Global Accelerated Action for the Health of Adolescents (Global AA-HA!) 2.0:

what is new and how countries can use the guidance

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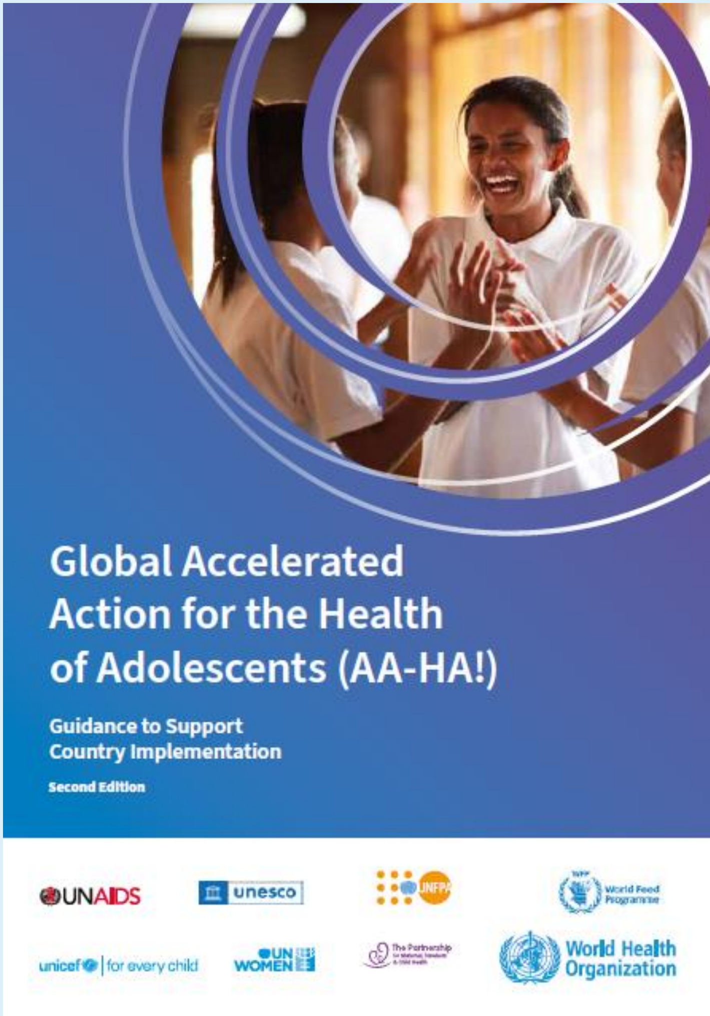
What is Global Accelerated Action for the Health of Adolescents (AA-HA!)?



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A guidance that aims to assist governments in developing, implementing, reviewing and revising national and subnational strategies and plans for adolescent health and well-being

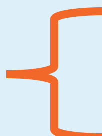
First published in 2017 in support of the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

Second edition was published in November 2023. It incorporates new evidence and experiences since 2017

AA-HA! is more than a guidance – it is an initiative by UN agencies to unite under a common agenda for a comprehensive approach to adolescent health and well-being

AA-HA! guides countries through a systematic approach to develop/review/revise and implement national strategies and plans for adolescent health and well-being

Chapter	Description
Chapter 1	**Building an investment case.** This chapter provides key arguments about what is special about adolescents and why investing in them results in long-term societal benefits.
Chapter 2	**Understanding the status of adolescent health and well-being worldwide.** This chapter helps to understand the main causes of ill health in adolescents globally and regionally and the determinants of health and well-being.
Chapter 3	**Identifying evidence-based interventions for adolescent health and well-being.** This chapter provides a menu of evidence-based interventions across seven areas of adolescent health (unintentional injury; violence prevention; sexual and reproductive health (SRH) and HIV; communicable diseases; noncommunicable diseases, nutrition and physical activity; mental health, substance use and self-harm; interventions in humanitarian and fragile settings) and across well-being domains.
Chapter 4	**Setting national priorities for adolescent health and well-being programmes.** This chapter guides policy-makers in the process of needs assessment, landscape analysis and priority setting to inform the focus of national adolescent health and well-being programmes.
Chapter 5	**Conceptualizing and implementing national adolescent health and well-being programmes.** This chapter describes pathways for programming for adolescent well-being, approaches to multisectoral action and key implementation strategies for intersectoral and single-sector actions in key sectors (health, education, social protection, criminal justice, labour, telecommunications, roads and transportation, housing and urban planning, energy and environment).
Chapter 6	**Strengthening accountability for adolescent health and well-being.** This chapter guides policy-makers in principles of monitoring and evaluation of adolescent health and well-being programmes and in priorities for research.



Meaningful youth engagement in programming for adolescent well-being

Addressing adolescent health and well-being in humanitarian and fragile settings

Chapter 1. AA-HA! – advancing the case for investment in adolescent health and well-being

1.1 Scientific, political and programmatic advances in adolescent health and well-being

1.2 Why invest in adolescent health and well-being?

1.3 What is special about adolescence?

- Determinants at the individual level
- Determinants at interpersonal and community levels
- Determinants at organizational, environmental and structural levels

1.4 The pandemic and other current threats to adolescent well-being, and opportunities

- Climate change
- Armed conflicts and displacements
- Opportunities

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What is new in this chapter?

- ✓ lessons learned from the first edition
- ✓ scientific findings, political and programmatic advances since 2017
- ✓ the adolescent well-being framework
- ✓ the investment case updated
- ✓ lessons learned from COVID-19, current threats to adolescent well-being and opportunities.

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AA-HA! First edition guidance was instrumental in accelerating action in regions and countries

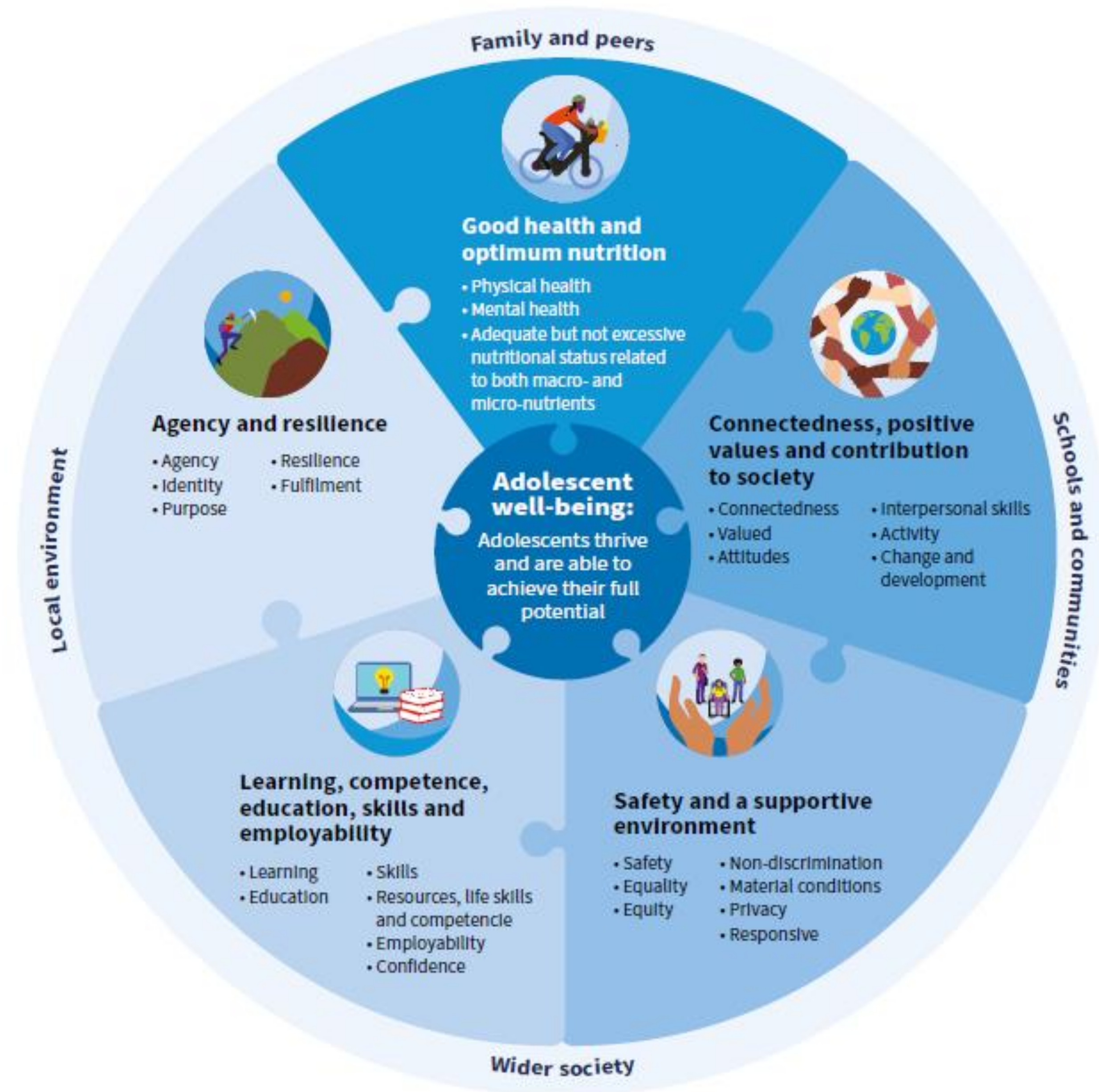
- ✓ By the end of 2022, most of the countries in the Americas region had used the AA-HA! guidance to inform their national plans
- ✓ The guidance was an influential framework for informing regional initiatives and political commitments:

  the Plan of Action for Women's, Children's and Adolescents' Health 2018–2030 of the Pan American Health Organization

The application of AA-HA! in countries has shown that:

- ✓ The AA-HA! systematic approach to plan programmes for adolescent health and well-being is suitable for countries with different epidemiological profiles
- ✓ The menus of interventions and implementation strategies that countries can choose from, rather than a core package of interventions and strategies for all countries, is highly acceptable
- ✓ AA-HA! systematic approach is suitable for district-level planning
- ✓ AA-HA! planning results in increased youth participation in developing national strategies and plans, and facilitates multisectoral approach

The domains of adolescent well-being



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Practical use of Chapter 1

- ✓ Make an investment case - with government, donors, financing departments, others
- ✓ Make the case for a comprehensive adolescent health and well-being strategy (well-being framework)
- ✓ Develop context specific advocacy material
- ✓ Summarize lessons learned from COVID, and implication for programming
- ✓ Reiterate what is special about adolescence

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Chapter 2. The status of health and well-being of the world's adolescents

2.1 Overview of the adolescent population and the mortality and morbidity burden

- Mortality burden
- Morbidity burden

2.2 Overview of risk factors for adolescent health and well-being

2.3 Overview of protective factors for adolescent health and well-being

2.4 Selected outcomes and determinants for adolescent health and well-being

- Unintentional injury
- Violence
- Sexual and reproductive health, HIV and other STIs
- Communicable diseases
- Noncommunicable diseases
- Mental health
- Alcohol and drug use
- Tobacco use
- Physical activity and sedentary behaviour
- Nutrition

2.5 Humanitarian and fragile settings

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Practical use of Chapter 2

- ✓ Understand regional and global situation
- ✓ Reference checklist of type of information that should be included in needs assessment and landscape analysis
- ✓ Make the case for investing in research and addressing data gaps
- ✓ Reinforce the case for a comprehensive adolescent health and well-being strategy

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Chapter 3.
Understanding what works – the AA-HA! package of evidence-based interventions

3.1 Conceptualizing interventions for adolescent health and well-being
3.2 Positive health and development interventions
3.3 Interventions to prevent unintentional injury
3.4 Violence interventions
3.5 Sexual and reproductive health interventions, including HIV
3.6 Communicable disease interventions
3.7 Noncommunicable disease interventions
3.8 Interventions for the prevention and treatment of mental health conditions
3.9 Interventions to address alcohol and drug use
3.10 Interventions to address tobacco use
3.11 Physical activity and sedentary behaviour interventions
3.12 Adolescent nutrition interventions
3.13 Interventions in humanitarian and fragile settings

What is new in this chapter?

- ✓ the most recent evidence on effective adolescent health and well-being interventions
- ✓ Referenced guidelines published since the previous version of the AA-HA! guidance
- ✓ more substantial content on positive development interventions

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Example: Interventions to prevent and mitigate road traffic injuries among adolescents

Ecological level	Intervention	Further comment
Structural and environmental	Drinking age laws	Raising the legal drinking age to 21 years reduces drinking, driving after drinking and alcohol-related accidents and injuries among youth.
	Blood alcohol concentration laws	Set a lower permitted blood alcohol concentration limit (0.02 g/dl) for young drivers than recommended for older drivers (0.05 g/dl). Enforce blood alcohol concentration limits by, for example, random breath testing of all drivers at a certain point or only those who appear to be alcohol-impaired.
	Protection against alcohol marketing	Limits on easy access to alcohol and its marketing, including school policies of zero tolerance.
	Seat belt laws	When laws requiring seat belt use are enforced, rates of use increase, and fatality rates decrease. Although most countries now have such laws, half or more of all vehicles in LICs lack properly functioning seat belts.
	Helmet laws	Enact mandatory helmet laws for two-wheeled vehicles and enforce them. Establish a required safety standard for helmets that are effective in reducing head injuries.
	Mobile phone laws	The evidence on whether penalties for mobile phone use while driving reduce road traffic fatalities is still developing. Emerging evidence suggests a potential decrease in the prevalence of mobile phone use and fatalities where bans on hand-held phone use and texting are enforced.
	Speed limits	Roads with high levels of pedestrian, child or cyclist activity should allow speeds no higher than 30 km/h. Limits should be enforced in such a way that drivers believe there is a high chance of being caught if they speed.
	Restriction of young or inexperienced drivers	A graduated licensing system phases in young drivers' privileges over time, such as first an extended learner period involving training and low-risk, supervised driving, then a licence with temporary restrictions (for example, on the number of passengers or operation of vehicle during certain hours of the day) and, ultimately, a full licence.
	Restriction of availability of alcohol to young drivers	Reducing hours, days or locations where alcohol can be sold and reducing demand through appropriate taxation and pricing mechanisms are cost-effective ways to reduce drinking and driving among young people.
	Legal disincentives to unsafe driving	Make unsafe behaviour less attractive, for example, give penalty points or take away licences of people who drive while alcohol-impaired.

		on existing informal systems of pre-hospital care and transport and initiate emergency services on busy roads with high-frequency crash sites.
	Hospital care	Improve the organization and planning of trauma care services in an affordable and sustainable way to raise the quality and outcome of care.
	Rehabilitation	Improve services in health care facilities and community-based rehabilitation to minimize the extent of disability after injury and help adolescents with disability to achieve their highest potential.
Community	Alcohol campaigns	Make drinking and driving less publicly acceptable; alert people to risk of detection, arrest and its consequences; and raise public support for enforcement.
	Designated driver campaigns	Designated drivers choose not to drink alcohol so they can safely drive others who have drunk alcohol. Such initiatives should be targeted only at young people over the minimum drinking age, to avoid seeming to tolerate underage drinking.
	Seat belt campaigns	Public campaigns about seat belt laws can target adolescents to increase awareness and change risk-taking social norms.
	Helmet campaigns	Educate adolescents about the benefits of wearing helmets on two-wheeled vehicles, using peer pressure to change youth norms regarding helmet acceptability and to reinforce laws on helmet-wearing.
	Community-based projects	Community projects can involve parents and peers to encourage adolescents to wear seat belts.
Individual	Helmet distribution	Programmes that provide helmets at reduced or no cost enable adolescents with little disposable income to use them. Distribution can be taken to scale through the school system.

Example: SRH interventions, including HIV

Box 3.2. Integration of HIV and STI services with contraceptive services

Integrated services can expand reach, quality and care to better serve adolescent girls and women at high risk of acquiring HIV or other STIs and who are accessing contraception.

- Adolescent girls and young women should have more contraceptive choices in all types of service delivery settings, including family planning clinics and primary health care facilities. These services should include free male and female condoms, which are the only multipurpose method for preventing HIV, STIs and unintended pregnancy.
- Adolescent girls and young women accessing contraceptive services – especially in high HIV burden countries – should have easy and affordable access to quality integrated HIV and STI testing, prevention and treatment services that are responsive to the rights and preferences of adolescent girls and women.
- The rights of adolescent girls and women to full and unbiased information should be guaranteed in all health care settings and in the community. This includes basic information on STI and HIV risk factors; advantages, disadvantages and risks of contraceptive methods, including the message that methods other than condoms do not prevent STIs or HIV; and any relevant regulatory changes and requirements that might affect their choices, such as age-related bans on contraceptives, bans on SRH services or changes in abortion laws.
- Contraceptive, HIV and STI services need to be part of a broader health response that includes both SRH and primary health care services in the context of UHC.

Source: WHO 2020 (352).

Ecological level	Intervention	Further comment
Structural and environmental	Policies and funded implementation plans	Develop and implement laws and policies clearly stating that all adolescents can obtain accurate, comprehensive SRH information, decision-making support from a qualified health care professional, respectful treatment, and voluntary choice of a full range of contraceptive methods, regardless of age, marital status or parity. Include adolescent contraception in UHC and national insurance schemes and/or use other approaches such as offering vouchers or offering subsidized services through social marketing, social franchising and cost-recovery schemes. Implement interventions to reduce the financial cost of contraceptives or make them free for adolescents.
Organizational	Peer education programmes	Peer education should not be used in isolation, but rather as part of a package providing information, building positive attitudes and promoting behaviour change and increased service use. Peer education programmes must also be accessible to and inclusive of marginalized groups of adolescents, such as those with disabilities, not only increasing their access to health information, but also strengthening their protective peer networks *(339)*.
	Providing comprehensive sexuality education	In all countries, CSE should be integrated into school curricula and include the promotion of gender equality and respect for human rights. Training and information should be provided to relevant health sector workers, including at the policy level. To reach adolescents who are out of school, include focus on both school-based and out-of-school CSE, and build synergies between the two. Identify and address barriers to accessing CSE programmes faced by some groups of adolescents, such as those with disabilities *(340)*. Begin CSE programmes in childhood and continue through adolescence, taking care to follow the International Technical Guidance on Sexuality Education.
	Provide contraceptive counselling and services	Contraceptive care should be accessible, acceptable and age-appropriate, and adolescents should not be stigmatized, discriminated against or prohibited from accessing it. Adolescent-friendly health services that take a client-centred approach can help health care workers to understand and respond to the differing and changing needs of different groups of adolescents. Implement interventions at scale that provide accurate information and education about contraceptives, in particular curriculum-based sexuality education, to increase contraceptive use among adolescents. The full range of methods, including emergency contraception, should be provided where legally available. Health workers should be trained and informed regarding the

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Practical use of Chapter 3

- ✓ Make an informed argument for your plans and strategies on what works
- ✓ Compare what you do with what is recommended – for each problem area
- ✓ Plan a comprehensive (=across well-being domains and health areas) and multicomponent (=across all ecological levels) response
- ✓ Inform a proposal for donor funding, or research project
- ✓ Make the case for investing in research to address knowledge gaps

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Chapter 4.
Setting national priorities

4.1 Needs assessment
4.2 Landscape analysis
4.3 Setting priorities
4.4 Additional considerations

Practical use of Chapter 4

- ✓ Tool to inform the 3 steps in national priority setting
- ✓ Checklists for the type of data sources required
- ✓ Revisit your national analyses to integrated other well-being domains
- ✓ Inform district and local level planning

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Chapter 5.
Programming: translating priorities into plans and actions

5.1 A logical framework for translating priorities into plans and programmes

5.2 Planning multisectoral action

- Two pathways for programming for adolescent well-being
- Approaches to multisectoral action
- Build leadership within the ministry of health and across the government
- Ensure meaningful adolescent and youth engagement
- Secure financing for adolescent well-being programmes
- A renewed attention to school health and mental health programmes
- Addressing adolescent health and well-being in humanitarian and fragile settings
- Gender-transformative approaches in programming

5.3 Implementation areas and strategies in key sectors

- Health
- Education
- Social protection
- Criminal justice system
- Labour
- Telecommunications
- Roads and transportation
- Housing, urban and industrial parks planning
- Energy
- Environment

What is new in this chapter?

- ✓ a revised logical framework for programming, integrating well-being domains
- ✓ a better description of the complementarity of different approaches to programming for adolescent health and well-being
- ✓ new evidence from the global analysis of school health programmes
- ✓ updated key implementation strategies in 10 key sectors

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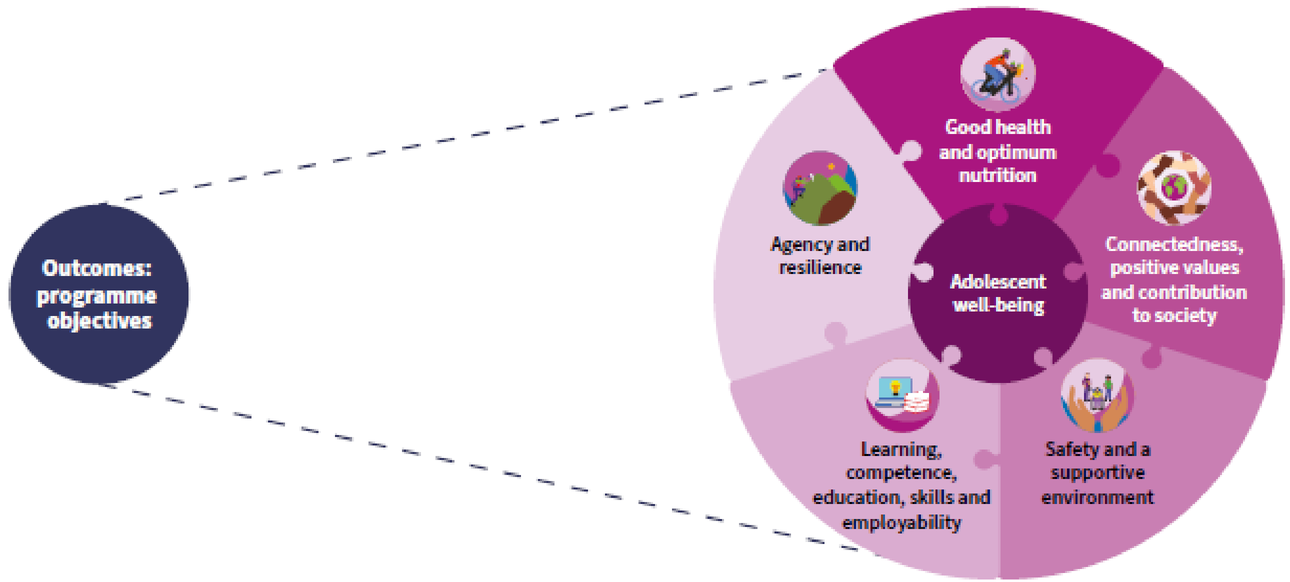
A logical framework



Outputs: expected results of programme	Strong leadership for adolescent health and well-being within the ministry of health and across the government Efforts for adolescent well-being across sectors and coordination between government ministries	Adolescent-protective laws and policies in place	Secured financing for the programme and financial risk protection for adolescents when accessing programme services and goods	Adolescent-competent workforce in key sectors Readiness of service delivery platforms in key sectors for delivery of information and services	Management information systems in key sectors collect strategic and operational information on adolescents	Structures in place for adolescent's participation in decision-making at national, subnational and local levels Communities supportive of, empowered and engaged in programme
Inputs and processes: programme activities	Establish leadership and governance structure for programme implementation Build national and subnational political and administrative capacity for programme implementation	Assess and address legal and policy barriers	Prepare an investment case, assess needs and secure resources for actions at national, district and local levels	Address providers' pre- and in-service training Adopt and monitor quality standards Develop service delivery models that maximize coverage Improve supplies, technology and infrastructure	Improve management information systems in key sectors to make adolescents visible	Create mechanisms for adolescents' participation in governance, programme design, implementation, monitoring and evaluation Implement participatory learning and engage and empower adolescents, families and communities
Programme components	Leadership and governance Section 5.2.3	Adolescent-protective laws and policies Section 5.3.1	Financial risk protection Sections 5.2.5, 5.3.1	Adolescent-responsive services Section 5.3.1	Adolescent-responsive management information systems Sections 5.3.1, 6.2	Adolescent and community participation Section 5.2.4

Joint responsibility between the adolescents' health and well-being programme and other programmes, policies and influences.

Programme's accountability

Implementation strategies in 10 sectors with resource banks

- ✓ Health
- ✓ Education
- ✓ Social protection
- ✓ Criminal justice system
- ✓ Labour
- ✓ Telecommunications
- ✓ Roads and transportation
- ✓ Housing, urban and industrial parks planning
- ✓ Energy
- ✓ Environment

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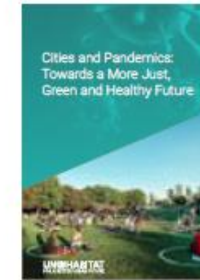
Resource bank for adolescents and housing, urban and industrial parks planning

Source: WHO 2023 (592).



Source: UN-Habitat (590).

Source: UN-Habitat 2021 (595).

Source: WHO 2016 (596).

Source: UN-Habitat 2014 (597).

Source: WHO 2020 (594).

Source: WHO 2023 (598).

Source: WHO 2022 (599).

Source: WHO 2020 (593).

Source: WHO 2018 (600).

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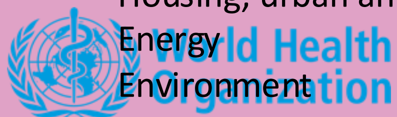

Practical use of chapter 5

- ✓ Inform the logical framework of a national AHW strategy
- ✓ Inform/revise the implementation plan – the list of key implementation strategies for 10 sectors
- ✓ Inform the planning for multisectoral action
- ✓ Inform an application for funding

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Chapter 6.
Monitoring, evaluation and research

6.1 Overview of global frameworks and GAMA
6.2 Data collection systems for adolescent health and well-being indicators
6.3 Global adolescent health databases
6.4 Disaggregation of health data to monitor inequality
6.5 Country-level monitoring and evaluation of programme for adolescent health and well-being

- Monitoring programmes for adolescent health and well-being
- Evaluation of programmes for adolescent health and well-being
- Support to countries for monitoring adolescent health programmes

6.6 Advancing research for adolescent health and well-being
6.7 Involving adolescents in monitoring, evaluation and research

Practical use of chapter 6

- ✓ Identify/revisit data gaps in NHMIS
- ✓ Inform/revise national indicators and targets
- ✓ Develop/update an M&E framework for a national strategy and plan
- ✓ Inform the monitoring framework for a research proposal or donor-funded project
- ✓ Inform implementation research measurements

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AA-HA! Case studies

Case study 3.2

Roots, Indonesian peer violence programme, reduces bullying and victimization in schools

© WHO / Nursila Dewi

Case study 3.3

Cash transfers improve outcomes for pregnant teenage girls in Ecuador

© UNICEF/UNI213996/

Case study 5.2

Management of the Health in Schools programme at the local level in the Philippines – making every school a health-promoting school

© WHO / Francisco Guerrero

About one third of the population of the Philippines is of school age, and health in schools is considered an

And many more….

AA-HA! says AWESOME

Key messages from the AA-HA! guidance

Adolescents are not simply old children or young adults

Well-being is more than the absence of disease. It means optimum nutrition, good education, connectedness, agency, and supportive environments.

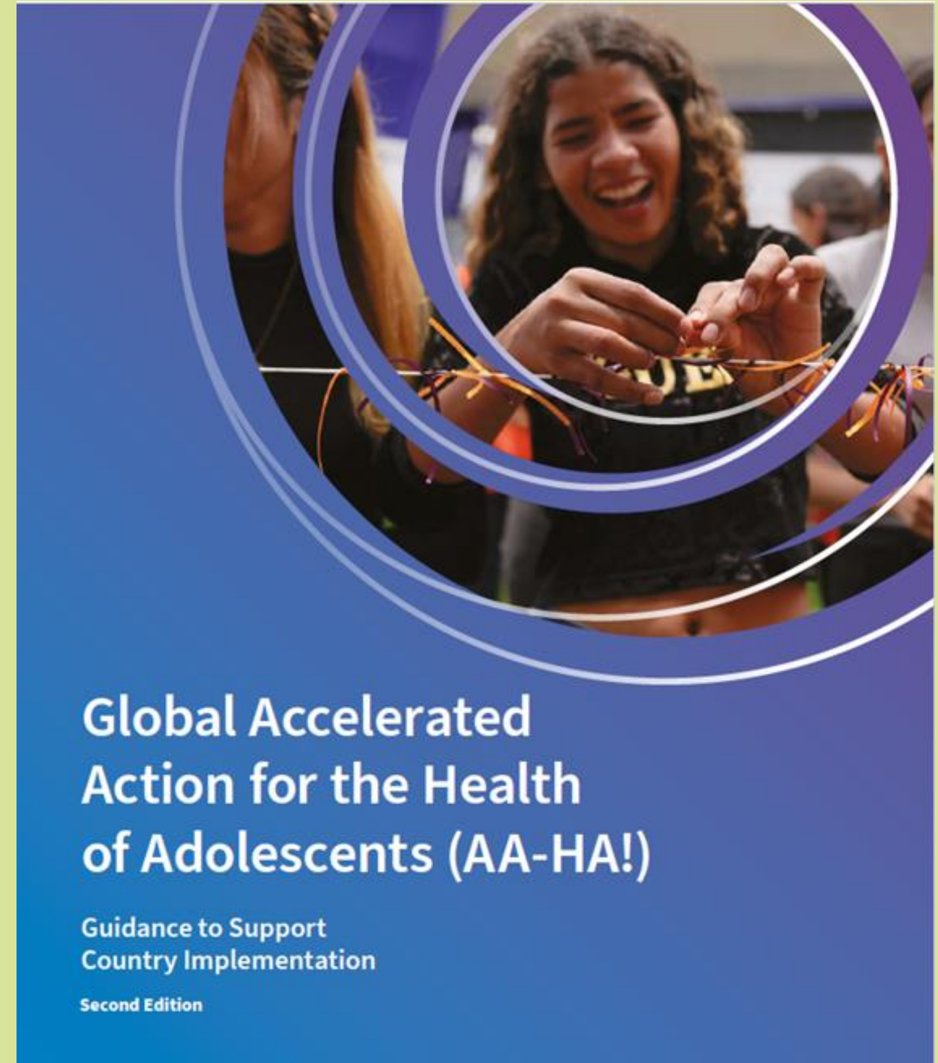
Effective solutions exist, and they should be available to every adolescent

Sectors & Stewardship multisectoral action is crucial, and it requires strong stewardship across government

Ownership by adolescents, for adolescents of decisions affecting their lives is a right!

Multiplier effect throughout life and across generations results from investments in adolescent well-being

Equity means "every adolescent counts!"



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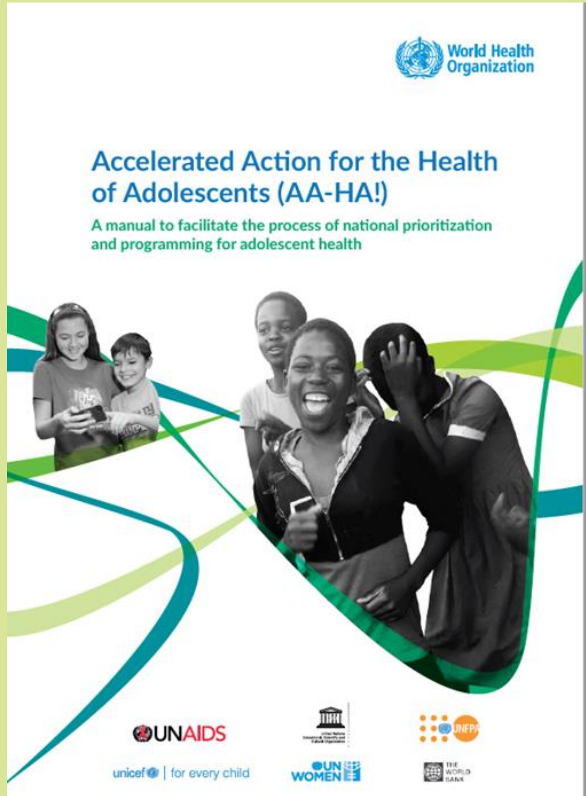
The manual to facilitate the process of developing national adolescent health strategies and plans



This is a key resource for facilitators/consultants to steer the process of developing the national adolescent health and well-being strategy

https://iris.who.int/bitstream/handle/10665/330483/9789241517058-eng.pdf?sequence=1&isAllowed=y

Thank you!

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