to all population groups with perhaps provision for adolescents.

2.5 Key stakeholders of important policies, programmes and major enabling legislation in countries

Participants identified organizations and individuals that decide on, develop or implement policies, programmes or services in relation to their top three priorities on adolescent health and well-being.

Key stakeholders as identified by participants include:

− government ministries;
− government bodies (task forces, technical working groups, committees);
− United Nations agencies and international agencies;
− civil society organizations, health services, professional associations, youth organizations; and
− schools and communities.

Stakeholders are usually coordinated at the national level by government ministries or government bodies that are most relevant to the issue. Mechanisms for coordination vary by country. For example, in Singapore, stakeholders are convened through structured platforms, such as the Youth Mental Health Network. Through this network, the government convened multisectoral stakeholders, including youth voices, to coordinate discussions and actions on mental health issues using a grounds-up approach. In some countries, such as Australia, New Zealand and Singapore, adolescents or youth representatives are included in policy development or implementation. Across the Region, participation of youth and adolescents needs to be strengthened. Some examples of stakeholder coordination are highlighted below:

− In Australia, adolescent health policies and services are coordinated at the national level. For specific health issues, commissions may be organized to develop policies or action frameworks that the government can implement nationally.
− In China, at the national level, stakeholders are coordinated tightly through the heads of different departments. At province, community and city levels, structures of coordination are more decentralized. These structures facilitate multisectoral engagement, including engaging with international organizations, such as UNFPA, WHO and UNICEF.

− The Federated States of Micronesia has task forces on health, education and social services.

− In Malaysia, the Ministry of Health coordinates the national adolescent health policy and plan of action, steered by the National Technical Committee for Adolescent Health. Different bodies monitor specific health issues. All agencies meet twice a year to align policies and consolidate efforts implemented at the ground level.

− In the Philippines, the Human Development and Poverty Reduction Cluster is a government body that consolidates and monitors policies and programmes related to young people and organizes issue-specific national summits. The National Technical Committee was created to address youth health and well-being.

− In Singapore, the Health Promotion Board works with education partners like the Ministry of Education and Institutes of Higher Learning, school leaders, teachers, canteen vendors, parents, school boards of directors, community/commercial partners (such as health-care providers, government agencies with common target audience) and programme vendors to develop and implement the programmes and services.

− Cross-departmental partnerships, such as partnerships between health and education departments, are very common in Australia, China, Japan and Singapore.

− Civil society organizations, including consumer groups, advocacy groups, professional organizations and nongovernmental organizations, are key stakeholders and play important roles in promoting adolescent health and well-being. In Australia, for example, young people are included in the decision-making of nongovernmental organizations. In the Philippines, the civil society hosted a national summit to address teenage pregnancies and engage various stakeholders, including young people.

2.6 Adolescent policies and programmes in school settings

Participants shared policy and programme priorities implemented in school settings. Across Member States, primary education is compulsory. All countries noted examples of integration of health topics into school curricula (Table 2).

Table 2. Policies and programmes on adolescent health and well-being in schools

<table>
<thead>
<tr>
<th>Priority areas</th>
<th>Examples of policies and programmes implemented in schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>− Australia, China, Japan - programmes for identifying at risk children; counselling services; training for teachers (on detecting and supporting children); training for students (on awareness).</td>
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<tr>
<td></td>
<td>− Malaysia - outreach health screening; peer education programme; healthy mind programme.</td>
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<td></td>
<td>− New Zealand - nurse-led health services that help increase access to primary care; healthy environment; capacity-building for school personnel. Guidelines on mental health and healthy relations are used to</td>
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<tr>
<td>Priority areas</td>
<td>Examples of policies and programmes implemented in schools</td>
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<tr>
<td></td>
<td>build capacity of school personnel who are directly involved with students.</td>
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<tr>
<td></td>
<td>– Papua New Guinea - education programme covers topics on mental health, alcohol and substance use and general health services.</td>
</tr>
<tr>
<td></td>
<td>– Singapore - grounds-up innovations to raise awareness of mental health support planned and implemented by youth; top-down efforts by the Ministry of Education on school counselling; referrals to professional support for high-risk cases; peer support and training of teachers to reinforce and support mental health and well-being among adolescents in schools.</td>
</tr>
<tr>
<td>Sexual and reproductive health</td>
<td>– Papua New Guinea and the Philippines - comprehensive programmes on sexuality education, sexual and reproductive health education.</td>
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<tr>
<td></td>
<td>– The International Federation of Medical Students’ Association (IFMSA) has formed a partnership with communities and schools on education and information about reproductive health.</td>
</tr>
<tr>
<td>Lifestyle behaviours: healthy diet and physical activity</td>
<td>– Australia - financial support for disadvantaged students to participate in physical activity programmes, which also address health equity.</td>
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<td></td>
<td>– Japan - a school safety plan that is localized in schools.</td>
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<td></td>
<td>– Lao People’s Democratic Republic - a school meal programme in collaboration with the World Food Programme.</td>
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<td></td>
<td>– Niue – banning of junk food; locally grown or produced canteen food.</td>
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<td></td>
<td>– Papua New Guinea - annual physical health checks; oral health checks and nutritional assessments.</td>
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<td></td>
<td>– Singapore - Student Health Advisers trained professionals with backgrounds in health promotion, food and nutrition, sports science or similar qualifications to address weight management and risky behaviours such as smoking, healthy meals in school. Trendy workouts, such as Zumba and K-Pop, are used to promote physical activities in addition to health education and physical activity incorporated into the school curriculum.</td>
</tr>
<tr>
<td></td>
<td>– Vanuatu - A family life integration and policy framework is implemented for all high schools to adopt a holistic approach to well-being that considers family an important point of intervention. Also offered are career counselling, peer education and personality development.</td>
</tr>
<tr>
<td>Lifestyle behaviours - use of alcohol, tobacco and harmful substances</td>
<td>– All countries - health education programmes that cover topics on alcohol, tobacco and harmful substances.</td>
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<tr>
<td></td>
<td>– All countries - policies that restrict access to alcohol, tobacco, harmful substances.</td>
</tr>
<tr>
<td></td>
<td>– New Zealand - health promotion campaigns around alcohol and drug use in secondary schools; support for alcohol and drug users.</td>
</tr>
<tr>
<td></td>
<td>– Papua New Guinea - health education on a range of topics including alcohol and substance use, mental health and general health services as well as monitoring adolescents’ access to tobacco, alcohol and substances.</td>
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<td></td>
<td>– Vanuatu - Curriculum Statement (the main policy on education system); teacher manuals; national and provincial multisectoral committees to engage with and provide services to young people. The Youth Services Guideline facilitates the implementation of policies and programmes in schools.</td>
</tr>
</tbody>
</table>
2.7 Focusing on the “how”

2.7.1 How should programmes reach a consensus about priorities across the multiple domains of adolescent well-being (Domain: Agency and resilience - foundational elements of adolescent well-being)

In a breakout session, participants discussed ways to reach a consensus on priorities. Developing and reaching a consensus requires a good grasp of the context, needs, problems, opportunities and enabling or hindering factors. Below is a summary of the proposed approaches.

− Use an inclusive, multisectoral (across sectors), multilevel (across different levels of government) approach to identify and define priorities informed by shared data. All key stakeholders, including representatives from adolescent or youth organizations, should be included.

− Foster appreciation for diversity. In addition to understanding each stakeholder’s needs, interests, expertise and challenges, it is important to understand the cultural and religious backgrounds of stakeholders and settings, as diverse backgrounds may require additional efforts to reach consensus.

− Share data from collection to utilization. This includes triangulating data from many sources using a consistent and agreed approach for collection, management, interpretation and use of data and information. Collaborating on data enables a shared understanding of context, needs and priorities.

− Establish and agree on communication channels and expand and strengthen connectivity among stakeholders. Creating a safe and supportive environment for open and transparent discussions will foster information sharing. Young people must have access to this safe space and be part of all discussions.

2.7.2 How can the design, implementation and measurement of adolescent well-being programmes move beyond a siloed approach to work across sectors? (Domain: Connectedness, positive values and contributions to society: three building blocks of adolescent well-being)

− Multisectoral collaboration, mentioned by eight Member States (Australia, Brunei Darussalam, Cambodia, Malaysia, New Zealand, Philippines, Singapore, Vanuatu), is an avenue to facilitate a harmonized approach, designs and measures through sharing of information, experiences and expertise among stakeholders across sectors and across different government ministries. Multisectoral collaboration already exists in many countries, but it may need strengthening. Brunei Darussalam, Cambodia and Vanuatu provided examples of building collaboration across ministries to track programme implementation. Malaysia shared an example of different ministries working together to provide services to adolescents.
International cooperation and exchange, mentioned by China, provides an avenue for sharing of expertise, information and capacity-building for professionals, which promotes appreciation of different contexts, cultures and fosters consensus-building. China’s investment in adolescent health includes supporting professionals to have training abroad on adolescent health and well-being.

Over the past few months, university students have been running projects focused on young people, working in partnership with government. One group (of students) asked about issues associated with women and girls – this information is not usually collected by government.

Programmes on HIV and teenage pregnancy are being run by organizations outside the Ministry of Health. The Ministry of Health provides funding support. This gives youth an opportunity to tackle relevant issues among their age groups. They can gauge the popularity of a topic and assess needs. This guides future efforts.

The Lao People’s Democratic Republic provides financial resources to conduct monitoring and evaluation activities. There are various impact indicators relevant to national social and economic development. Technical experts (local technical experts) are engaged from both government and nongovernmental sectors to inform national policies and strategies and to ensure that the right type of data is collected for monitoring and evaluation.

Malaysia is identifying roles and responsibilities of different ministries on the development of policies and strategies, monitoring and evaluation, research and development, working together and getting everyone on board. This requires a broader approach to adolescent health and well-being, acknowledging diet, online protection, etc. It is critical to hear the voices of young people – use this to inform policy interventions. We know what needs to be done, but we must identify how to do it.

UNESCO: Mental health monitoring is not as systematic as other domains. It is a difficult domain to measure. We need to devise appropriate measurement and assessment frameworks. Who is responsible for this? We need to coordinate different action takers.

Examples of multisectoral collaboration

Brunei Darussalam mentioned a multisectoral task force that monitors tasks across ministries and tracks the progress of implementation. Brunei Darussalam also implements the global youth survey and Global School-based Student Health Survey to monitor the effectiveness of programmes and surveillance of health knowledge.

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International cooperation and exchange, mentioned by China, provides an avenue for sharing of expertise, information and capacity-building for professionals, which promotes appreciation of different contexts, cultures and fosters consensus-building. China’s investment in adolescent health includes supporting professionals to have training abroad on adolescent health and well-being.

Leadership in coordination was emphasized by China, New Zealand, the Philippines and Papua New Guinea. The central government has a key role in encouraging and supporting coordination at different levels within the government structures, down to the community level. It should be clear to all stakeholders who or which organization is responsible for coordination.

Engaging youth in programme implementation was mentioned by Brunei Darussalam. Their leadership programmes on HIV and teenage pregnancy help to assess adolescents’ needs and their response to the programme. They also provide opportunities for youth to tackle issues relevant to
their age groups. In China, engaging youth in the policy-making process is being promoted. Vanuatu has expanded their sexual and reproductive health training manuals for teachers and school nurses to cover adolescents who are not in schools. Engagement with out-of-school youth (OSY) by local chiefs, women leaders and area coordinators is already ongoing.

- Multisectoral task force to monitor programmes on adolescent well-being, shared by Brunei Darussalam, can be an approach to promote the harmonization of programme design, implementation and measures. In the Lao People’s Democratic Republic, external experts were engaged by government and nongovernmental organizations to advise on national policies and strategies and on monitoring and evaluation of programmes. Sharing common resources (experts) may be another avenue to strengthen the harmonization of programme design and measures.

- Having a dedicated budget and funding for implementing the programmes was emphasized by the Lao People’s Democratic Republic, the Federated States of Micronesia and Papua New Guinea, especially in the areas where resources are limited.

2.7.3 What additional information is needed related to the case for investment in adolescent well-being? (Domain: Learning, competence, education, skills building and employability)

- Information on adolescent health outside schools. Many countries shared examples of a need for information on adolescents in vocational schools, in the workforce or in communities. Countries have systems for monitoring the physical health of students, but systems to collect health information in vocational schools are unclear.

- Information on subgroups of adolescents. Japan shared an example of its investments in vocational schools, which focused on people with disabilities. Japan also has re-education opportunities that provide free higher education and promote STEM (science, technology and mathematics) as well as creating gender-equal employment opportunities for young people. Singapore shared an example of internship programmes that facilitate the transition of adolescents from academic learning or vocational education to the workplace and create opportunities for young people to gain experience and confidence. These examples demonstrate that countries have several initiatives to support adolescents who are not in the formal school setting. As per Malaysia, there is a need for routine collection and disaggregation of data on adolescent health and well-being, especially those outside of the school setting.

- Information on the economic impact of policies and programmes. In Papua New Guinea, evidence-based data are crucial for decision-making, such as in development work. Policy-makers consider the economic impact of each proposed decision.

- Information on systems for data collection. The Philippines provided an example of a system for collecting information on mental health and sexual and reproductive health. While human resource capacity exists, system capacity is limited and needs strengthening. Malaysia called for routine collection and disaggregation of data. Understanding and sharing information on data collection may be the first step in the harmonization of design, implementation and measures of policies and programmes.

2.7.4 How to monitor progress towards adolescent well-being? (Domain: Safety and supportive environment: essential conditions for adolescent well-being)
Participants shared experiences of their country’s efforts to monitor adolescent health and well-being. Below are just a few examples of ways that countries monitor progress.

- Australia has created an evaluation framework to measure the impact for investment. The framework guides data collection and reporting. Using an agreed framework can help harmonize programme design, implementation and measures.

- Many countries monitor adolescent health in schools by collecting information through routine student health checks and surveys. Schools are key sources of data in many countries. Nine countries (Australia, Cambodia, China, Malaysia, Federated States of Micronesia, New Zealand, Philippines, Singapore, Vanuatu) reported using quantitative methods to gather information on adolescent health and well-being. Cambodia monitors students’ health in schools and conducts surveys every two years. Data are shared with stakeholders within the health sector. China conducts strict monitoring systems for students’ health in schools, using the National Standard Physical Test, and conducts surveys to monitor the status of adolescent health over time.

- Australia conducts longitudinal surveys to supplement the existing minimum dataset collected by organizations. Data from these surveys will be used for the evaluation of programmes and their impact on young people. Data on school retention, school completion, apprenticeships and early employment can provide insights into the progress of adolescent health and well-being.

- Some countries also collect qualitative data. Cambodia uses focus group discussions with key stakeholders, including young people, to explore issues and sentiments related to health. Malaysia collects qualitative data to complement quantitative data gathered from surveys since those responses do not convey feelings or emotions.

- Malaysia has a comprehensive adolescent well-being index developed in collaboration with other agencies. Different agencies and ministries may report different aspects of adolescent health; therefore, clarity of definitions, scope, methodology in collecting and reporting data are important. Research on well-being is in its early stages and focuses mainly on mortality and morbidity. Monitoring the concerns arising from the virtual environment, family dynamic, parenting skills and effective communication are among areas for research.

- Several countries (Federated States of Micronesia, Papua New Guinea and Vanuatu) are developing their monitoring systems. In the Federated States of Micronesia, data collected from informal sectors are not adequate for monitoring; hence, there is a need for systematic collection of information outside the school setting. Papua New Guinea is focusing on better integration of data from sources outside the health sector. Vanuatu’s monitoring and evaluation framework and tools for health and well-being are being developed and are expected to be rolled out in June 2022.
− In the Philippines, longitudinal studies, youth development plans, monitoring and evaluation activities on health, education, risky behaviours are currently in progress. All government agencies are expected to submit data annually to monitor the status and track the progress towards the set goals.

− Singapore conducts youth health surveys once every three to four years to complement the health screening conducted for selected levels of students in schools, looking into both biological and lifestyle factors. There has been a discussion to set up a surveillance panel to monitor youth health in place of surveys. The transition of adolescents from schooling to working is also being investigated as healthy behaviours that were inculcated during school years may be lost in transition to a less controlled environment. In addition to quantitative methods, qualitative approaches, such as focus group discussions with key stakeholders, are used to further explore health issues and sentiments.

2.8 Actions for promoting adolescent health and well-being by 2023 and 2026

2.8.1 Proposed actions for governments

By 2023:

− Employ a multi-stakeholder, multilevel approach that includes the voice of adolescents to review existing policies and programmes, assess their implementation and impact on adolescents and update them where needed. Key policy areas suggested for review are: 1) sexual and reproductive health; 2) mental health and substance abuse; 3) physical health and safety; 4) nutrition; and 5) use of the Internet and digital technology.

− Foster a multisectoral, multilevel approach to build consensus on priorities. Create and implement an agreed framework for tracking progress to facilitate reaching consensus and harmonization of designs, measures, data collection, reporting and sharing (such as access and privacy) across sectors and levels.

− Strengthen mechanisms for coordinating collaboration and engagement of stakeholders. Identify responsible persons (or organizations) nationally and within different government ministries and agencies and clarify roles and responsibilities.

− Establish multisectoral committees or task forces to provide oversight or monitor progress of adolescent health and well-being, to bring in voices from different stakeholders and to report information to stakeholders. This will strengthen coordination and collaboration across sectors as well as enhance accountability. The committees or task forces need to have clear terms of reference, qualification or experience requirements and due process to address conflicts of interest.

− Create or strengthen a data repository that includes functions and commitments for sharing of information among stakeholders, which also triangulates data from different sources to improve the quality of information and better inform decision-making. Having an agreed protocol for data collection, with standardization of terms and utilization, reporting and sharing, will promote consensus-building on priorities and harmonization of approaches.
− Prioritize capacity-building for human resources and build a multidisciplinary and competent workforce for effective and efficient policy and programme development and implementation that ensures planning and delivery of support and services that meet national needs. Sectoral and international collaboration and exchanges can be avenues for capacity-building through knowledge and experience sharing.

− Create legislation to protect and empower adolescents. Define a clear mechanism for their involvement. Foster youth leadership and identify youth “champions” to help push priorities forward. Create a youth-led framework and youth-friendly services, inclusive of vulnerable groups.

− Assess the implementation and impact of existing strategies, frameworks or action plans. Document the enabling and hindering factors and identify gaps for policies that have not been implemented or have not been implemented fully. Countries should develop specific, achievable and comprehensive indicators for tracking adolescent health and well-being, similar and reference to those used to track progress towards the Sustainable Development Goals.

− Develop programmes on adolescent health financing and bring adolescent health services into the scope of basic medical insurance to ensure that support and services are adequately funded to meet the growing health needs of adolescents.

**Actions by 2026**

− Invest in adolescent well-being data systems and provide a mechanism for consistent data collection, reporting and knowledge management, and mapping the needs of adolescent groups who are vulnerable or need special support.

− Implement indicators for adolescent well-being to which government should be accountable. Maintain efforts, despite changes in governments, on policy and programme implementation, data collection and reporting.

− Take a multisectoral approach that includes the views of adolescents to review existing policies and programmes and harmonize approaches.

− Strengthen school health programmes to ensure that key priorities are implemented effectively. Strengthen the use of digital technology for health education initiatives, online learning and raising awareness of adolescent health and well-being among communities, with support provided to ensure that adolescents navigate the Internet and screen time safely and wisely.

− Strengthen policies and programmes that support out-of-school youth and those requiring special needs or extra attention, such as adolescents with disabilities and those who are vulnerable or socioeconomically disadvantaged.

− Develop and support local expertise and capacity to conduct research on existing priorities and emerging issues, especially research on the impact of policies and programmes on adolescents. Governments may leverage support from technical experts through multisectoral collaboration and international corporation.
2.8.2 Proposed actions for civil society (nongovernmental organizations, youth organizations)

In many countries, nongovernmental organizations work actively to provide support and services directly to adolescents. In some countries, nongovernmental organizations also conduct research and advocacy activities.

By 2023

− Raise public awareness on issues related to adolescents; advocate for actions, ensuring that messages reach wider groups of the population.

− Provide capacity-building to adolescents in a range of areas, depending on the country needs and context. Examples include training on life skills and job-seeking skills (for youth out of school), use of digital technology, access to health services and health information and girl empowerment.

− Contribute to knowledge generation by sharing experiences working with adolescents, information collected through services.

− Conduct research on relevant priority topics, such as noncommunicable diseases, mental health, drug abuse, teenage pregnancy, sexually transmitted infections and girl empowerment.

Actions by 2026

− Contribute to multisectoral collaboration to implement policies and programmes as the government’s framework; contribute data to the repository.

2.8.3 Proposed actions for academia, WHO collaborating centres and researchers

By 2023

− Facilitate meaningful participation of representatives of adolescents in any development and evaluation of any national or regional strategies, plans or frameworks and ensure that they are supported to develop capacity for effective contribution.

− Contribute to human resource development and capacity-building in countries as per requests by WHO or other stakeholders through international cooperation or multisectoral collaboration. Conduct training for health-care workers, social workers, teachers and professionals who work with adolescents on agreed topics, as identified by countries.

− Conduct research on priority areas of adolescent health and well-being, which may be determined differently in different countries. Potential topics include adolescent empowerment, girl empowerment to address gender-imbalanced norms, and the impact of learning from home or online learning during COVID-19. Provide feedback to stakeholders.

− Collaborate with international partners, such as WHO, UNFPA and UNICEF, to conduct research on targeted programmes or priorities. Contribute to the development of indicators and measures, user-friendly screening and monitoring and evaluation tools for adolescent health.

− Share research information with the public in a reader-friendly language, using digital technology to facilitate access by a wider population.
2.8.4 Proposed actions for WHO

- Continue to collaborate with H6 partners and other international agencies to position adolescent health and well-being as a global priority. Provide support to Member States to implement, monitor and evaluate the impact of policies and programmes.

- Collaborate with H6 partners to harmonize approaches and requirements for data collection, interpretation and reporting, using a “common language”, to enable consistency of data collection in countries and communication of issues as well as comparisons across sectors and countries.

- Contribute to the revision of the Global Action for the Health of Adolescents (AA-HA!) guidance.

- Support countries to develop strategies, indicators and an agreed action framework to enable consistency in implementation, monitoring and evaluation of policies and programmes in countries.

- Provide technical support to develop a national repository of adolescent health and well-being data and provide capacity-building for the coordination, management and sharing of data and information among multisectoral, multilevel stakeholders.

- Create a regional platform to facilitate communication and to share information, ideas and good practices on adolescent health and well-being by Member States and implementing partners.

- Support countries to create mechanisms to engage and empower adolescents, youth organizations or networks that support meaningful participation in policy dialogue, in the monitoring and evaluation of policies and programmes and in the development of a research agenda as well as the sharing of information and good practices.

- Coordinate contributions of WHO collaborating centres and other partners in capacity-building initiatives for government officials, health professionals and other key stakeholders.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

This first regional consultation on programming to promote adolescent well-being identified three priorities for policy and programming: 1) mental health; 2) sexual and reproductive health; and 3) lifestyle behaviours. All these priorities are addressed in formal school settings. Strengthening school health programmes will greatly enhance adolescents’ access to services.

Promoting adolescent health and well-being requires multisectoral, multilevel collaboration. Monitoring progress requires both quantitative and qualitative data on students and out-of-school adolescents. Consensus on priorities and common approaches for programme design, implementation, monitoring and evaluation will enable the harmonization of approaches and comparison of information.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to:

1) Take a multisectoral, multilevel approach that includes the voice of adolescents to review existing policies and programmes and assess their impact on adolescents.
2) Define mechanisms for coordination and employ a multisectoral, multilevel approach to coordinate collaboration, consensus on priorities, oversight for monitoring and evaluation, ensuring that all voices from different stakeholders are heard.
3) Create or strengthen a mechanism to engage and empower adolescents and support their participation in policy dialogue, development, implementation, monitoring and evaluation.
4) Institutionalize a data repository that includes knowledge management and information sharing.
5) Coordinate the development of specific, achievable and comprehensive indicators for tracking adolescent health and well-being to which governments should be accountable and facilitate the harmonization of approaches across sectors and levels.
6) Strengthen school health programmes to ensure that key priorities are implemented effectively. Collect data on out-of-school adolescents using consistent approaches for data collection, monitoring, evaluation and capacity-building for human resources.
7) Develop a research agenda and build local capacity for research, leveraging support from technical experts through multisectoral collaboration and international corporation

3.2.2 Recommendations for WHO

WHO is requested to:

1) Collaborate with H6 partners to harmonize approaches and requirements for data collection, interpretation and reporting using the “common language” to enable consistency of data collection in countries and communication of issues as well as comparisons across sectors and countries.
3) Support countries to develop strategies, indicators and a common action framework that will enable consistency in implementation, monitoring and evaluation of policies and programmes in countries.
4) Support countries to review policies and assess their impact. Create mechanisms to engage and empower adolescents and build their capacity for meaningful participation and contribution.
ANNEXES
ANNEX 1

MULTI-STAKEHOLDER CONSULTATION ON PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING
Virtual, 19-20 August 2021

List of participants, temporary advisers, observers and Secretariat

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Email: prasopaplaizierm@who.int

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Email: tikoj@who.int

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Email: lukaszyk@who.int
ANNEX 2

MULTI-STAKEHOLDER CONSULTATION ON PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING
Virtual, 19-20 August 2021

PROVISIONAL AGENDA

1. Opening ceremony
2. Global overview on progress in adolescent well-being
3. Inverted gallery walk – Decisions in investment, policies and programming, challenges and opportunities
4. Four short presentations on key findings of Session 3
5. Inverted gallery walk – “Focusing on the How”
6. Time for actions, Action to promote adolescent well-being 2023 and 2026
7. Summary of key actions going forward, meeting evaluation and closing
## ANNEX 3

**MULTI-STAKEHOLDER CONSULTATION ON PROGRAMMING TO PROMOTE ADOLESCENT WELL-BEING**

**VIRTUAL, 19-20 AUGUST 2021**

<table>
<thead>
<tr>
<th>Time</th>
<th><strong>Day 1: Thursday, 19 August 2021</strong></th>
<th>Time</th>
<th><strong>Day 2: Friday, 20 August 2021</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Registration</td>
<td>8:30 – 8:40</td>
<td>4) <strong>Plenary: Recap of Day 1</strong></td>
</tr>
<tr>
<td>8:30 – 9:45</td>
<td>1) Plenary: Opening ceremony and welcome</td>
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<tr>
<td>(75 minutes)</td>
<td>- Welcome remarks</td>
<td>(10 minutes)</td>
<td>Four short presentations in key findings of Session 3</td>
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<tr>
<td></td>
<td>- Participant introductions</td>
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<tr>
<td></td>
<td>- Nomination of the Chair</td>
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<tr>
<td></td>
<td>- Objectives, outputs, agenda</td>
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<tr>
<td></td>
<td>- Administrative announcement</td>
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<td></td>
<td>- Group photo</td>
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<tr>
<td>9:45 – 10:30</td>
<td>2) Plenary: Global overview on progress in adolescent well-being</td>
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<tr>
<td>(45 minutes)</td>
<td>- Priorities on Adolescent well-being</td>
<td>8:40 – 10:15</td>
<td>5) <strong>Breakout session: Inverted gallery walk</strong></td>
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<tr>
<td></td>
<td>- Call to action and adolescent well-being initiative</td>
<td>(95 minutes)</td>
<td>- Focusing on the “How”</td>
</tr>
<tr>
<td>10:30 -10:45</td>
<td>Mobility break</td>
<td>10:15-10:30</td>
<td>Mobility break</td>
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<tr>
<td>(15 minutes)</td>
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<td>(15 minutes)</td>
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<tr>
<td>10:45-12:15</td>
<td>3) Breakout session: Inverted gallery walk</td>
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<tr>
<td>(90 minutes)</td>
<td>Decisions in investments, policies and programming, challenges and opportunities</td>
<td>10:30-11:30</td>
<td>6) <strong>Breakout session: Time for actions</strong></td>
</tr>
<tr>
<td>12:15-12:20</td>
<td>Wrap up and close</td>
<td>(60 minutes)</td>
<td>Action to promote adolescent well-being by 2023 and 2026</td>
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<td>(5 minutes)</td>
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<td></td>
<td>11:30 – 12:15</td>
<td>7) <strong>Plenary: Summary &amp; Closing</strong></td>
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<tr>
<td></td>
<td>(45 minutes)</td>
<td>- Summary of key actions going forward</td>
<td>- Meeting evaluation and closing</td>
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</table>
**Template: Session 3 – 1A: Regina Lee and Myrielle Allen**

**Day 1, August 19 2021**

<table>
<thead>
<tr>
<th>Questions:</th>
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<tbody>
<tr>
<td><strong>0.</strong> What are the top three priorities for adolescent health and well-being for 2021 to 2030?</td>
</tr>
<tr>
<td><strong>1.</strong> In relation to the top three priorities above, what are important policies, programmes and services available in your country that support adolescent health and well-being?</td>
</tr>
</tbody>
</table>

Guide: Suggest including information on country, then area of policy/programme/services e.g. Access to tobacco/cigarettes - minimum age, advertisement (AUS).

<table>
<thead>
<tr>
<th>1.0. Available policies, programmes, services</th>
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<table>
<thead>
<tr>
<th>1.1. Which of these policies, programmes or services, have succeeded (e.g., have met/exceeded their objective)?</th>
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<tbody>
<tr>
<td>What factors contributed to their success?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2. For policies, programmes or services, that have not succeeded (e.g. have not met their objective), what factors contributed to their failure?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1.3. What are the gaps in policies, programmes or services, for</th>
</tr>
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<tbody>
<tr>
<td>Questions:</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
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Guide: Suggest including information on country, then area of policy/programme/services e.g. Access to tobacco/cigarettes - minimum age, advertisement (AUS).

<table>
<thead>
<tr>
<th>1.4. How are these policies, programmes, and services monitored and evaluated? What additional monitoring and evaluation measures should/can be included?</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>1.5. Are there comprehensive polices, strategies, guidelines, framework for promoting adolescent health and well-being? Which topics/ issues are included?</th>
</tr>
</thead>
</table>
Day 1, August 19 2021 | Session 3 | Facilitators/ Rapporteurs: Group 2 - Erika Ota and Susan Sawyer

Questions:

0. What are the top three priorities for adolescent health and well-being for 2021 to 2030?

2. Which organisations or individuals decide on, develop or implement policies, programmes or services in relation to the top three priorities identified in Question 1?

Guide: If possible, include information on the contributors (country, name).

<table>
<thead>
<tr>
<th>0. Top three priorities:</th>
<th>1.</th>
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<td></td>
<td>2.</td>
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<tr>
<td></td>
<td>3.</td>
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</table>

2.0. For each of the top three (3) priority above, please identify the stakeholders (e.g. organisations, individuals) who decide on, or influence, the development or implementation of the underlying policies, programmes or services.

2.1. How are these different stakeholders coordinated to maximize the impact of implementing these policies, programmes or services? What is the overarching coordination mechanism, if any?

2.2. How are adolescents, especially from vulnerable populations, included in the development or
**Questions:**

0. What are the top three priorities for adolescent health and well-being for 2021 to 2030?

2. Which organisations or individuals decide on, develop or implement policies, programmes or services in relation to the top three priorities identified in Question 1?

Guide: If possible, include information on the contributors (country, name).

<table>
<thead>
<tr>
<th>2.3.</th>
<th>What are the key challenges or barriers that hinder adolescents from being involved in the development or implementation of these policies, programmes or services?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2.4.</th>
<th>In government sector, which departments are responsible for adolescent health and well-being? How does the coordination mechanism work across ministries?</th>
</tr>
</thead>
</table>
Day 1, August 19 2021  |  Session 3  | Facilitators/ Rapporteurs: Group 3 - Jun Kobayashi & Sachi Tomokawa and Cathy Vaughan

Questions:

0. What are the top three priorities for adolescent health and well-being for 2021 to 2030?

3. For each of the top three (3) priority programme areas you identified, please identify the major enabling legislations and regulations that protect, promote and support adolescent health and well-being?

<table>
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<th>0. Top three priorities:</th>
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3.0. For each of the top three (3) priority programme areas you identified, please identify the major enabling legislations and regulations that protect, promote and support adolescent health and well-being?

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<th></th>
</tr>
</thead>
</table>

3.1. What are the gaps or challenges in enforcing these legislations and regulations?

3.2. Are there major legislations and regulations that are disadvantageous to adolescent health and well-being? How are they disadvantageous?
<table>
<thead>
<tr>
<th>Questions:</th>
</tr>
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<tr>
<td>0. What are the top three priorities for adolescent health and well-being for 2021 to 2030?</td>
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<table>
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<tr>
<th>3.3. How are adolescents protected from harmful products, such as tobacco and nicotine delivery systems, alcohol, unhealthy food, and illicit drugs?</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>3.4. How is the marketing of these harmful products towards adolescents addressed?</th>
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<tbody>
<tr>
<td>Questions:</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>0. What are the top three priorities for adolescent health and well-being for 2021 to 2030?</td>
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<tr>
<td>4. For each of the top three (3) priority programme areas you identified, please identify the policies, programmes or services that are implemented in school settings.</td>
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<td>3.</td>
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<table>
<thead>
<tr>
<th>4.0. For each of the top three (3) priority programme areas you identified, please identify the policies, programmes or services that are implemented in school settings.</th>
</tr>
</thead>
</table>

| 4.1. How are these policies, programmes, or services monitored and evaluated? |
| What data or information is generated at the moment? |
| What additional data needs to be collected? |

<table>
<thead>
<tr>
<th>4.2. How are parents and communities involved in the development and implementation of these policies, programme or services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Questions:</strong></td>
</tr>
<tr>
<td>----------------</td>
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</tr>
</tbody>
</table>

| 4.3. What mental health and social support services are available to students in school settings? |  |
| 4.4. How are digital technologies used to promote adolescent well-being in schools? What measures are in place to prevent misuse or protect students from negative consequences of overexposure to digital technology? |  |

| 4.5. Most adolescents are students and may access support and service through the school health programmes. However, there are some adolescents who are not in school |  |
### Focusing on the “How”

**Questions:**

1. How should programmes reach consensus about priorities across the multiple domains of adolescent well-being? (e.g. Needs assessment and landscape analysis? Which actors need to be at the table? How long should be allocated for this?).

**Guide:**
Please answer generally answer the question but specifically also answer for this Domain.

**Domain:** Agency and resilience - foundational elements of adolescent well-being.

*Suggest including information on the contributor e.g. country, category (govt, UN, CSO, WHO CC etc.)*

<table>
<thead>
<tr>
<th>Round 1</th>
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<td>Round 2</td>
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<td>Round 3</td>
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<td>Round 4</td>
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<tr>
<td>Round 5</td>
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Focusing on the “How”

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1. How should programmes reach consensus about priorities across the multiple domains of adolescent well-being? (e.g. Needs assessment and landscape analysis? Which actors need to be at the table? How long should be allocated for this?).

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<table>
<thead>
<tr>
<th>Key findings (Summary)</th>
</tr>
</thead>
</table>
**Focusing on the “How”**

**Questions:**

2. How can the design, implementation, and measurement of adolescent well-being programmes move beyond a siloed approach to work across sectors. (e.g. Who should ensure coordination and coherence across sectors? How should stakeholders from different sectors be encouraged to engage? Should there be a lead sector? If so, which? How should budgets be allocated?): We touch on now, but not the future.

**Guide:**

Please generally answer the question but specifically also answer for this Domain.

**Domain: Connectedness, positive values and contributions to society: three building blocks of adolescent well-being.**

*Suggest including information on the contributor e.g. country, category (govt, UN, CSO, WHO CC etc.)*

| Round 1 |  |
| Round 2 |  |
| Round 3 |  |
| Round 4 |  |
| Round 5 |  |
### Session 5

**Facilitators/Rapporteurs:** Erika Ota and Susan Sawyer

#### Day 2, August 19 2021

**Focusing on the “How”**

**Questions:**

2. How can the design, implementation, and measurement of adolescent well-being programmes move beyond a siloed approach to work across sectors. (e.g. Who should ensure coordination and coherence across sectors? How should stakeholders from different sectors be encouraged to engage? Should there be a lead sector? If so, which? How should budgets be allocated?): We touch on now, but not the future.

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**Domain: Connectedness, positive values and contributions to society: three building blocks of adolescent well-being.**

*Suggest including information on the contributor e.g. country, category (govt, UN, CSO, WHO CC etc.)*

---

**Key findings (Summary)**
**Session 5**

**Facilitators/Rapporteurs 3 - Jun Kobayashi, Sachi Tomokawa & Cathy Vaughan**

<table>
<thead>
<tr>
<th>Day 2, August 19 2021</th>
<th>Session 5</th>
<th>Facilitators/Rapporteurs 3 - Jun Kobayashi, Sachi Tomokawa &amp; Cathy Vaughan</th>
</tr>
</thead>
</table>

**Focusing on the “How”**

**Questions:**

3. What additional information is needed related to the case for investment in adolescent well-being? (eg. The case for investment should include the economic, social and rights cases, for example. Does each region/country/municipality/district need its own case for investment? What work should be done over the next 2 years?

**Guide:**

Please generally answer the question but specifically also answer for this Domain.

**Domain:** Investing in adolescent well-being through learning, competence, education, skills building and employability

*Suggest including information on the contributor e.g. country, category (govt, UN, CSO, WHO CC etc.)*

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<table>
<thead>
<tr>
<th>Key findings (Summary)</th>
<th></th>
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</table>
Focusing on the “How”

Questions:

4. How to monitor progress towards adolescent well-being? (e.g. Domain-specific indicators vs. Cross-cutting/summary indicators of well-being?)

Guide:
Please generally answer the question but specifically also answer for this Domain.

Domain: Safety and supportive environment: essential conditions for adolescent well-being

Suggest including information on the contributor e.g. country, category (govt, UN, CSO, WHO CC etc.)

<table>
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Key findings (Summary)
Focusing on the “How”

Questions:
4. How to monitor progress towards adolescent well-being? (e.g. Domain-specific indicators vs. Cross-cutting/summary indicators of well-being?)

Guide:
Please generally answer the question but specifically also answer for this Domain.
Domain: Safety and supportive environment: essential conditions for adolescent well-being

Suggest including information on the contributor e.g. country, category (govt, UN, CSO, WHO CC etc.)
Questions:

When developing actions, please take the following into consideration:

a) connectedness, positive values and contribution to society;

b) safety and a supportive environment;

c) learning, competence, education, skills & employability;

d) agency and resilience.

Guide: if possible, please include information of the contributor e.g. Country and name) before each comment.

<table>
<thead>
<tr>
<th>Actions for governments by 2023</th>
<th>Actions for governments by 2026</th>
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</table>
Day 2, August 20, 2021  |  Session 6  |  Facilitators/Rapporteurs: 2 - Erika Ota & Susan Sawyer

Questions:
What actions, by different stakeholders, are needed to improve adolescent well-being and make the differences at a country level?
- By 2023 (before the Global Summit)
- By 2026 (over the next 5 years)

Guide:
When developing actions, please take the following into consideration:
- a) connectedness, positive values and contribution to society;
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<tr>
<th>Actions for WHO, UN agencies, donors by 2023</th>
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Day 2, August 20, 2021 | Session 6 | Facilitators 3A: Jun Kobayashi, Sachi Tomokawa and Cathy Vaughan

Questions:
What actions, by different stakeholders, are needed to improve adolescent well-being and make the differences at a country level?
- By 2023 (before the Global Summit)
- By 2026 (over the next 5 years)

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<th>Actions for academia, WHO collaborating centres, researchers by 2023</th>
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<th>Actions for civil society, NGOs, youth organisations by 2023</th>
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