

WHO-EM/CAH/199/E

Summary report on the

# Regional workshop on adolescent health situation analysis and core indicators

Dubai, United Arab Emirates  
11–13 December 2011



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

A regional workshop on adolescent health situation analysis and core indicators was organized by the WHO Regional Office for the Eastern Mediterranean in Dubai, United Arab Emirates on 11–13 December 2011.

The objectives of the workshop were to: review the global and regional status of adolescent health; review progress in adolescent health programming; identify adolescent health priorities to be addressed by countries; review and agree on core indicators for monitoring implementation and progress; provide an update on available tools and guidelines to support adolescent health programming; and develop a one-year country-specific plan of action.

The workshop was attended by 23 participants including delegates from Bahrain, Egypt, Kuwait, Morocco, Oman, Sudan, Tunisia, United Arab Emirates and Yemen. Representatives from the United Nations Children's Fund (UNICEF), Pan Arab Project for Family Health (PAPFAM) and Executive Board of the Health Ministers' Council for Cooperation Council States also participated in the meeting, in addition to WHO staff.

The workshop was inaugurated by Dr Haifa Madi, Director Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean, who highlighted the commitment of WHO at all levels to the area of adolescent health. Dr Mahmoud Fekri, Executive Manager of Health Policies Affairs, United Arab Emirates, addressed the workshop and presented the rationale of addressing adolescent health and the main risky behaviours that adversely impact the adolescent health. Prof. Tawfik A. Khoja, Director General, Executive Board of the Health Ministers' Council

for the Cooperation Council States, emphasized the crucial need for more attention to adolescent health and briefed the attendants on the progress achieved in Gulf Cooperation Council (GCC) countries with support from WHO.

Dr Suzanne Farhoud, WHO Regional Adviser, Child and Adolescent Health, gave a briefing on the status of adolescent health in the Region and an update on the regional adolescent health strategic framework for programme implementation. Progress included the establishment of adolescent health programmes and the development of a regional situation analysis guide that had guided the development process of adolescent health situation analysis reports in eight countries. She also gave a brief overview of the regional guide to adolescent health core indicators, which would be reviewed by participants on the second day of the workshop.

Dr Krishna Bose, WHO headquarters, gave an update on the global status of adolescent health. She made reference to the burden of disease data showing that, after the African Region, the Eastern Mediterranean Region ranked second for the burden of diseases due to maternal conditions.

These introductory presentations were followed by country presentations (Bahrain, Egypt, Kuwait, Morocco, Oman, Tunisia, United Arab Emirates and Yemen) on the adolescent health situation analysis. The country presentations showed the following.

- There was consensus that the situation analysis exercise was useful as it brought different stakeholders together to follow a standardized process to review and analyse adolescent health situation in individual countries.

- The situation analysis results demonstrated the wealth of information that was available in countries to guide programmatic action.
- Current definitions and terminology used to address adolescents were not uniform across or within countries depending on the sector source of information. For ministries of health in most countries, the standard definition of adolescents as 10–19 years was used, while some countries such as Kuwait defined adolescents as 12 years and older.
- There is a lot of similarity across countries on the major adolescent health issues of concern, including conditions such as mental health, tobacco and substance abuse, injuries and noncommunicable diseases. The country presentations were very much in line with the global and regional presentations on status of adolescent health.
- Within ministries of health there is variation on where the adolescent health programme is structurally located. In some countries it is part of child health, while in others it is part of school health, health promotion or maternal/reproductive health.
- Adolescent health issues are addressed by a wide range of actors and sectors. For WHO and the health sector, the role of ministries of health is critical to ensure harmonization and coordination on health related issues across different health sectors and other partners.
- All countries have different legal frameworks designed to protect and promote adolescents, such as age for school enrollment, legal age for driving and alcohol consumption and age of marriage. The consequences of these issues on the health and development of adolescents throw an essential responsibility on ministries of health.
- While there are different tools and guidelines developed by WHO and others (including UNICEF), that affect adolescent



health programming, it is acknowledged that the Regional Office has led the development, adaptation and implementation of a systematic process for improving adolescent health and development.

Participants were divided into two groups for three working group sessions. The first two sessions focused on steps in the process of prioritization of adolescent health problems in countries. This process was developed by the Regional Office using certain prioritization criteria. The first session addressed the first step of the process, categorization of adolescent health problems and the second group work focused on the next step, prioritization of those problems.

In the third group session, country participants reviewed the guide on regional core indicators for adolescent health developed by the Regional Office. The guide was welcomed by the participants, who provided comments and suggestions for further improving it. Four categories of indicators were included: a set of programme-level indicators, sociodemographic indicators, mortality and morbidity indicators and behaviour indicators.

A presentation on the Pan Arab Project for Family Health (PAPFAM) and its major activities (conducting family health surveys, data analysis, dissemination and use of results, capacity-building and development of technical documents) was given by Dr Ahmad Abdel Moneim of the League of Arab States. He also presented results of the PAPFAM surveys.

On the last day, participants worked in country groups to develop adolescent health plans of action for 2012, using a standard template developed by the Regional Office.

## 2. Conclusions

- Adolescents are an important population group in the Region. They are agents for change, therefore investing in their health and well-being is a priority to ensure a healthy future for countries of the Region.
- High-level commitment expressed in different forms including the World Health Assembly resolution on youth and health risks will facilitate and support country actions.
- The workshop provided an excellent opportunity to discuss the adolescent health situation in the countries represented and to identify priorities for action, with the participation of country representatives and key stakeholders including UNICEF, the League of Arab States and the GCC.
- The workshop also provided a forum for in-depth discussions of the regional adolescent health tools. The tools developed by the Regional Office – guide to situation analysis, guide to core indicators for adolescent health, and outlines of guide to adolescent health programme review – have been found to be useful in guiding country efforts in this respect.
- The systematic and comprehensive multisectoral programmatic approach proposed by the Regional Office was highly appreciated.
- Countries expressed appreciation for the role of WHO technical support in the area of adolescent health, in particular the situation analysis process.
- Country situation analysis showed commonalities among key adolescent health-related issues. While the situation analysis report is being finalized, the wealth of available information can be used to guide programme actions. There is a growing commitment to adolescent health in countries as shown by –

among others – the establishment of a management structure. Good examples of adolescent health interventions are ongoing in some countries.

- There is some diversity in the tools, guidelines and indicator definitions currently available from different organizations and partners addressing same issues.
- The prioritization methodology proposed by the Regional Office was found to be useful for identifying a set of regional priorities.
- The workshop resulted in the development of a draft one-year adolescent health implementation plan.

### **3. Recommendations**

#### *To Member States*

1. Adopt a set of adolescent health indicators according to the national priorities and status of progress including identification of sources of information, based on the regional guide to core indicators.
2. Identify key priority issues for adolescent health using the regional methodology and tool.
3. Submit finalized plans to the Regional Office following discussions with relevant stakeholders, by end of January 2012.

#### *To the Regional Office*

4. Continue technical support to move forward the adolescent health agenda.
5. Finalize guidelines and tools for the implementation of adolescent health interventions taking into account the comments and suggestions made by participants.

6. Conduct regular meetings on adolescent health to keep track of country progress.
7. Collaborate with concerned partners to ensure harmonization of existing tools, guidelines and definitions of indicators.
8. Advocate and collaborate with PAPFAM for inclusion of a comprehensive module on adolescents in the survey.
9. Together with partners such as UNICEF and the GCC, support countries in their efforts to mobilize resources for adolescent health.
10. Follow up the finalization and implementation of the plans of action developed during the workshop.



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