Adolescents have shifted into the focus of global policy, reflecting their central role in achieving the 2030 Sustainable Development Goals (SDGs) [1,2]. With 1.2 billion adolescents aged 10–19 years, the largest adolescent population in human history, representing more than 16% of the world’s population, investments in adolescent health and well-being will yield benefits not only for adolescents now but also for their adult lives and future generations [3,4].

The SDGs, the Global Strategy for Women’s, Children’s and Adolescent’s Health, the Global Accelerated Action for the Health of Adolescents, and the Lancet Commission on Adolescent Health and Well-Being all emphasize the need for high-quality data to identify priorities and monitor progress in adolescent health [2,4–6]. In response, there have been investments by United Nations (UN) agencies, country governments, and academia and other stakeholders around indicator development and data collection. These efforts have, however, largely occurred in silos with little harmonization across initiatives, resulting in duplication of work and inefficiencies, and yet a persistent lack of quality data required to inform effective, efficient, and accountable investments for adolescent health and well-being [7].

To harmonize measurement efforts and improve the quality and coverage of adolescent health data, World Health Organizations’ Departments for Maternal, Newborn, Child and Adolescent Health and Reproductive Health and Research, in collaboration with the UN H6 partnership agencies, [2] have established an Advisory Group on “Global Action for Measurement of Adolescent health—GAMA.” The Global Action for Measurement of Adolescent Health (GAMA) Advisory Group was established alongside the Child Health Accountability Tracking (CHAT) Advisory Group, both following the example of the Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) Advisory Group, established in 2015 [8,9]. Together, the GAMA, CHAT, and MoNITOR Advisory Groups aim to improve health measurement and reporting during key phases of the life course so as to ensure accountable action.

The GAMA Advisory Group consists of 12 experts, one MoNITOR representative, and four young professionals (Table 1), selected through a competitive process. Members were selected based on their technical expertise including adolescent health epidemiology, monitoring and evaluation, survey design, indicator development, and health information systems implementation. Further considerations in the selection were to ensure broad expertise across the main health issues of adolescents, geographic diversity, and gender balance. Members of the Advisory Group were appointed to serve for an initial term of 2 years.

The GAMA Advisory Group had their first meeting from November 28–30, 2018, in Geneva, Switzerland, and considered the current landscape of adolescent health measurement, including key surveys such as the Demographic and Health Surveys [10], the Multiple Indicator Cluster Survey [11], the Health Behavior in School-Aged Children [12], the Global School-Based Student Health Survey [13], and the Global Early Adolescent Study [14], initiatives to improve mortality data for adolescents and measurement around mental health, nutrition, sexual and reproductive health, substance use, and violence. The group also reviewed existing indicators for adolescent health,
facilitated by a mapping of key initiatives and indicator compi-
lations [2,4,5,15–19].

Several shortcomings with current approaches to adolescent
health measurement were identified: First, indicators, their
definitions and assessment methods across indicator frame-
works are inconsistent, poorly harmonized with data availability,
and incompletely aligned to needs. For example, adolescent
overweight and obesity, a well-recognized population health risk
for future and intergenerational health [20], was inconsistently
measured across indicator frameworks and notably missing from
the SDGs. Second, age- and sex-disaggregated data for adoles-
cents are often lacking, making the use of the data for program
planning difficult. Third, current measurement does not even-
ly address some adolescent subgroups, for example, out-of-school,
in humanitarian settings, boys, migrants, young people of diverse
gender identity, incarcerated adolescents, and ethnic and reli-
gious minorities. Fourth, topic areas with data gaps included
mental health, injury, positive measures of adolescent health and
well-being, and measures of sexual and reproductive health
among unmarried adolescents and of sensitive nature where
more qualitative research would be needed to move toward
quantitative measures. Fifth, the link between global and
national indicators, as well as between indicators and program-
ming at national and subnational levels is often missing. Sixth,
selection of indicators may be dictated by availability of data
rather than the most important adolescent health issues.
Seventh, data collection tools or administrative systems
delivering data are often not well designed for adolescents.
For example, registration of deaths drawn from health facilities
will largely underestimate adolescent deaths, such as deaths from
road traffic, that occur in communities.

The overarching goal of GAMA is to define a core set of
adolescent health indicators by mid-2020 to converge data
collection and reporting efforts. To achieve this, GAMA’s initial
work plan will concentrate around two key tasks carried out in
 collaboration with country partners and relevant organizations
to ensure the work is relevant and recognized: The first is to
define a conceptual framework with priority areas for adolescent
health measurement globally, considering what needs to be
measured from the perspectives of young people, policymakers,
healthcare practitioners, and programmers, and taking into ac-
count the disease burden, opportunity for intervention, drivers of
health inequality, and different contexts of various regions.
Building on this, the second task will map existing indicators and
available data of sufficient quality and coverage against the
defined priorities. This process will help define indicators that
are aligned with the priority areas but also identify data gaps.
GAMA’s work is documented on a Web site that will be available
by May 2019 on WHO’s home pages and will be further
disseminated through publications and other reporting mecha-
nisms of the involved UN agencies.

The GAMA Advisory Group acknowledges several challenges,
including the tension of defining a core set of indicators while
capturing the important differences that exist across the devel-
 opmental continuum, the varying pattern of health needs and
opportunity for response across different settings, and the
important differences across genders. The task is large, but
without agreement on core indicators, our efforts to address
adolescent health are likely to be inefficient and ineffective,
compromising the health of our young people, and all our futures.

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References

[1] Ki-moon B. Sustainability—engaging future generations now. Lancet 2016; 387:2356–8.
[2] Every Woman Every Child. The global strategy for women’s, children’s and adolescents’ health (2016–2030). New York 2015.
[3] United Nations, Department of Economic and Social Affairs, Population Division. Monitoring global population trends. 2017. Available at: http://www.un.org/en/development/desa/population/publications/index.shtml. Accessed December 3, 2018.
[4] Patton GC, Sawyer SM, Santelli JS, et al. Our future: A Lancet commission on adolescent health and wellbeing. Lancet 2016;387:2423–78.
[5] Inter-Agency and Expert Group on Sustainable Development Goal Indicators. Revised list of global sustainable development goal indicators. New York 2017.
[6] World Health Organization. Global accelerated action for the health of adolescents (AA-HAI): Guidance to support country implementation. Geneva, Switzerland: World Health Organization; 2017.
[7] Azzopardi P, Kennedy E, Patton G. Data and indicators to measure adolescent health, social development and well-being. Innocent Research Briefs 2017-04; Methods: conducting research with adolescents in low and middle-income countries, No. 2. Florence, Italy: UNICEF Office of Research – Innocenti; 2017.
[8] Moran AC, Moller AB, Chou D, et al. ‘What gets measured gets managed’: Revisiting the indicators for maternal and newborn health programmes. Reprod Health 2018;15:19.
[9] Moller AB, Newby H, Hanson C, et al. Measures matter: A scoping review of maternal and newborn indicators. PLoS One 2018;13:e0204763.
[10] United States Agency for International Development. The DHS program. 2018. Available at: https://dhsprogram.com/. Accessed December 3, 2018.
[11] UNICEF. Multiple Indicator Cluster Surveys. 2018. Available at: http://mics.unicef.org/. Accessed December 4, 2018.
[12] HBSC International Coordinating Centre, University of Glasgow. Health behaviour in school-aged children. 2018. Available at: http://www.hbsc.org/. Accessed December 1, 2018.
[13] World Health Organization. Global School-Based Student Health Survey (GSHS), 2018. Available at: https://www.who.int/ncds/surveillance/gshs/en/. Accessed December 5, 2018.
[14] World Health Organization. Johns Hopkins Bloomberg School of Public Health, Global Early Adolescent Study. 2018. Available at: http://www.geastudy.org/. Accessed December 5, 2018.
[15] Countdown to 2030. Women’s, children’s and adolescents’ health. 2018. Available at: http://countdown2030.org/. Accessed December 3, 2018.
[16] Family Planning 2020. FP 2020. 2018. Available at: https://www.familyplanning2020.org/. Accessed December 4, 2018.
[17] UNICEF. Adolescent country tracker. 2018. Available at: https://data.unicef.org/resources/adolescent-country-tracker/. Accessed December 4, 2018.
[18] World Health Organization. Global reference list of 100 core health indicators (plus health-related SDGs). Geneva, Switzerland: World Health Organization; 2018.
[19] World Health Organization. Global reference list of health indicators for adolescents (aged 10–19 years). Geneva, Switzerland: World Health Organization; 2015.
[20] Patton GC, Olsson CA, Skirbekk V, et al. Adolescence and the next generation. Nature 2018;554:458–66.
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