Accelerated Action for the Health of Adolescents (AA-HA!) and the role of school health

Kid Kohl
Department of Maternal, Newborn, Child and Adolescent Health
World Health Organization

European Union for School and University Health and Medicine Congress
Youth Health Care in Europe
6 – 8 September 2017
WHO work in the area of adolescent health

- **Generate**, translate and disseminate evidence
- **Define** norms and standards for adolescent health
- **Support** countries to adopt evidence-based policies and multisectoral strategies for better health of adolescents
- **Monitor** health trends and evaluate progress towards implementation of evidence-based policies and strategies
- **Shape** the research agenda and stimulate the generation, of valuable knowledge
Outline

• Burdens and risk factors in adolescents

• Accelerated Action for the Health of Adolescents (AA-HA!)

• Effective youth health care and school health
1.2 million adolescent deaths in 2015
>3000 adolescents daily

Source: WHO Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, 2017
### Estimated top 5 causes of death in adolescent girls, 2015

#### Female

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cause of Death</th>
<th>Global</th>
<th>European LMIC</th>
<th>High Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>Lower respiratory infections</td>
<td>7.3</td>
<td>2.5</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Diarrhoeal diseases</td>
<td>5.2</td>
<td>2.4</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Meningitis</td>
<td>5.0</td>
<td>3.6</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
<td>3.9</td>
<td>1.0</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>Congenital anomalies</td>
<td>3.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 15-19 years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cause of Death</th>
<th>Global</th>
<th>European LMIC</th>
<th>High Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>Maternal conditions</td>
<td>10.1</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>Self-harm</td>
<td>9.6</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>Road injury</td>
<td>6.1</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diarrhoeal diseases</td>
<td>5.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower respiratory infections</td>
<td>5.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Source: Global Estimates WHO 2015
Estimated top 5 causes of death in adolescent boys, 2015

Global
1. Road injury 6.8
2. Drowning 6.8
3. Lower respiratory infections 6.1
4. Diarrhoeal diseases 4.8
5. Meningitis 4.1

European LMIC
1. Drowning 4.9
2. Road injury 4.2
3. Self-harm 3.7
4. Lower respiratory infections 3.4
5. Congenital anomalies 2.7

High Income
1. Road injury 1.9
2. Self-harm 1.7
3. Congenital anomalies 1.2
4. Drowning 0.9
5. Leukaemia 0.9

15-19 years
1. Road injury 22.0
2. Interpersonal violence 12.4
3. Self-harm 9.1
4. Drowning 6.4
5. Lower respiratory infections 5.5

European LMIC
1. Self-harm 15.7
2. Road injury 11.9
3. Drowning 7.1
4. Interpersonal violence 3.3
5. Lower respiratory infections 3.1

High Income
1. Road injury 10.6
2. Self-harm 9.6
3. Interpersonal violence 5.0
4. Drug use disorders 2.0
5. Drowning 1.8

Source: Global Estimates WHO 2015
Estimated top 5 causes of disability-adjusted life years lost (DALYs) in adolescent girls, 2015

<table>
<thead>
<tr>
<th>Females 10 to 14 years</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td><strong>European LMIC</strong></td>
<td><strong>High Income</strong></td>
</tr>
<tr>
<td>1. Iron-deficiency anaemia</td>
<td>1. Iron-deficiency anaemia</td>
<td>1. Iron-deficiency anaemia</td>
</tr>
<tr>
<td>2. Lower respiratory infections</td>
<td>2. Childhood behavioural disorder</td>
<td>2. Depressive disorders</td>
</tr>
<tr>
<td>5. Meningitis</td>
<td>5. Skin diseases</td>
<td>5. Anxiety disorders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Females 15 to 19 years</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td><strong>European LMIC</strong></td>
<td><strong>High Income</strong></td>
</tr>
<tr>
<td>1. Iron-deficiency anaemia</td>
<td>1. Depressive disorders</td>
<td>1. Depressive disorders</td>
</tr>
<tr>
<td>5. Anxiety disorders</td>
<td>5. Skin diseases</td>
<td>5. Skin diseases</td>
</tr>
</tbody>
</table>

Source: Global Estimates WHO 2015
### Estimated top 5 causes of disability-adjusted life years lost (DALYs) in adolescent boys, 2015

<table>
<thead>
<tr>
<th></th>
<th>10 to 14 years</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td></td>
<td><strong>European LMIC</strong></td>
<td></td>
<td><strong>High Income</strong></td>
<td></td>
<td><strong>15 to 19 years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>1</td>
<td><strong>1</strong> Iron-deficiency anaemia</td>
<td></td>
<td>1</td>
<td><strong>1</strong> Iron-deficiency anaemia</td>
<td></td>
<td>1</td>
<td><strong>1</strong> Road injury</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td><strong>2</strong> Road injury</td>
<td></td>
<td>2</td>
<td><strong>2</strong> Childhood behavioural disorder</td>
<td></td>
<td>2</td>
<td><strong>2</strong> Interpersonal violence</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td><strong>3</strong> Childhood behavioural disorder</td>
<td></td>
<td>3</td>
<td><strong>3</strong> Asthma</td>
<td></td>
<td>3</td>
<td><strong>3</strong> Self-harm</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td><strong>4</strong> Drowning</td>
<td></td>
<td>4</td>
<td><strong>4</strong> Congenital anomalies</td>
<td></td>
<td>4</td>
<td><strong>4</strong> Depressive disorders</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td><strong>5</strong> Lower respiratory infections</td>
<td></td>
<td>5</td>
<td><strong>5</strong> Anxiety disorders</td>
<td></td>
<td>5</td>
<td><strong>5</strong> Drowning</td>
</tr>
</tbody>
</table>

#### Source: Global Estimates WHO 2015
The Health Behaviour in School-aged Children (HBSC)

**Highlights**

Gender and socioeconomic inequalities across the WHO European Region

MVPA = MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY
Outline

• Burdens and Risk Factors in Adolescents

• Accelerated Action for the Health of Adolescents (AA-HA!)

• Effective youth health care and school health
Unprecedented Opportunities Today

i. Political commitment

ii. Scientific knowledge for multisectoral action

iii. A Case for Investment
i. Political Commitment

Adolescents are central to everything we want to achieve, and to the overall success of the 2030 Agenda

UN Secretary General, and senior co-chair of the High-Level Steering Group for Every Woman Every Child

The European child and adolescent health strategy 2015 - 2020

Aim:
• enable children and adolescents in the WHO European Region to realize their full potential for health, development and well-being
• reduce their burden of avoidable disease and mortality

Guiding Principles:
• adopting a life-course approach
• adopting an evidence-informed approach
• promoting strong partnerships and intersectoral collaboration
• adopting a rights-based approach
ii. Scientific knowledge for multisectoral action

[Image: AA-HA! moment
Oh, I get it now!]

The systematic approach for the implementation of accelerated action for the health of adolescents (AA-HA!)

### SECTION 1
Understanding what is special about adolescents and why investing in them results in long-term societal benefits

### SECTION 2
Understanding global and regional adolescent health profiles

### SECTION 3
Understanding what works – the AA-HA! package of evidence-based interventions

### SECTION 4
Understanding the country’s adolescent health profile
Undertaking landscape analysis
Conducting a consultative process for setting priorities based on explicit criteria

### SECTION 5
Planning and implementing national programmes

### SECTION 6
Strengthening accountability for adolescent health:
- monitoring and evaluating adolescent health programmes;
- priorities for adolescent health research

<table>
<thead>
<tr>
<th>Leadership and participation of adolescents and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing adolescent health needs in humanitarian and fragile settings</td>
</tr>
</tbody>
</table>

More than 70 country case studies

Department of Maternal, Newborn, Child and Adolescent Health

World Health Organization
AA-HA! adolescent evidence-based interventions at a glance

Unintentional Injury  Violence  Sexual and reproduction health, including HIV

Communicable diseases  Non-communicable diseases, nutrition and physical activity  Mental health, substance abuse and self-harm

Positive development  Conditions with particularly high priority in humanitarian and fragile settings

Source: WHO. Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, 2017
Interventions and key areas for programming by sectors other than health in the AA-HA! guidance

- Education
- Social protection
- Telecommunications
- Road and transportation
- Housing and urban planning
- Energy
- Environment
- Criminal justice system

Department of Maternal, Newborn, Child and Adolescent Health

World Health Organization
# AA-HA! documents: overview

<table>
<thead>
<tr>
<th>Global AA-HA! product</th>
<th>Primary target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Main reference document:</td>
<td>National-level policy-makers and programme managers</td>
</tr>
<tr>
<td>Core and Annexes</td>
<td></td>
</tr>
<tr>
<td>2. Summary document</td>
<td>Broader audience of policy makers and other sectors</td>
</tr>
<tr>
<td>3. Brochure</td>
<td>General public</td>
</tr>
<tr>
<td>4. Comic book</td>
<td>Young adolescents</td>
</tr>
</tbody>
</table>
iii. Strong investment case

Yields from investing in adolescent health span across generations: the *triple dividend*
Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents

Peter Sheehan, Kim Sweeny, Bruce Rasmussen, Annababette Wils, Howard S Friedman, Jacqueline Mahon, George C Patton, Susan M Sawyer, Eric Howard, John Symons, Karin Stenberg, Satvika Chalasani, Neelam Maharaj, Nicola Reavley, Hui Shi, Masha Fridman, Alison Welsh, Emeka Nsofor, Laura Laski

Investment in the capabilities of the world’s 1·2 billion adolescents is vital to the UN’s Sustainable Development Agenda. We examined investments in countries of low income, lower-middle income, and upper-middle income covering the majority of these adolescents globally to derive estimates of investment returns given existing knowledge. The costs and effects of the interventions were estimated by adapting existing models and by extending methods to create new modelling tools. Benefits were valued in terms of increased gross domestic product and averted social costs. The initial analysis showed high returns for the modelled interventions, with substantial variation between countries and with returns generally higher in low-income countries than in countries of lower-middle and upper-middle income.

For interventions targeting physical, mental, and sexual health (including a human papilloma virus programme), an investment of US$4·6 per capita each year from 2015 to 2030 had an unweighted mean benefit to cost ratio (BCR) of more than 10·0, whereas, for interventions targeting road traffic injuries, a BCR of 5·9 (95% CI 5·8–6·0) was achieved on investment of $0·6 per capita each year. Interventions to reduce child marriage ($3·8 per capita each year) had a mean BCR of 5·7 (95% CI 5·3–6·1), with the effect high in low-income countries. Investment to increase the extent and quality of secondary schooling is vital but will be more expensive than other interventions—investment of $22·6 per capita each year from 2015 to 2030 generated a mean BCR of 11·8 (95% CI 11·6–12·0). Investments in health and education will not only transform the lives of adolescents in resource-poor settings, but will also generate high economic and social returns. These returns were robust to substantial variation in assumptions. Although the knowledge base on the impacts of interventions is limited in many areas, and a major research effort is needed to build a more complete investment framework, these analyses suggest that comprehensive investments in adolescent health and wellbeing should be given high priority in national and international policy.

Source: Sheehan et al., The Lancet, April 2017
Outline

• Burdens and Risk Factors in Adolescents

• Accelerated Action for the Health of Adolescents (AA-HA!)

• Effective youth health care and school health
Mega trends liable to affect adolescents in the future

- Epidemiological transition
- Growing inequalities
- Changes in demography
- Persistence of entrenched violence
- Crises (conflict, natural disaster, epidemic)
- Climate change and planetary health
- The penetration of digital technology
The public health model for school health exists for more than 200 years

Evidence- and effectiveness-based approaches

- School based interventions outperformed other delivery platforms in outcomes related to SRH, nutrition, and immunizations.
- Effective in reducing depressive symptoms.
- Effective in reducing substance use.
- Sports-related injury prevention interventions and training ± education and the use of safety equipment effective in reducing the incidence of injuries.
From interventions to programmes

HEALTH PROMOTING SCHOOLS (HPS)

- Engage health education and community leaders
- Provide a safe healthy environment
- Provide skills-based health education
- Provide access to health services
- Improve health promoting policy and practice
- Improve health of community

Key features of HPS
Evidence-base for HPSs

The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement (Review)

Langford R, Bonell CP, Jones HE, Pouliou T, Murphy SM, Waters E, Komro KA, Gibbs LF, Magnus D, Campbell R
Health-Promoting Schools and NCDs

Evidence from high-income countries

- HPS approach can contribute to
  - improving body mass index,
  - increasing physical activity,
  - increasing intake of fruit and vegetables
  - reducing tobacco use

Evidence from low- and middle-income countries

- School-based interventions have been successfully implemented to prevent communicable diseases and other health problems, such as
  - worm infection, malaria, diarrhea
  - iron deficiency
  - malnutrition
  - oral diseases

- Evidence for NCDs prevention is scarce but promising

Source: WHO 2017
Progress in primary and secondary school enrolment calls for renewed attention to school health programmes. Investing in school health programmes is a priority for intersectoral action on adolescent health. Every school should become a health-promoting school. Countries that do not have an institutionalized national school health programme should consider establishing one, and countries that do have such programmes should continuously improve them to ensure that they align with the evidence base on effective interventions and emerging priorities.

Source: WHO Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, 2017
School health services: gaps in service provision

- Mental health services reported in the context of projects rather than routine provision, and less often in LMICs

- Services for preventing injuries and violence rarely reported

- Support for pupils with chronic conditions only mentioned in HICs context

- Health education and counselling are common but problem-solving approaches and motivational interviewing are rarely mentioned

- Making contraceptives available through School Health Services is only reported in 4 countries

• Adolescents face many health challenges. More than 3000 adolescents die every day from largely preventable causes.

• Today we have unprecedented opportunities to advance adolescent health due to political commitments, scientific knowledge and strong case for investment

• School health and school health services are well placed to contribute to this agenda. Although much research is still needed, effective interventions are available for countries to

ACT NOW!
THANK YOU!