

Global standards for quality health care services for adolescents



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Foreword

I am pleased to present the updated, 2025 edition of the *Global standards for quality health-care services for adolescents*. Coming ten years after first publication, it builds upon a decade of implementation experience, responding to emerging priorities and developments, and anticipating future health needs.

The Political Declaration of the High-level Meeting on Universal Health Coverage adopted by the United Nations General Assembly in 2023 calls for health systems that are equitable, inclusive and responsive to the needs of all individuals, including adolescents. This update of the *Global standards for quality health care services* provides a comprehensive framework for delivering adolescent-centred health services that are adapted to adolescents' evolving developmental needs.

The document provides a structured framework for policy-makers, health planners and health workers to enhance the quality of adolescent health services. By adopting these standards, health systems can better align with adolescents' specific needs, promote their active participation in health care, and create environments where young people feel supported to engage openly with health professionals in their personal journey. This contributes not only to improved health outcomes but also to fulfilling adolescents' rights to health care that is available, accessible, acceptable and of high quality.

This updated edition will reinvigorate efforts towards a world where every adolescent has the opportunity to thrive.



A handwritten signature in black ink, which appears to read 'Tedros Adhanom Ghebreyesus'.

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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Leadership

Valentina Baltag (WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing) and Titus Divala (WHO consultant) provided the conceptual framework for the guidance and underpinning evidence reviews, coordinated development of the publication, wrote selected parts of the document and coordinated stakeholders engagement, in collaboration with Susan Sawyer (Centre for Adolescent Health, Murdoch Children's Research Institute, Melbourne, Australia, a WHO Collaborating Centre for Adolescent Health).

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The writing was led by Alice Morgan and Susan Sawyer (Centre for Adolescent Health, Murdoch Children's Research Institute). The manuscript was reviewed and revised by Valentina Baltag (WHO), Titus Divala (WHO consultant), Alexandra Cussen (Centre for Adolescent Health), Elissa Kennedy (Burnet Institute), Jonathan Klein and Risa Turetsky (Stanford University and the International Association for Adolescent Health (IAAH)).

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Members of the WHO Youth Council










Representatives of the WHO Youth Council in the Technical Working Group contributed to the drafting process and provided insights on youth perspectives: Lucy Fagan (Commonwealth Youth Health Network, Major Group for Children and Youth), Whitney Gray (Digital Transformations for Health Lab), Alistair Mukondiwa (Youth Combatting Neglected Tropical Diseases) and Sarah Neggazi (International Pharmaceutical Students' Federation).

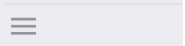
Representatives of UN agencies

Representatives of United Nations (UN) agencies in the Technical Working Group participated in meetings and decisions of the Technical Working Group, peer-reviewed drafts of the document and ensured alignment across agencies: Nazneen Damji and Elena Kudravtseva (UN Women), Danielle Engel (United Nations Population Fund (UNFPA)), Joanna Lai, Mary Guinn Delaney and Damilola Walker (United Nations Children's Fund (UNICEF)), Yongfeng Liu (United Nations Educational, Scientific and Cultural Organization (UNESCO)), Lindsey Wise (World Food Programme) and Lycias Zembe, Alicia Sanchez Argueta and Souad Orhan (Joint United Nations Programme on HIV/AIDS (UNAIDS)).

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School students in Apia, Samoa
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Abbreviations

HEADSSS	home, education, activities/employment, drugs, suicidality, sex, safety
HIV	human immunodeficiency virus
IAAH	International Association for Adolescent Health
LGBTQIA+	lesbian, gay, bisexual, transgender, queer, intersex, asexual, plus
NGO	nongovernmental organization
PHC	primary health care
SOP	standard operating procedure
SRH	sexual and reproductive health
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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Glossary

Adolescence	WHO defines adolescence as the period from ages 10 to 19 years (1).
Adolescent-centred care	An approach to care that consciously adopts the perspectives of adolescents, carers, families and communities as participants in and beneficiaries of trusted health services that respond to their needs and preferences in humane and holistic ways. Adolescent-centred care also requires that adolescents have the education and support they need to make decisions and participate in their own care (2).
Caregiver	In this text “caregiver” is used inclusively to refer to all parents, legal guardians, extended family members, partners, friends and support workers involved in the adolescent’s health care.
Community engagement	A process of developing relationships that enable people with common interests living in a particular area to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes (3).
Competencies	The ability of a person to integrate knowledge, skills and attitudes into their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable (4).
Comprehensive care	Health care that addresses all or several health areas such as sexual and reproductive health (including HIV), unintentional injuries, violence, communicable and noncommunicable diseases including mental health, and key risk factors such as alcohol and drug use, tobacco use, sedentary behaviours and poor nutrition, as well as protective factors such as education and connectedness.
Equity	The absence of avoidable, unfair or remediable differences among groups of people, which may be defined socially, economically, demographically or geographically or by other means of stratification. Health equity means that, ideally, everyone has a fair opportunity to attain their full health potential, and no one should be disadvantaged from achieving this potential (5).

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Essential health benefit package

A health benefit package that was developed through systematic priority setting that follows eight principles for design: 1) impartiality, aiming for universality; 2) democratic and inclusive, with public involvement, including from disadvantaged populations; 3) based on national values and clearly defined criteria; 4) data-driven and evidence-based, including revisions in light of new evidence; 5) respecting the difference between data, dialogue and decision; 6) linked to robust financing mechanisms; 7) including effective service delivery mechanisms that can promote quality care; 8) open and transparent in all steps of the process and decisions including clear communication of trade-offs (6).

Global standard

A global standard is a broad, overarching definition of a key dimension of high-quality health care. It states the fundamental priorities and principles that should guide health care delivery. A standard defines the performance expectations, structures or processes needed for an organization to provide safe, equitable, acceptable, accessible, effective and appropriate services.

Health care worker

Any person engaged in actions whose primary intent is to enhance health. This includes doctors, dentists, nurses, clinical psychologists, mental health professionals, allied health professionals, certified health educators and counsellors and in some countries community health workers (7).

Health promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. Its scope and activities are, ideally, comprehensive and multifaceted. While often framed in the context of prevention strategies for a group, community or population, health promotion is also embodied in individual approaches such as treatment and continuing care (8).

Health service

Services provided to a community in any type of health facility, for example, a community health centre, health clinic, dispensary, outpatient primary and specialized care centre, private practice, school health office or hospital.

Point of contact

Any point of interaction between a patient (or their caregiver/family) and the health care system. These interactions can occur across various settings, purposes and staff members, including in-person consultations, digital communications and community outreach, and through various staff, including clinicians and administrative and security staff.

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Quality statement	A concise statement of a prioritized aspect of quality care derived from its standard. Here, by defining specific, measurable elements, it serves as the operational and practical roadmap for achieving the goals outlined in the global standards.
Staff	All staff within the health care service (for example, managers, administrative staff, health care professionals, cleaners and security staff).
Subnational	Describing a political-administrative unit that operates at the level of a state, region, province, municipality, district or zone. Countries may have different levels of governance for quality of care.
Telehealth	A broad range of technologies and services to provide client care remotely and improve health care delivery and systems. In addition to clinical services, telehealth is a platform for providing other services, such as provider training, administrative meetings, continuing medical education and health promotion (9).
Transition from paediatric to adult care	The shift from paediatric, parent-supervised health care to more independent, patient-centred adult care. The process of transition to adult health care occurs over a period of time and is different from the action of transfer of care at a point in time (that is, transfer of the adolescent patient from the care of a primary care paediatrician to that of the general practitioner). Transfer is only one component of the care transition process.
Universal health coverage	Universal health coverage means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care (10).
Well-being	A positive state experienced by adolescents across five domains: 1) good health and optimal nutrition; 2) connectedness, positive values and contribution to society; 3) safety and a supportive environment; 4) learning, competence, education, skills and employability; and 5) agency and resilience (11). Like health, well-being is a resource for daily life and is determined by social, economic and environmental conditions (8).

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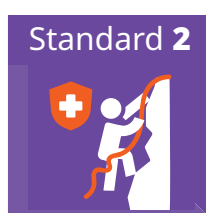


The Global Standards for Quality Health Care Services for Adolescents

The definition of good quality health care can be distilled into the following nine quality standards, as developed through a thorough process of literature review and global consultations of experts and adolescents.



Standard 1
Adolescent-centred care



Standard 2
Developmentally responsive care



Standard 3
Inclusive, confidential, respectful and safe care



Standard 4
Family and community engagement



Standard 5
Competent workforce



Standard 6
Comprehensive health benefit package of care



Standard 7
Data-informed and youth-engaged practice





Standard 8
Welcoming physical environment



Standard 9
Accessible service delivery platforms

The nine quality standards for adolescent health care are defined below (see Table 1). They have been further split into quality statements that spell out more specific details as to how these are implemented at a service delivery level.

Table 1. Global standards for quality health care services for adolescents

Quality standard	Quality statement	Definition
Standard 1 	Adolescent-centred care and empowerment	Adolescents are meaningfully engaged in their health care journey, equipped with the knowledge and tools to participate fully and manage their own health.
	Statement 1.1	Health care is led by the adolescent's preferences and goals, with the adolescent becoming the primary agent in their own health care as they develop capacity to do so. Health services improve adolescent capacity through education and support.
Standard 2 	Developmentally responsive care	Health care is individualized and responsive to the developmental needs of the adolescent, with seamless support for their transition to adult health care.
	Statement 2.1	Health care is delivered in a way that responds and adapts to the evolving physical, cognitive, emotional and social development of adolescents.
	Statement 2.2	Beyond attention to their presenting concern, adolescents and their caregivers receive health education, counselling and anticipatory guidance that meets their developmental needs (for example, puberty, social transitions) and cognitive capacity.
	Statement 2.3	Health services and caregivers assist adolescents to successfully transition to adult services by supporting increased autonomy and ensuring that continuity of care from child to adult services is prioritized.

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Quality standard	Quality statement	Definition
Standard 3 	Inclusive, confidential, respectful and safe care	Adolescents receive confidential, equitable and culturally competent care that upholds their dignity and respects their diverse backgrounds and identities.
	Statement 3.1	All adolescents are treated with dignity and respect regardless of their age, ethnicity, gender, ability, marital status, religion, identity expression, sexual orientation, personal history or reason for visit.
	Statement 3.2	Health services provide confidential care by all staff and at all points of contact. Adolescents and their caregivers understand their right to confidentiality and the limitations of this right.
	Statement 3.3	Health services prioritize the safety of adolescents by creating a supportive, inclusive and culturally informed environment, creating a space where their physical and emotional well-being is recognized and addressed.
Standard 4 	Family and community engagement	Through education and collaboration, health services actively engage caregivers and the wider community to support adolescent health.
	Statement 4.1	Caregivers are included in health care consultations and decision-making commensurate with adolescent capacity and preferences.
	Statement 4.2	Caregivers, adolescents and other stakeholders are made aware of adolescent health priorities and developmental needs through educational outreach activities.
	Statement 4.3	Health services work with local government, community organizations and institutions (including schools, religious organizations and youth groups) to promote adolescent health and improve referral networks.

Quality standard	Quality statement	Definition
Standard 5 	Competent human resources	All staff are equipped with the knowledge, skills and ethical understanding to deliver developmentally appropriate, rights-based and evidence-based care to adolescents.
	Statement 5.1	Health workers understand adolescent development (for example, puberty, neurodevelopment, psychosocial development), including chronic conditions (for example, HIV, diabetes), and provide evidence-based, developmentally appropriate care.
	Statement 5.2	All staff practice adolescent-centred care appropriate to their role, ensuring consistent adolescent-centred service delivery across all points of contact.
	Statement 5.3	Health workers understand and apply ethical principles of adolescent health care to consultations, including considering the adolescent's capacity for decision-making, potential conflicts of interest between caregivers and adolescents, adolescent privacy and child safeguarding. Health workers support adolescents to navigate the ethical challenges of disclosure (for example, for communicable diseases such as HIV; pregnancy).
	Statement 5.4	Health services foster health workers' competencies through continuous education, capacity building, decision support tools, standardization of staff training and supervision.
	Statement 5.5	Health services maintain adequate staffing levels and ensure safe working conditions for staff, appropriate compensation and resources (for example, protected time for training, service delivery adjustments) and quality improvement activities to enable staff to effectively implement adolescent-centred care.

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Quality standard	Quality statement	Definition
Standard 6 	Comprehensive health benefit package of care	Health services provide an evidence-based, well-resourced and integrated package of care that addresses the full spectrum of health needs and ensures seamless referrals to access external care options.
	Statement 6.1	Health services use an evidence-informed approach to define and provide a comprehensive health benefit package of care that addresses the needs of the local adolescent population.
	Statement 6.2	Health services establish clear referral pathways and maintain active networks with appropriate, coordinated care for adolescents across a broad range of health disciplines and services (including mental health, sexual and reproductive health (SRH), gender-based violence, nutrition, HIV prevention and treatment, substance use, housing, education, legal, welfare, etc.).
	Statement 6.3	Health services maintain sufficient medication stocks, equipment and technologies required to provide appropriate care to adolescents.
	Statement 6.4	All adolescent health services and related health care expenses (medication, equipment, etc.) are included in health benefit packages or provided through affordable, adolescent-centred payment options that protect their privacy and are aligned with their ability to pay (that is, free/low cost). Health services actively address common financial and logistical barriers for adolescents.

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Quality standard	Quality statement	Definition
Standard 7 	Data-informed and youth-engaged practice	Health services are committed to continuous quality improvement through a learning health system that is driven by data collection and analysis and actively engage adolescents in the evaluation and enhancement of care delivery.
	Statement 7.1	Health services collect, analyse and use data on adolescents' utilization of, satisfaction with, and perceived quality of services to improve quality of care.
	Statement 7.2	Health services engage adolescents in designing, monitoring, improving and evaluating health services.
	Statement 7.3	Health services implement clinical audits to monitor compliance with evidence-based guidelines and protocols.
Standard 8 	Welcoming physical environment	Health services offer an accessible physical environment where adolescents feel welcome and their privacy is protected.
	Statement 8.1	Health services provide an environment where adolescents feel welcome, with age-appropriate visual materials, adequate seating arrangements that respect privacy preferences, and staff who demonstrate welcoming and supportive attitudes.
	Statement 8.2	The physical space is accessible to all, including those with a disability or other complex needs (for example, adolescents with sensory impairments) and those who are socially marginalized (for example, immigrants, LGBTQIA+ adolescents).

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Quality standard	Quality statement	Definition
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Standard 9 	Accessible service delivery platforms	Health services for adolescents are accessible and convenient, with service access increased through diverse service delivery points and the utilization of technologies.
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Statement 9.1	Health services actively work to address barriers to care, including location, service hours and access barriers specific to minority populations. Services are delivered in locations that facilitate access (for example, schools and outreach clinics) and opening hours reflect adolescents' availability (for example, weekends and after school).
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Statement 9.2	Health services develop their capacity to provide telehealth consultations and use digital technologies to reach adolescents with health education and services.
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Statement 9.3	Health services actively support self-care by integrating self-care interventions into routine care. Services diversify delivery platforms by incorporating digital tools, peer networks and community-based options that empower adolescents to manage their health independently, build health literacy and access support beyond conventional clinical settings.
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Adolescent girls engaged in outdoor sports © WHO



Introduction

Adolescence is a pivotal developmental stage that shapes lifelong health and well-being. Health services play a critical role in meeting the unique and evolving needs of adolescents, offering care that respects their growing autonomy, dignity and rights. Recognizing adolescent health as a global priority, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) published the first *Global standards for quality health-care services for adolescents* in 2015 (12), establishing standards that improve the accessibility, effectiveness and safety of health services for adolescents and fostering environments where young people feel supported to engage openly in their own health and well-being. This guidance established a standards-driven approach within national adolescent health strategies, policies and programmes. By 2023, 81% of responding countries reported having national standards in place (13).

Despite this progress, adolescents across the world continue to face significant barriers to accessing quality health care. Challenges such as restrictive age limits for care, confidentiality concerns with respect to caregivers and the community, caregiver consent requirements, stigma, fragmented services and poor health literacy persist. Services for mental health, substance use and dental care remain among the health services that young people find least accessible (14). Studies highlight widespread gaps in quality care for adolescents and show that mainstream services often fail to truly understand their needs,

In response to these challenges, and informed by rapid advances in technology, new research and a growing emphasis on adolescent participation and empowerment, WHO has revised the Global Standards. This updated edition builds on the first edition, integrating emerging needs and opportunities, such as pandemic preparedness, digital health technologies and self-care approaches, while maintaining the core quality themes: adolescent empowerment and participation; a non-discriminatory, rights-based approach; evidence-based, competent care; family and community engagement; welcoming environments and data-driven quality improvement.

These updated standards align with the Operational Framework for Primary Health Care (2) and other regional and national initiatives, underscoring a global commitment to responsive, adolescent-centred health care. In addition, the *Competency and outcomes framework for adolescent health and well-being* (15) has been developed to support countries and institutions in building competency-based education programmes in adolescent health and development for both pre-service and in-service education. Together, these resources aim to equip health programme managers, clinicians and organizations to deliver quality, rights-based care that meets adolescents' evolving needs and raises expectations for health systems worldwide.

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Aims

The primary aim of the *Global standards for quality health-care services for adolescents* is to equip policy-makers, health planners and health workers with a structured framework to enhance the quality of adolescent health care. These standards serve as a resource to improve the accessibility, effectiveness and safety of health services for adolescents, fostering environments where young people feel supported to engage openly in their health and well-being. Through the implementation of these standards, health services can better align with adolescents' unique developmental needs and evolving autonomy, actively developing and encouraging their participation in health care decisions and management approaches. This includes not only supporting physical health but also addressing the mental and social health needs of adolescents.

This document provides implementation guidance to help health systems at all levels plan actions to sustain these quality standards. These Global Standards are applicable to services at all levels of care, notwithstanding that some specialized services (for example, a psychiatric unit in a hospital) might have additional service-specific requirements for quality care. The standards are adaptable to a range of health services, including community health centres, government-run facilities, hospitals, school health services, nongovernmental organizations (NGOs) and private health organizations. By establishing a consistent approach to quality improvement and assurance, these standards ultimately aim to enhance adolescents' use of and benefit from health services, contributing to improved health outcomes across this age group.

“ Good health care is comprehensive and accessible. It prioritizes patient-centred care, respecting individual needs and involving young adults in their health decisions. High-quality, evidence-based medical treatment from well-trained professionals, combined with the integration of modern technologies like telemedicine and health apps, ensures efficient and effective care.”

—Policy-maker

Scope and target audience

This guidance both defines the required level of quality in the delivery of services to the adolescent population (the *what*) and suggests the implementation strategies/implementation cycle (the *how*). It emphasizes which aspects of quality should be addressed to minimize or remove the barriers that adolescents face in accessing and using health care services. Each standard is described by the standard statement, one or several quality statements and measurable criteria (Tables 4–12).

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These Global Standards do not intend to describe what quality of health care means more generally across health. Notwithstanding that some aspects of care are unique to adolescents (for example, developmentally appropriate care), many aspects of care, such as affordability, geographical proximity, respectful care and continuity of care are important for all age groups and are well described elsewhere (see Table 3, page 8). This document describes their specific manifestation for adolescents (for example, geographical proximity implies linkages with schools) and emphasizes the elements that may disproportionately affect adolescents' willingness to engage with care (for example, lack of confidentiality).

The target audiences for this guidance are policy-makers, programme managers and service managers in charge of adolescent health programmes and their quality improvement. The secondary target audience includes the health workforce in all practice areas, who can use this guidance to advocate better quality care and greater commitment of resources, as well as individuals and organizations supporting governments and the private sector.

While the Global Standards are ordered in a particular way (with emphasis on adolescent engagement – Standard 1), they are intended to be of equal weight, with the hope that programmes strive to achieve as many of these quality standards as possible given their environmental, contextual and budgetary constraints. It is acknowledged that in some countries, due to current laws, policies and resource constraints, some of these standards or their criteria may be more aspirational than achievable at present. However, users of this document are encouraged to consider the standards in their entirety as they take steps towards implementation.



Girls at World Health Day event in Nauru
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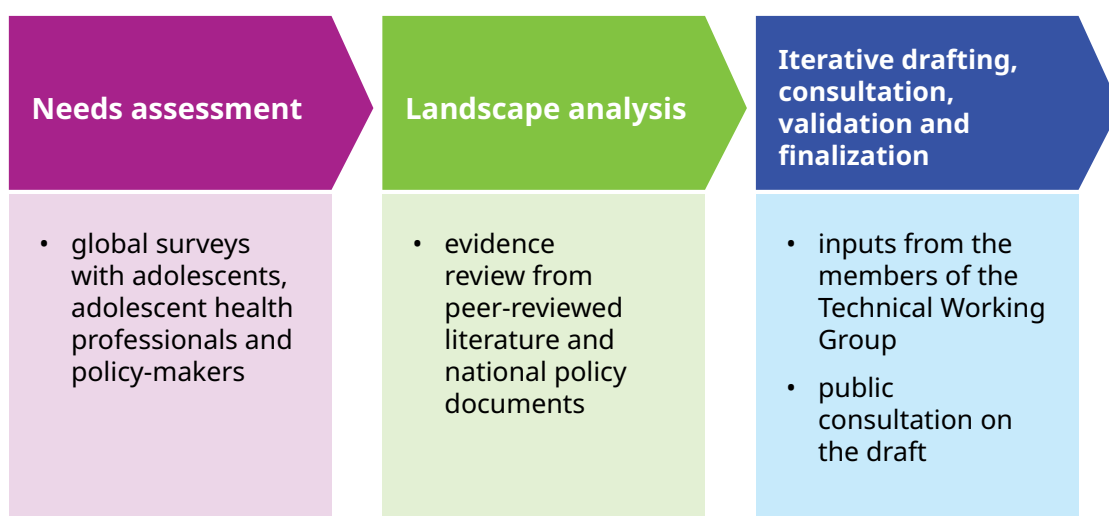


How the guidance was developed

This document was developed through a collaborative process among WHO and diverse stakeholders across all regions, including the WHO Youth Council, international experts in adolescent health and medicine, representatives from UN agencies (UN Women, UNAIDS, United Nations Children’s Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), the World Food Programme) and staff from various WHO departments and regional offices (see *Acknowledgements* section).

Fig. 1 summarizes the development process. The inclusiveness of the process and the breadth of evidence gathered to inform the guidance assures that the Global Standards are universally relevant while intended to be adapted to local contexts and health care systems.

Fig. 1. Development process for the Global Standards for Quality Health Care Services for Adolescents



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Evidence base and stakeholder involvement

Multiple sources of evidence and consultation processes informed the content of the guidance:

1. **Global surveys** of adolescents and young adults and of experts in adolescent health care were conducted to (i) assess the needs of end users and (ii) gather feedback on the draft document. These surveys included questions on health care accessibility, quality improvement, provider skills, facility policies, financial protection and other aspects relevant to quality health care delivery to adolescents.
2. **Evidence reviews:** A systematic review was undertaken of peer-reviewed publications and national policy documents, published between 2015 and 2024, that addressed (i) current recommendations on the quality of adolescent health care and (ii) facilitators and barriers to improving quality health care for adolescents. These evidence reviews focused on aspects of care as defined in the first edition of the Global Standards as well as implementation aspects.
3. **National documents review:** A systematic analysis was undertaken of national adolescent health documents submitted by member states through the Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey (2015–2023) (13). This analysis examined and helped to identify common approaches, best practices and implementation strategies that could inform the Global Standards, ensuring that they build on current practices and reflect different contexts.
4. **Expert consultation:** Throughout the development process, the Technical Working Group, comprising multidisciplinary experts and representing all six WHO regions, provided critical feedback, ensuring that the guidance remained both evidence-based and practically applicable across diverse settings. The consultation process included virtual meetings, document reviews and structured feedback sessions.

All external experts participating in guidelines development submitted to WHO a declarations of interest disclosing potential conflicts of interest that might affect, or might reasonably be perceived to affect, their objectivity and independence in relation to the subject matter of this guidance. WHO reviewed each of the declarations and concluded that none could give rise to a potential or reasonably perceived conflict of interest related to the subjects discussed at the meetings or covered by the guidance.

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How to use this resource in different contexts

This guidance is applicable in countries at various stages of implementing a standards-driven approach to quality health care services for adolescents, regardless of their available resources. It is designed to be relevant for countries at the initial stage of considering standards, for those in which the implementation and regular monitoring of existing standards are suboptimal and for those reaching success but still aspiring for universal implementation or specific improvements. Table 2 presents three hypothetical scenarios for using this guidance depending on experience implementing a standards-driven approach to quality health care services for adolescents.

Table 2. Implementing a standards-driven approach to improve the quality of adolescent health care in countries with various levels of experience

	Limited experience	Some experience	Extensive experience
	Hypothetical examples		
Standard 1	<p>The country has no national standards for quality health care services for adolescents. Some quality improvement projects have been implemented in two districts¹ with the support of development partners.</p>	<p>The country has national standards for quality health care services for adolescents that were published in 2016.</p>	<p>The country has national standards for quality health care services for adolescents that were recently reviewed or updated.</p>
Standard 2		<p>The standards were operationalized in a limited number of districts, with an average of 50% of facilities participating in each district. In 2016 large scale dissemination and capacity building was undertaken, but these efforts have not been reviewed or renewed since then.</p>	<p>All districts use standards to inform quality improvement, but the quality of implementation varies from district to district and from facility to facility.</p>
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¹ Countries may have different levels of political-administrative decentralization. We use “district” to mean any subnational level of governance (for example, state, region, province, municipality, district or zone).

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Limited experience

Some experience

Extensive experience

Context-specific application of the global guidance

Use the global guidance to orient key stakeholders to the benefits of a standards-driven approach to quality health care services.

Proceed with the development of national standards (see Part 2. Implementation).

- ✓ Develop a 1–2-year implementation plan.
- ✓ Sensitize all districts and all facilities to the standards.
- ✓ Support districts and facilities with capacity development and supportive supervision.
- ✓ Learn lessons from implementation before planning further improvements.

Use the global guidance to orient key stakeholders to the benefits of revising existing standards and to review the expired or outdated standards:

- ✓ Develop a 1–2-year implementation plan.
- ✓ Sensitize all districts and facilities to the standards.
- ✓ Support districts and facilities with capacity development and supportive supervision.
- ✓ Learn lessons from implementation before planning further improvements.

Use the global guidance to conduct a rapid “gap analysis” of the current standards and to align with the global guidance if gaps are identified.

- ✓ If necessary, update and approve the revised national standards.
- ✓ Strengthen accountability by improving processes for regular monitoring of standards.
- ✓ Support districts and facilities by providing capacity development, including training, operational manuals and tools.
- ✓ Support ongoing and continuous learning between districts and facilities.
- ✓ Iterate implementation cycles.



Girls in gym class in Kazakhstan © WHO

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Other relevant WHO resources

These Global Standards are intended to align with other WHO resources that describe requirements for a primary-care centred approach and universal health coverage. This document should be used in conjunction with the WHO *Competency and outcomes framework for adolescent health and well-being (15)*, especially with regard to Standard 5, Competent human resources.

Table 3 lists the key complementary documents.

Table 3. Relevant WHO resources for the implementation of quality standards

Competency and outcomes framework for adolescent health and well-being (15)



This document aims to help countries develop competency-based educational programmes in adolescent health and development for both pre-service and in-service education. It provides guidance on assessing and improving the structure, content and quality of the adolescent health component of pre-service curricula and seeks to equip primary care providers with the skills to address adolescents' health needs. The document has particular relevance for Standard 5, Competent human resources.

Principles of health benefit packages (6)



This document provides a roadmap for designing equitable, evidence-based health service packages that advance universal health coverage. Grounded in eight core principles – including fairness, inclusivity, transparency and financial sustainability – this document guides policy-makers in prioritizing health interventions that align with national values and resources. By ensuring that decisions are data-driven, participatory and effectively implemented, it aims to foster health systems that deliver essential care to all, especially the most vulnerable. The document has particular relevance for Standard 6, Comprehensive health benefit package of care.

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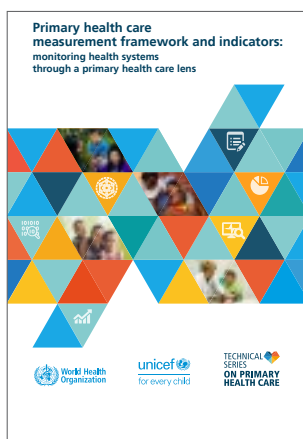


Quality health services: a planning guide (16)



This planning guide describes key activities required at the national, subnational and facility levels to enhance the quality of health services. It highlights the need for a health systems approach based on a common understanding of the activities needed. The document has particular relevance for planning actions to implement the Global Standards and has informed the implementation section (Part 2) of this document.

Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens (17)



This guide is intended to help countries assess and enhance their health systems by focusing on primary health care (PHC). It introduces a measurement framework and indicators designed to evaluate health systems performance from a PHC perspective. The document has particular relevance for planning the monitoring of implementation of the Global Standards.

Operational framework for primary health care (2)



This guide provides actionable strategies for countries to enhance their PHC services. It describes four core and ten operational levers, and their associated actions and interventions, that can accelerate the strengthening of PHC and translate the global commitments made in the Declaration of Astana into actions and interventions. The document has particular relevance for planning actions to implement the Global Standards.

PHC = primary health care

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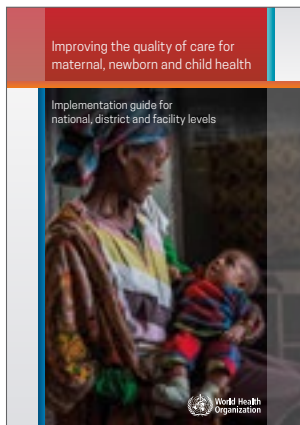


Standards for improving the quality of care for children and young adolescents in health facilities (18)



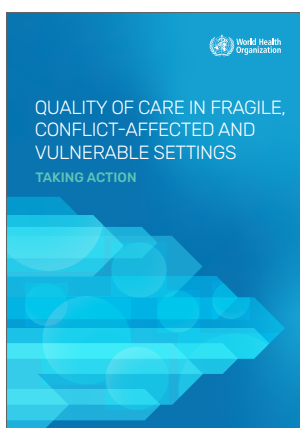
These standards provide a comprehensive framework to improve hospital care for those 0–15 years old. This document outlines eight key standards for care in health facilities that is effective, safe and centred on the needs of children and young adolescents. These standards can help health workers to improve service delivery, promote better health outcomes and uphold the rights of young patients. The document has particular relevance for referral-level facilities.

Improving the quality of care for maternal, newborn and child health: implementation guide for national, district and facility levels (19)



This guide is intended to help countries enhance the quality of health care services for mothers, newborns and children. It provides actionable strategies and tools for their implementation at national, subnational and facility levels. It aims to ensure effective, safe and patient-centred care, reduce maternal and child mortality rates, improve health coverage and work towards universal health coverage. The document can be used in conjunction with the Global Standards to adopt a life-course approach to quality of care that includes adolescents, including adolescent mothers.

Quality of care in fragile, conflict-affected and vulnerable settings (20)



This document aims to guide health workers, policy-makers and organizations working in crisis-affected regions to improve health service delivery despite the challenges posed by conflict and instability. It offers frameworks for assessing health system performance, addressing infrastructure damage and responding to disease outbreaks and operational disruptions. It provides guidance on strengthening the resilience and capacity of health systems. The document offers specific considerations for improving the quality of adolescent health services in humanitarian and fragile settings.

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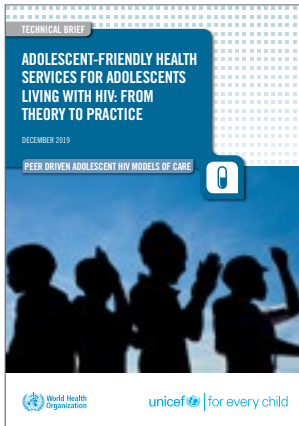
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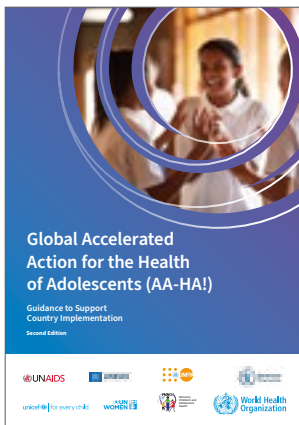


Adolescent-friendly health services for adolescents living with HIV: from theory to practice (21)



This guide aims to enhance health care delivery for adolescents living with HIV. It defines the key elements of adolescent-centred health services, summarizes guidance on such services and differentiated service delivery for this demographic, illustrated with best-practice case studies from various countries. Health workers and programme managers can use this brief to design and implement services to meet the unique needs of adolescents living with HIV.

Global Accelerated Action for the Health of Adolescents (AA-HA) (1)



The AA-HA guidance is intended to help countries respond effectively to the spectrum of health and well-being needs of adolescents. A reference for national policy-makers and programme managers, it offers evidence-based strategies for planning, implementing, monitoring and evaluating adolescent health programmes. The guidance emphasizes multisectoral interventions, including comprehensive sexuality education, safety laws, reduction of environmental health risks and better access to essential public services such as water and sanitation. The guidance can be used in conjunction with the Global Standards to make a case for a focus on adolescents in national policies and strategies and for quality improvement initiatives.

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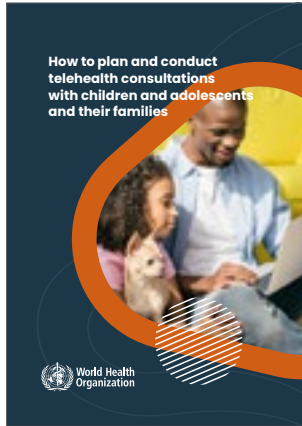


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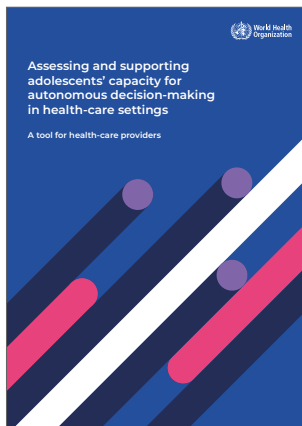


How to plan and conduct telehealth consultations with children and adolescents and their families (9)



This document provides practical recommendations for health workers to deliver effective, safe and engaging telehealth services for children and adolescents. It outlines key considerations, including technical setup, confidentiality, communication strategies and clinical assessment. The document has particular relevance for including telehealth consultations in adolescent health services.

Assessing and supporting adolescents' capacity for autonomous decision-making in health-care settings (22)



This tool helps health care workers assess adolescents' capacity to make autonomous decisions about various aspects of their care and to support this decision-making. The tool is based on principles of shared decision-making; thus, it considers the perspectives of the individual, families and communities. Its aim is to move from a vertical, paternalistic, unilateral view of assessment to a much more horizontal, integrated process, with the adolescent as a partner at its centre. The document has particular relevance for Standards 1, Adolescent-centred care and empowerment; 3, Inclusive, confidential, respectful and safe care; 4, Caregiver and community engagement, and 5, Competent human resources.

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High school students playing ball in Tonga © WHO / Yoshi Shimizu



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Youths taking part in the Japan lifesaving association drowning prevention programme © WHO / Kimimasa Mayama

Adolescent-centred care and empowerment



Adolescents are meaningfully engaged in their health care journey, equipped with the knowledge and tools to participate fully and manage their own health.

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Intent

Adolescents should be active participants in all aspects of their health care, with the health care priorities driven by the adolescent. High-quality care provides adolescents (and their caregivers) with education and advice that equips adolescents to make informed decisions and supports them to exercise choice and agency in managing their own health within the context in which they live. Health services should foster a sense of ownership among adolescents, ensuring they are respected as partners in their care journey.

“Adolescents struggle to find accurate and trustworthy health information amidst the vast amount of content available online. Differentiating between reliable sources and misinformation can be challenging.”

—Female, 47 years, United Republic of Tanzania

Statement 1.1

Health care is led by the adolescent's preferences and goals, with the adolescent becoming the primary agent in their own health care as they develop capacity to do so. Health services improve adolescents' capacity through education and support.

Rationale

Empowering adolescents in their health care leads to better engagement, adherence to treatment and long-term health outcomes. Centring care around adolescent preferences allows them to become the primary agents in their own health care as their capacity to do so increases and caregivers gradually move from decision-making roles into more supportive roles. This approach ensures respect for their autonomy and aligns with developmentally appropriate care (Standard 3). For some adolescents, health goals may align, more realistically, with broader needs such as housing, food, protection from war or dealing with displacement. Wherever possible, these priorities should be supported through appropriate linkage to other care agencies and support.

“ Good health care is listening and understanding what we have to say.”

—Female, 24 years, India

Practice example

A 15-year-old adolescent with Type 1 diabetes stated that he wants to manage his condition more independently. He met with the health care team alone to discuss his treatment options. They tailored information to his level of understanding and used video demonstrations for additional engagement and learning. After reviewing multiple management options, the adolescent was interested in using an insulin pump, as this would provide greater flexibility for him and fewer daily interruptions. The health care provider worked with the adolescent to ensure that he felt confident using the pump and then developed a care plan based on the adolescent's preferences. Initially, this involved weekly follow-up via telehealth to address any challenges with the pump and to adjust the treatment as needed.

Table 4. Measurable criteria for Standard 1

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✓ National and service-level policies support adolescent-centred care. ✓ Notes and clinical documentation proformas include space to record adolescent preferences for care and caregiver involvement. ✓ The health service has age-appropriate health information materials and tools to support health literacy and shared decision-making. ✓ The health service has guidance for health workers to obtain informed consent from adolescents, in line with their developmental capacity and national laws. This includes training to assess developing capacity and autonomy. 	<ul style="list-style-type: none"> ✓ Adolescents are engaged in discussions about their illness and its treatment according to their capacity. ✓ Care plans are tailored to the adolescent's health needs and preferences, including those concerning caregiver involvement. ✓ Health workers progressively increase adolescents' and caregivers' expectations of adolescents' responsibility for their own care as their skills in communication and health management improve. ✓ Health workers provide age-appropriate information to support adolescents' capacity and health literacy. ✓ Health workers always obtain informed consent or assent from adolescents. 	<ul style="list-style-type: none"> ✓ Adolescents are satisfied with their involvement in care decisions and the responsiveness of services to their needs. ✓ Adolescents are capable and empowered to manage their health, consistent with their level of development. ✓ Adolescents are aware of available services and how to access them. ✓ Adolescents are health-literate appropriate to their age.

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Developmentally responsive care



Health care is individualized and responsive to the developmental needs of the adolescent, with seamless support for their transition to adult health care.

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Intent

“Developmentally responsive care” ensures that health services address adolescents’ unique developmental needs, supporting their transition from dependent to more independent health management through tailored education, counselling and anticipatory guidance on relevant topics (for example, HIV prevention and sexual health, puberty, mental health). It emphasizes involving caregivers in consultations and decision-making when appropriate, while respecting adolescents’ preferences and readiness for autonomy as it develops. This standard recognizes that cognitive capacity, knowledge and support needs will develop at different times for each individual and are not directly tied to age. It also highlights the importance of smooth transitions from paediatric to adult services that prioritize continuity of care.

“ They need to understand that we are young and need to stay in school and therefore can’t just take a day off. We prefer to talk to the same doctor or nurse each time as they will know us better. They also need to know we may need to have our parents involved as well.”

—Female, 18 years, Denmark

Statement 2.1

Health care is delivered in a way that responds and adapts to the evolving physical, cognitive, emotional and social development of adolescents.

Rationale

Health care must adapt to adolescents’ evolving cognitive, emotional and social needs, which change with growing maturation. Developmentally responsive care assesses individual capacity rather than relying solely on age, offering tailored information, resources and choices.

Adolescents increasingly seek involvement in health decisions, but their preferences are often overshadowed by caregivers or providers. Centring adolescents in their care is essential, while also recognizing the supportive role of caregivers. Gradually reducing reliance on caregivers and their influence

can foster adolescent autonomy, but caregivers' involvement should align with the adolescent's needs, ensuring a supportive (rather than a leading) role in consultations.

Practice example

The 17-year-old twins Akmal and Mohammed attend the health service. Akmal has a moderate intellectual disability, while Mohammed does not. Their caregivers continue to attend all appointments with Akmal, and providers present information in very simple language with visual resources. Akmal is offered limited choice, as he becomes overwhelmed easily, but the doctor supports him to choose one of two options wherever possible. For Mohammed's appointment, the caregivers mostly wait outside while he sees the doctor alone. Sometimes he calls his parents in when he is struggling to make a big decision or when his treatment plan changes, but he prefers to see the doctor alone and can report back important details to his caregivers.

Statement 2.2

Beyond their presenting concern, adolescents and their caregivers receive health education, counselling and anticipatory guidance that meets their developmental needs (for example, puberty, social transitions) and cognitive capacity.

Rationale

Providing adolescents and their caregivers with clear, developmentally suitable information about adolescent health issues, services and rights before they encounter difficulties with their health and well-being allows for thoughtful and informed decisions. Poor health literacy – encompassing both knowledge of health and how to access services – can often hinder an adolescent's ability to navigate a complex health system; barriers such as limited education or cultural stigma can further prevent adolescents from accessing critical health knowledge or services. As an adolescent matures physically and socially, health workers should view each encounter as an opportunity to consider the adolescent's upcoming health needs (for example, navigating life's challenges, such as alcohol and drugs, sexual and reproductive health needs, family transitions, careers) and to offer appropriate guidance in advance of difficulties.

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Practice example

A health service is aware that developmental stage should influence when and how preventive interventions are introduced to adolescents, for example, HIV and STI prevention counseling before sexual debut, or harm reduction advice for adolescents experimenting with substances. Yet many adolescents attend their services only when they have a significant health problem and caregivers do not always anticipate the health needs of their children. As a result, the service starts to conduct health education and outreach sessions at the local school and church, addressing topics such as growth and puberty, mental health and well-being, nutrition and relationships. They also see every appointment with an adolescent as an opportunity to complete a broad assessment and so start to include the HEADSSS¹ assessment by a nurse.

Statement 2.3

Health services and caregivers assist adolescents to successfully transition to adult services by supporting increased knowledge and autonomy and ensuring that continuity of care from child to adult services is prioritized.

Rationale

The transition from paediatric to adult health care (see Glossary) can be a challenging period, which, if poorly managed, too often results in interrupted care, decreased engagement with health services or dropout from treatment. Robust policies that support adolescents to transition successfully from parent-led care to more independent care, or between different services, are needed, focusing on clarifying the responsibilities for child, adolescent and adult services. Structured education programmes and autonomy-building approaches, such as appointment reminders or adherence apps, can help adolescents gain the skills to manage in adult health care systems. Health workers must ensure continuity of care during this vital stage of life, identify risks of disengagement, and ensure regular communication with other services as needed.

Practice example

A paediatric health service is aware that many of their adolescents fail autonomy in appointments, beginning at age 14, and paediatric service at 16 years. To counter this, health workers gradually increase the adolescent's autonomy in appointments, beginning at age 14, and ensure that there is time to consult with the adolescent alone as well as together with the caregiver. Staff ensure that the waiting room has posters and brochures that advertise education sessions, useful website and apps, and self-management tips for adolescents. Wherever possible, the health service arranges for adolescents with chronic illnesses to meet their future adult provider at a joint appointment, with the goal of ensuring a smoother transfer between services. At discharge from the adolescent service, adolescents receive a copy of their medical records, both for their own information and to take to the provider of adult care.

¹ HEADSSS = home, education, eating and exercise, activities, drugs, suicidality, sex, safety.

“ There is a need to recognize the rights of adolescents with complex disabilities to have the support and resources to move through transition to adulthood with the level of independence and autonomy that they aspire to and that can be achieved.”

—Health worker

Table 5. Measurable criteria for Standard 2

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✓ Health workers are trained in adolescent development, assessing developing capacity/ autonomy and adapting communication to different developmental levels. ✓ Health literature suited to varying developmental levels is available. ✓ Policies and guidelines dictate what educational guidance should be offered to adolescents as they mature. ✓ Primary health workers are trained to identify when adolescents are at risk of disengagement and how to address this. ✓ Health workers are trained in transition planning. ✓ National or subnational policies dictate the age that transition support begins and when adolescents must transfer to adult care and/or transition to full independence/ autonomy in their own health care. 	<ul style="list-style-type: none"> ✓ Health workers communicate with adolescents using developmentally appropriate language and approaches. ✓ Adolescents and caregivers are informed about their roles in the health care team and given guidance on how to participate. ✓ Developmentally appropriate anticipatory guidance is offered for a range of psychosocial topics. ✓ Outreach teams educate adolescents on common health and developmental concerns through schools, social media and other platforms. ✓ Transition plans are developed collaboratively with the adolescent, their caregivers and future adult health workers. 	<ul style="list-style-type: none"> ✓ Adolescents understand their illness, treatment options and overall care process over time, and they feel supported to navigate this. ✓ Health workers follow a smooth transition process, with sustained engagement following transfer between services. ✓ Handover documents are written by health workers and sent with the adolescent’s medical file in advance of transfer between health workers and services.

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Inclusive, confidential, respectful and safe care



Adolescents receive confidential, equitable and culturally competent care that upholds their dignity and respects their diverse backgrounds and identities.

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Intent

Where adolescents experience confidential health care that is inclusive, feels safe and is free from discrimination, they feel secure enough to seek care for sensitive issues. Equity should permeate every aspect of care, with health services working closely with other agencies to identify and understand the needs of vulnerable groups of adolescents and provide culturally competent, accessible services. Cultural barriers to care may include real or perceived exclusion from services, cultural taboos (such as an unmarried girl being seen by a male doctor or in relation to LGBTQIA+) or a staff member's lack of understanding of cultural or social needs. These standards encourage health services to provide staff members with cultural competence training, establish non-discrimination policies and implement protocols that protect the well-being of vulnerable adolescents.

“ My friends and I decided to get tested for HIV and learn more about prevention. We went to a clinic where we were met with lots of questions about what we were doing there and who we were sleeping with, and that questioned our morals and values. No one offered us education about how we might protect ourselves from HIV—even though this is why we went.

By the time I got home, news had already reached my parents that I had had sex and had been to get a test for HIV.”

—Female, 23 years, Zambia

Statement 3.1

All adolescents are treated with dignity and respect, regardless of their age, gender, ethnicity, ability, marital status, religion, identity expression, sexual orientation, personal history or reason for visit.

Rationale

Equitable access to health care is a core component of WHO's vision for universal health coverage. Still, many adolescents report feeling disrespected, judged or directly discriminated against in health care settings. Discrimination based on age, gender, ethnicity, marital status, sexual orientation, disability or socio-economic status remains common and can lead to reduced engagement in health care and poorer health outcomes. A respectful and nonjudgemental approach promotes openness and trust, strengthening the patient-provider relationship.

“Adolescents should be free to express themselves without fear of being judged. We should be provided with information to help us make informed decisions about our health and personal habits, including our sex lives, whatever our sexual orientation.”

—Young health advocate

Practice example

When an unmarried adolescent arrives at the health service to seek advice on contraception, she can see a commitment statement clearly displayed saying that the health service provides services to all adolescents irrespective of their background or concern, and that all adolescents will be treated with dignity and respect. Some of her anxiety is immediately relieved.

A nurse has strong religious beliefs that unmarried girls should not have sex, as she believes this is immoral. She would prefer not to see unmarried girls for contraceptive services. However, she is also aware that this may have serious health and life consequences for the adolescent. Supported by training and ongoing supervision, the nurse puts aside her personal beliefs and greets the unmarried adolescent with warmth and respect, providing a good-quality service despite her personal beliefs.

Statement 3.2

Health services provide confidential care by all staff at all points of contact. Adolescents and their caregivers understand adolescents' right to confidentiality and the limitations of this right.

Rationale

Confidentiality is critical to building trust between adolescents and health services, encouraging honest communication and timely care-seeking for sensitive health needs. Many adolescents cite confidentiality concerns as a major barrier to seeking health care, fearing unwanted caregiver involvement

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or unauthorized disclosure by staff members to others in the community. This standard recognizes their right to choose confidentiality and disclosure on their own terms and also recognizes that the adolescent has the right to assent to or decline the offered service. Education about confidentiality should include transparency around instances when it must be broken and how this would occur.

Practice example

An adolescent wishes to attend her local health clinic for a sensitive concern but is worried that people will recognize her and discuss her issues with her father, who is a well-known minister in the community. The receptionist and nurse-practitioner at the clinic both attend his church and also know her father would disapprove of her behaviour. When the girl arrives, the receptionist greets her immediately and suggests that the adolescent sit in the corner where she can't be seen easily, and she nods towards the clinic's confidentiality policy, which is posted on the wall. When the adolescent sees the doctor, the doctor asks her directly about caregiver involvement and reassures her that her information will be kept confidential.

Statement 3.3

Health services prioritize the safety of adolescents by creating a supportive, inclusive and culturally informed environment, ensuring a safe space where their physical and emotional well-being is recognized and addressed.

Rationale

Health services must recognize that an adolescent's background – for example, traumatic events such as violence, poverty or discrimination – will have an impact on individual physical, emotional and mental health as well as ability to feel safe while seeking health care. An adolescent-centred approach focuses on creating an emotionally supportive and non-threatening environment and educates health workers on the impact of adverse childhood experiences on adolescent health outcomes. It prioritizes adolescents' physical and psychological safety through policies that promote transparency, confidentiality, collaboration and empowerment. Comprehensive psychosocial assessments are recommended to address a wider set of challenges that may benefit from intervention or referral.

“*In some segments, there has been a long and unaddressed history of distrust, arising from histories of abuse or neglect of minors by authorities. Left unaddressed, this festers.*”

—Health care provider

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Practice example

A local adolescent health clinic is aware that their catchment includes a large refugee population and that these adolescents have experienced displacement, famine, violence and discrimination. Clinic staff are concerned about the traumas experienced by these adolescents and their potential impacts and so they engage community leaders and adolescents to join a working group run by the health service. The working group decides to run comprehensive mobile outreach clinics in the church hall, where a comprehensive psychosocial assessment is undertaken during every first visit. Together, they also create a series of resources on mental health and sexual and reproductive health that addresses common cultural taboos. The health team educates church and community leaders in how to recognize distress and how to refer adolescents to the mobile clinic.

Table 6. Measurable criteria for Standard 3

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✓ National laws and policies, and service-level policies, support confidential care, including policies regarding when and how to include family members. ✓ Health services have policies and guidelines that define equitable and culturally competent care. ✓ Health services have mechanisms to report discrimination, harassment or abuse experienced by adolescents accessing care. ✓ Health workers are trained to explain and provide confidential care. ✓ Clinics are physically set up to ensure maximum confidentiality. 	<ul style="list-style-type: none"> ✓ Staff consistently protect confidentiality and provide adolescents with information about its limits. ✓ Adolescents can speak in their first language to practitioners who understand and respect their culture – if necessary, through interpreters or digital interpretation. ✓ Health workers understand when confidentiality may need to be breached and are skilled in how to respectfully involve adolescents when this is required. ✓ Mechanisms for complaint or to report discrimination, harassment or abuse are posted or otherwise made known to adolescents. 	<ul style="list-style-type: none"> ✓ All adolescents report receiving respectful, supportive and non-discriminatory care. ✓ Staff and caregivers understand confidentiality. ✓ Adolescents report experiencing no language barriers when using the service and not having to rely on interpretation by a family member. ✓ Mechanisms are in place to gather feedback from adolescents regarding the emotional safety and supportiveness of health services.

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Table 6. Measurable criteria for Standard 3 (continued)

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✓ Recognizing the diversity of adolescents, the health service has culturally-adapted health literacy materials available for the main sociocultural groups. ✓ Policies and guidelines mandate welcoming and supportive approaches that prioritize safety and emotional well-being. ✓ Clear protocols are established for managing distress or crises, ensuring a calm and supportive response from all staff. ✓ Health workers are trained to conduct comprehensive psychosocial assessments and to consider each adolescent's context and needs. 	<ul style="list-style-type: none"> ✓ The health service takes into consideration an adolescent's preference for specific health workers (for example, female staff). ✓ Health workers create safe, welcoming environments and support adolescents to discuss sensitive topics and personal challenges. ✓ Staff members regularly conduct comprehensive psychosocial assessments and link adolescents with external services as appropriate. ✓ Staff understand the impact of experiencing adverse childhood events on an adolescent's ability to engage with health care. 	<ul style="list-style-type: none"> ✓ Adolescents report feeling safe enough to disclose personal circumstances, emotional difficulties and potentially stigmatizing issues, such as homelessness, teenage pregnancy or mental health issues. ✓ Information for differently abled groups is available.


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Year 8 students participate in health-promoting schools programme in Nausori, Fiji © WHO

Family and community engagement



Health services actively engage caregivers and the wider community, through education and collaboration, to support adolescent health.

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Intent

Without community support, adolescents can struggle to manage their health needs or to access appropriate services. To bridge this gap, health facilities must engage and utilize community advocates to promote services and support adolescents' access. A key component of garnering this support is to educate community partners – caregivers, guardians, schools, workplaces, religious institutions and community organizations – about the importance of adolescent health and the need for proactive care, particularly around stigmatized topics such as child maltreatment, SRH and mental health. Community partners can also assist the development of health education and communication strategies that build trust, awareness and buy-in around adolescent health needs in their specific context. By creating accessible health education materials and fostering collaboration with local communities and caregivers, the health service can create a supportive network of partners that fosters both preventive care and timely intervention.

Statement 4.1

Caregivers are included in health care consultations and decision-making commensurate with the adolescent's capacity and preferences.

Rationale

Adolescents' health and well-being are deeply influenced by their families and social systems, making the inclusion of families and caregivers in health education and consultations an essential consideration. Including caregivers in health care appointments and decision-making processes can create a cohesive support system for adolescents, especially those with chronic or complex health needs. Younger adolescents (or those with additional support needs) may benefit from active caregiver involvement, building their confidence by learning the appropriate questions to ask and being supported to adhere to treatment. That said, older adolescents may prefer greater independence, require confidentiality from family for sensitive topics, or prefer to self-manage their health issues. Thus, a flexible approach, based on the age, capacity and preferences of the adolescent, is necessary.

Practice example

In an HIV clinic, adolescents are first consulted to establish how much they want their caregivers involved. When an adolescent consents, caregivers are then engaged in family counselling sessions that attempt to dispel stigma and provide information about HIV prevention and management options, including PrEP, condom use and harm reduction for adolescents at elevated risk. Information about the adolescent's condition is then shared in a way that respects the adolescent's preferences while equipping families with tools to support adherence to complex treatment regimens.

Statement 4.2

Caregivers, adolescents and other stakeholders are made aware of adolescent health priorities and developmental needs through educational outreach activities.

Rationale

Caregivers and family members play an influential role in shaping adolescent health behaviours and decisions. Active family involvement is shown to increase utilization of adolescent health services and improve the effectiveness of health interventions. By reaching caregivers with educational outreach, health services can flag issues that may come up as adolescents age, educate caregivers about normal development, dispel misconceptions, reduce stigma and enhance the family's understanding of adolescent health needs. Through tailored educational activities, caregivers gain knowledge about service availability, referral processes and their own role in promoting adolescents' physical, mental and social well-being.

“*My parents don't like me visiting the doctor very often. They prioritize my studies over my health and consider my health issues as simply minor inconveniences that I need to be brave about in order to attain my life goals.*”

—University student

Practice example

Health education workshops are held quarterly for community members and caregivers, covering adolescent health topics including mental health, nutrition and puberty. These sessions are adapted to be culturally appropriate by training community leaders to deliver sensitive health information accurately to their own community in their own language.

A father attends these sessions and realizes that it is important to discuss mental health with his 14-year-old son due to the increasing level of mental health difficulties in his community. Also, he is concerned that his son would not talk to his family if he was in distress due to the cultural belief that men do not discuss such things, and because “mental health” is taken to mean only serious psychotic disorders.

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Despite the stigma within the community, the father discusses with his son what he has learned from online resources recommended in the workshops, and he lets his son know that he can always come to his father with concerns.

Statement 4.3

Health services work with local government, community organizations and cultural institutions (including schools, religious organizations and youth groups) to promote adolescent health and improve referral networks.

Rationale

Health services should actively involve their communities in service planning, linkage and community development activities. Such collaboration is essential to address the broader determinants of adolescent health (for example, peer relationships, housing, education), as is ensuring that services across sectors are well-linked and easy to access. Referrals between services should be provided in a thoughtful and deliberate manner. It is important that health services can track community sentiment around adolescent health priorities and proactively work to dispel myths, bias and misconceptions about adolescent health.

“*Stigma surrounding adolescent health issues, such as sexual and reproductive health, mental health and substance abuse, can deter health care facilities from prioritizing improvements to cater to the needs of young people. Facilities may hesitate to invest in adolescent-friendly infrastructure due to fear of backlash or negative perceptions from staff, patients or the broader community.*”

—Health manager of an adolescent health clinic

Practice example

A local health service partners with the local school. The school implements outreach services supported by the health service, including monthly education sessions for school staff and students to discuss common health needs and risks and to address myths and misconception. Fortnightly referral meetings with the health service and school nurses are also held. School staff learn to recognize common health risks in adolescents and how to make referrals or flag concerns to the health service.

When the health services personnel realize that there is a belief among teachers that only married females need access to SRH services, they approach the school to organize an education session for teachers that focuses on the need for proactive access to SRH services for all adolescents, regardless of marital status.


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Table 7. Measurable criteria for Standard 4

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✔ The health service has a list of adolescent health priorities for community education that it regularly reviews. ✔ Partnerships are established with local organizations. ✔ Outreach workers are trained in adolescent development, community engagement and culturally responsive communication. ✔ Educational materials and guidelines for caregivers are developed, covering adolescent health topics, developmental needs and the roles of caregivers in supporting health, including mental health and SRH. ✔ External service providers are linked in a formal network, with referral streams set up for homelessness, financial support, education, job support, disability support, etc. 	<ul style="list-style-type: none"> ✔ The involvement of caregivers and partner is discussed with adolescents before appointments. ✔ Health workers coach caregivers on their role in an adolescent's health care, moving from caregiver-led to shared decision-making as the child ages. ✔ Regular educational workshops/ outreach sessions are conducted at schools and religious gatherings. ✔ Regular referral and stakeholder meetings are conducted to coordinate services and thus promote adolescent health. ✔ The community is supportive of adolescents using the health service, and community groups disseminate adolescent health messages. 	<ul style="list-style-type: none"> ✔ Adolescents feel their preferences regarding family involvement are respected and upheld. ✔ Caregivers report feeling engaged and supported in their role in adolescent health care. ✔ Caregivers are aware of adolescent health needs and the importance of using health services, particularly for preventive care. They can encourage adolescents' access to services, including disability support, mental health services, housing support, etc. ✔ Referral networks and pathways are established, with streamlined processes connecting adolescents to services.

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Competent workforce



All staff members are equipped with the knowledge, skills and ethical understanding to deliver developmentally appropriate, rights-based and evidence-based care to adolescents.

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Intent

Adolescents are not simply older children or younger adults. Health workers require specific knowledge and skills to work in adolescent health. Important adolescent health competencies address components of staff behaviour, communication style and knowledge necessary to provide developmentally appropriate, rights-based, effective care for adolescents across the range of acute and chronic conditions. Research has identified significant gaps in adolescent health education in national paediatric and adult health training, highlighting the need to teach core competencies in both pre-service and in-service education models across all health disciplines (medicine, nursing, allied health). Health workers should have a thorough understanding of adolescent-specific needs and conditions and be able to balance the technical and ethical aspects of care. Support staff members (for example, administration, laboratory support, security) also must be supported to deliver adolescent-centred communication and care.

Core competencies in adolescent health and well-being for health workers are detailed in the accompanying document, WHO's *Competency and outcomes framework for adolescent health and well-being* (15).

“ In Mongolia only doctors have access to postgraduate training in adolescent health, with no specialized training opportunities available for other health care professions. This limits the overall competency of the health care team in addressing adolescent health needs.”

—Health worker/expert

Statement 5.1

Health workers understand adolescent development (for example, puberty, neurodevelopment, psychosocial development), including chronic conditions (for example, HIV, diabetes), and provide evidence-based, developmentally appropriate care.

Rationale

Health workers require specific skills and knowledge related to adolescent development to effectively address the needs for prevention and health issues that commonly arise in adolescence, including mental health, HIV, SRH and substance use. Health workers must also be knowledgeable about the specific behaviours, concerns and conditions that adolescents commonly present with in, for example, nutrition, mental health, HIV and SRH and how puberty, neurodevelopment and psychosocial development commonly affect their course. Health workers need to understand the greater mental health burden faced by adolescents with chronic health conditions and disabilities and know how to assess, respond to and refer for these issues.

Practice example

An adolescent presents to a health service complaining about fatigue, muscle pain and feeling “off”. The health provider is aware that there are many reasons that a 14-year-old might present with these symptoms and so conducts a comprehensive medical and psychosocial assessment. The health provider received training in adolescent assessment earlier in the year from the District Health Services and feels confident to assess the adolescent. She also consults the health service’s protocols for adolescent assessment, available in the consulting room, for topics including SRH, mental health and neurodevelopment at this age. The health provider is concerned that the adolescent is suffering from a mental health condition (likely depression) and provides some education to the adolescent about mental health and well-being. She consults the health service’s external provider list and sends a referral through to the local mental health centre.

Statement 5.2

All staff members practice adolescent-centred care appropriate to their role, ensuring consistent adolescent-centred service delivery across all points of contact.

Rationale

Adolescent-centred care requires that all staff members, regardless of their roles, contribute to a service environment that is welcoming, respectful and responsive to adolescent needs. Adolescents interact with various cadres within the health care system, from administrative and security personnel to nurses, physicians and counsellors. Thus, ensuring that all staff members are trained in adolescent-centred care fosters consistency in communication, confidentiality and respect for adolescents’ evolving autonomy, reduces their anxiety related to entering a health service and avoids disengagement.

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“ A good doctor is empathetic and cares for their patients. They would calmly explain the situation to me, wait for me to be comfortable enough to explain what ails me and would ensure my privacy.”

—Female, 27 years, Zambia

Practice example

In a primary health clinic, adolescents feel welcome immediately. As they walk through the door, the receptionist greets them warmly and shows them where to sit to ensure privacy. Security guards treat them with respect and are careful to avoid scrutinizing adolescents as they walk into the service. The multidisciplinary team is trained in adolescent-centred care and can offer counselling on a range of topics, including nutrition, mental health, SRH, ensuring holistic, respectful and empowering support for adolescents. The adolescent feels that staff responses are consistent and respectful across the service.

Statement 5.3

Health workers understand and apply ethical principles of adolescent health care to consultations, including considering the adolescent's capacity for decision-making, potential conflicts of interest between caregivers and adolescents, adolescent privacy and child safeguarding. Health workers support adolescents to navigate the ethical challenges of disclosure (for example, of pregnancy or communicable diseases such as HIV).

Rationale

Ethical competence is crucial in adolescent health care, where providers must navigate complex legal systems and dynamics between adolescents and caregivers. Providers may sometimes face conflicts – for instance, when balancing adolescent autonomy with caregiver involvement if they disagree on health care choices. Services must be supported by clear ethical guidelines that prioritize adolescents' rights and best interests. It is important that health workers support adolescents to manage disclosure of health status to partners and families and consider the psychological impacts of these decisions when supporting their choices. Key ethical principles – beneficence, non-maleficence, autonomy and justice – should guide all aspects of care, including considerations of adolescents' decision-making capacities, confidentiality, privacy and safeguarding. Providing human-rights based care is fundamental to creating an environment conducive to adolescent help-seeking and provision of safe care.

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“ I realized that, if this young girl convinced a friend to visit us, it meant that she felt safe with us, thought of us as friends and received the help she needed. This makes us proud of our achievements, no matter how small they may be.”

—Health worker

Practice example

A 15-year-old male living with HIV has been supported in the management of his condition by his parents throughout his childhood. Recently, however, he has become less adherent and decided to take a break from his medication. His parents are very concerned about this and are pressuring his doctor to give them some insight into their son's counselling sessions with the doctor, despite knowing that the information is confidential. The adolescent has recently met a girlfriend, with whom he has had sexual intercourse on several occasions, using a condom. She does not know his HIV status, and the doctor believes that it is her right to know. The doctor counsels the young man to give him further support and helps him to think through the effect of his health status on others. The doctor does so without disclosing personal information to the parents or the girlfriend and supports the adolescent to do so on his own terms.

Statement 5.4

Health services foster health workers' competencies through continuous education, capacity building, decision support tools and standardization of staff training and supervision.

Rationale

Health workers commonly report lacking competence in adolescent health care and communication skills, which is attributed to a failure of basic training as well as lack of support from their local services to improve their quality of practice. Providing quality care to adolescents requires health workers to have ongoing access to education, supervision/mentoring and decision-support tools such as evidence-based guidelines. Professional education and training in adolescent health should be considered at the national ministry of health level, including ensuring that adolescent health is included in pre-service and continuous professional education and training.

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Practice example

Senior leaders in a district hospital recognize gaps in adolescent-centred care. They implement standardized training modules on adolescent development, confidentiality, adolescent-centred care and effective communication strategies, integrating modules into the hospital’s induction and ongoing training programmes. They also offer these modules in outreach to local health clinics. To support clinical decision-making, adolescent-specific guidelines and decision-support tools are introduced for sensitive topics. A mentorship and supervision framework is established to reinforce these efforts, leading to improved staff confidence and quality care.

Statement 5.5

Health services maintain adequate staffing levels and ensure safe working conditions for staff, appropriate compensation and resources (for example, protected time for training, service delivery adjustments) and quality improvement activities to enable staff to effectively implement adolescent-centred care.

Rationale

Adequate staffing that allows for additional consultation time with adolescents, fair compensation of staff for their work and sufficient physical and financial resources are essential for delivering high-quality adolescent-centred care. Health workers who are supported by manageable workloads, protected time for training and service adjustments (for example, flexible schedules, service rotations) can build trust over time with adolescents, offer flexible and engaging care, and provide continuity between and within services. These adjustments will also protect service sustainability by reducing burnout and increasing staff retention.

Practice example

A hospital recognizes that its adolescent services are inconsistent due to high staff turnover and limited training on adolescent-centred care. It secures funding to increase staffing levels and dedicates protected time for adolescent health training, supervision and quality improvement activities by increasing the workforce. As a result, staff confidence in managing adolescent health needs increases, appointment times become more flexible, and adolescents report feeling more respected and understood during consultations.

Table 8. Measurable criteria for Standard 5

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✔ Minimum requirements for adolescent-specific pre-service training are included in ministry of health policies. ✔ Health workers are trained in adolescent development, recognizing and addressing common adolescent issues and delivering adolescent-centred care. ✔ The Ministry of Health creates up-to-date national adaptations of clinical guidelines, protocols and algorithms for adolescent care. ✔ Staffing policies clearly specify required health care provider roles, competencies and standards in adolescent health. ✔ Up-to-date ethical guidelines addressing adolescent confidentiality, privacy, safeguarding and age-appropriate consent protocols are available to health care personnel. ✔ Job descriptions specify time allocated to professional development and quality improvement activities. 	<ul style="list-style-type: none"> ✔ Health workers consistently follow evidence-based guidelines and protocols. ✔ Professional education, site audits and supportive supervision are conducted regularly. ✔ Health workers employ effective case management skills in managing the needs of adolescents. ✔ Health workers have time to complete quality improvement activities and required training. ✔ A supportive supervision system enhances staff skills and performance. 	<ul style="list-style-type: none"> ✔ Adolescents receive effective, evidence-based care. ✔ Health workers demonstrate improved competencies in adolescent health care delivery. ✔ Staff report that ethical dilemmas are managed well by their service, and they know where to discuss ethical challenges in their work. ✔ Staff turnover, burnout and attrition rates are low. ✔ Staff ratios and caseloads are at a safe level. ✔ Health workers report that continuous professional development is effective in addressing critical competencies. ✔ Staff members conduct regular quality improvement activities.

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Comprehensive health benefit package of care



Health services provide an evidence-based, well-resourced and integrated package of care that addresses the full spectrum of health needs and ensures seamless referrals to access external care options.

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Intent

While priorities vary across countries and between communities, all adolescents require services that can address diverse needs, including mental health, growth and development, SRH, nutrition and substance use. Wherever possible, health services should provide an integrated, “one-stop” experience that addresses the full spectrum of adolescent health needs within local contexts. This integrated approach emphasizes effective partnerships with referral services and financial support strategies that reduce barriers to care (for example, financial charges and transport costs). It also emphasizes the need for well-resourced services with well-maintained supply chains, equipment and the technology necessary to deliver quality adolescent care.

“Care that is affordable, available and of a preventative nature is people-centred... it empowers people to make their own decisions...”

—Health care provider

Statement 6.1

Health services use an evidence-informed approach to define and provide a comprehensive health benefit package of care that addresses the needs of the local adolescent population.

Rationale

Adolescents’ differing health needs require health services that go beyond conventional adult-oriented care when planning and organizing service priorities and defining the country’s comprehensive health benefit package of care. Limited resources and budgets require health services to invest in systematic, explicit, evidence-based and transparent priority-setting for specific local contexts that are flexible enough to adapt to changing conditions; for example, factors such as war or poverty may require increased attention to nutrition within the health benefits package of care. Health services must ensure that they can respond to adolescents’ needs through robust data collection and service evaluation and that financial barriers do not prevent adolescents from accessing critical services.

Practice example

In a south-east Asian country, adolescent health services were historically underfunded, with limited access to mental health care and nutrition services. The ministry of health conducts an assessment and found high rates of depression and malnutrition among adolescents. In response, the government expands the national health benefits package to include mental health screening, school-based mental health programmes and nutrition services, alongside nutrition education sessions in the community hall. To ensure sustainability, an adolescent health monitoring dashboard is created to track service utilization and inform policy adjustments.

Statement 6.2

Health services establish clear referral pathways and maintain active networks with appropriate, coordinated care for adolescents across a broad range of health disciplines and services (including mental health, SRH, HIV prevention and treatment, gender-based violence, nutrition, substance use, housing, education, etc.).

Rationale

Adolescents often struggle to navigate complex and fragmented health systems, resulting in neglected health needs. Adolescents benefit from health services that function as a “one-stop shop”, where they either receive a variety of services in one place or they can be referred and actively supported to access care with a partner service. Health services that offer a broad assessment to all adolescents can flag problems that may put at risk the adolescent’s overall health (for example, mental health or SRH issues, poor nutrition, unstable housing, legal issues, gender-based violence) and can support adolescents’ access to treatment locally.

“*If I had a magic wand, I would ensure comprehensive and easily accessible mental health support services for adolescents in my country. Mental health issues among adolescents are often overlooked or stigmatized, leading to serious consequences such as depression, anxiety and even suicide.*”

—Health worker

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Practice example

The local primary health service has an adolescent health hub where young people can have multiple health issues (for example, sexual health, mental health, nutritional advice) addressed within the same visit. Each adolescent is screened for unmet needs across these domains, using the HEADSSS assessment at the first visit. They then receive a tailored care plan, which can include referrals (for example, to housing and legal services). At a partnership meeting, if it is raised that an adolescent failed to attend the first appointment following referral, a health care provider is assigned to follow them up.

Statement 6.3

Health services maintain sufficient medication stocks, equipment and technologies required to provide appropriate care to adolescents.

Rationale

Adolescents require timely access to essential medicines, medical equipment and modern technologies to address their diverse health needs, including SRH, mental health, chronic conditions and acute care. Insufficient stock of necessary medications, such as contraceptives or psychotropic drugs, and a lack of appropriate diagnostic tools can lead to delayed treatment, unmet health needs and disengagement from care for adolescents more often than for their adult counterparts. Reliable supply chains, evidence-based forecasting and procurement policies are critical to ensuring that adolescent health services remain responsive, equitable and accessible.

Practice example

At a rural adolescent health clinic, frequent stockouts of essential medications – such as contraceptives, antiretrovirals and mental health prescriptions – led to missed treatments and high dropout rates. Recognizing this gap, the clinic partners with the national health supply chain authority to implement forecasting tools and digital inventory management. A dedicated adolescent health coordinator ensures real-time monitoring of stock levels, while collaboration with local pharmacies creates a backup supply network. As a result, stockouts decrease by 70%, and adolescent engagement in services improves, particularly for those managing chronic conditions such as diabetes and depression.

Statement 6.4

All health services costs and related health care expenses (medication, equipment, etc.) are included in health benefit packages or provided through affordable, adolescent-centred payment options that protect their privacy and align with their ability to pay (that is, free or low-cost). Health services actively address common financial and logistical barriers for young people.

Rationale

Financial barriers, including the cost of consultations, medications, transport and other expenses, significantly hinder adolescents' access to essential health care services, particularly for marginalized groups and those seeking confidential services. Offering free health services and/or reducing associated costs by providing transportation subsidies or locating services near schools and public transport encourages adolescents to seek timely care. Reduced financial barriers are linked to improved access and health outcomes. Offering flexible and adolescent-responsive payment options can also address financial barriers and protect privacy (for example, by ensuring that health service payments do not appear on caregivers' bills or accounts or by offering free or low-cost services to adolescents).

Practice example

The National Health Insurance scheme in Indonesia covers adolescents' health care needs at little to no cost. However, barriers such as transport costs and stigma have limited youth access and utilization of such services as SRH and mental health. To address this, the government partnered with local NGOs to implement a mobile health service model, bringing free consultations, contraception and mental health support to adolescents in rural areas.



Youth in Malacca, Malaysia
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Table 9. Measurable criteria for Standard 6

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✓ Adolescents have access to treatment and education that addresses mental health, SRH, gender-based violence, nutrition, substance use and other conditions that are common locally. ✓ Health services maintain a registry of referral partners and follow protocols that streamline transitions between services and coordinate care. ✓ Health services are provided free of charge or at low cost, including consultations, medications and any required equipment, without the need for caregiver payment or insurance. ✓ The health service is close to schools and public transport (or offers transportation subsidies for those most in need). ✓ Policies define minimum stock requirements for medications and resources, and supply chains are well-mapped and monitored. 	<ul style="list-style-type: none"> ✓ The health service customizes health promotion and diagnostic and treatment programmes to reflect local adolescents' priorities (for example, nutrition programmes tailored for specific cultural diets). ✓ The health service addresses reproductive health, substance use and mental health in ways that acknowledge cultural norms and taboos. ✓ The health service conducts ongoing monitoring of service use patterns to identify emerging needs in the community, updating supply chains as needed. ✓ Referral pathways are streamlined, with health workers communicating and collaborating across disciplines and levels of care. ✓ The health service conducts regular mobile health clinics in areas with poor public transport. 	<ul style="list-style-type: none"> ✓ The health service delivers an integrated, culturally adapted package of services. ✓ Adolescents report satisfaction with care with flexible appointment systems. ✓ Adolescents receive services without caregiver support for cost or transport. ✓ Adolescents consistently access the appropriate medication and equipment they need. ✓ Adolescents receive a warm handover to other services and feel supported in their service transitions.

SRH = sexual and reproductive health

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Four Maasai boys in the football field © Freepik

Data-informed and youth-engaged practice



Health services are committed to continuous quality improvement through a learning health system that is driven by data collection and analysis and that actively engages adolescents in the evaluation and enhancement of care delivery.

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Intent

Adolescent health services are dedicated to fostering a culture of continuous quality improvement through a learning health system – one that systematically and continually gathers, analyses and applies data to improve care delivery. This includes routine assessment of service utilization, satisfaction and care quality, with findings used to inform and implement targeted improvements. A learning health system also actively engages adolescents in these processes to help ensure that care remains responsive, relevant and aligned with their evolving needs and expectations. Adolescents' involvement should include clear information about their rights to access their own data and about transparency concerning how data are collected, stored and used. A dual commitment to data-informed action and adolescent participation strengthens accountability, builds trust and supports ongoing improvements in service accessibility, the experience of care and health outcomes.

Statement 7.1

Health services collect, analyse and use data on adolescents' utilization of, satisfaction with and perceived quality of services to improve quality of care.

Rationale

Data on adolescents' service utilization, user satisfaction and quality outcomes are rarely collected at the health service level, making it difficult for ministries of health and health services to accurately assess and respond to adolescent health needs. Robust data systems must be implemented that collect and use age-disaggregated data (separate from adult and child data and further disaggregated by meaningful age ranges (for example, 10–14, 15–19, 20–24 years) to improve service offerings. Data collection about service utilization may include cause-specific service utilization data, satisfaction surveys, focus groups or measures of quality and health outcomes (for example, adverse events, recovery rates, mortality rates, incidence of diseases). Peer cadres should be included on the data analysis team to ensure that data are interpreted and communicated clearly and accurately.

Where personal data are being collected, adolescents have the right to understand what data are collected about them, how it is stored and for how long,

how it is used and their right to access these data as well as their right to deny the collection of non-essential data. It is important to make this clear to them.

Practice example

A district hospital launches a data-driven quality improvement initiative focused on adolescent health care. Using routine service utilization data disaggregated by age, gender and health concerns, the hospital identifies a significant drop in adolescent visits for substance use services. To understand the issue, they conduct focus group discussions and satisfaction surveys with adolescent patients. These reveal that long waiting times and stigma by providers are deterring adolescents from seeking substance use care. In response, the hospital introduces after-school counselling sessions, a peer-support programme and confidential appointment booking through a mobile app. Follow-up data show a 40% increase in adolescent substance use visits within a year.

Statement 7.2

Health services engage adolescents in designing, monitoring, improving and evaluating health services.

Rationale

Adolescents often report they are excluded from health care decisions that affect them. Engaging adolescents directly in the quality improvement process allows health services to take into account the perspectives and experiences of the population they serve, ensuring that proposed solutions address the challenges identified by the service users. This engagement is particularly important in shaping policies that remove barriers to care, enhance accessibility and address stigmatization. As adolescents are not a homogenous group, it is important to involve a diverse group of young people in service planning, design, monitoring and evaluation.

Practice example

A school partners with its local health service to conduct a school health clinic once a fortnight on campus. Before the service began, the health service surveys each grade, asking what they think is most important to offer onsite. They also create focus groups in each grade to help design the school health clinic. Adolescents are involved in creating posters, brochures and digital resources, and the focus groups develop satisfaction surveys and other feedback mechanisms. Once the clinic is set up, adolescents are invited to join the health service's board meeting to assist in decision-making at a systems level and to assist with data analysis and quality improvement.

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Statement 7.3

Health services implement clinical audits to monitor compliance with evidence-based guidelines and protocols.

Rationale

Regular clinical audits help identify gaps in care, assess compliance with best practices and continually highlight areas for quality improvement. By systematically reviewing patient records, treatment processes and clinical outcomes, health services can develop and refine protocols, enhance provider performance through targeted professional development and ensure that adolescents receive safe, effective and standardized care. Clinical audits promote accountability and transparency and foster a culture of evidence-based practice and patient-centred care.

Practice example

A regional health authority integrates a clinical audit process into its school-based HPV vaccination campaign to ensure adherence to national immunization guidelines. The audit reviews vaccination records, consent forms and staff compliance with protocols on dosage schedules and age eligibility (focusing on adolescents ages 9–14 years). In one province the audit discovers that nearly 25% of the HPV vaccine recipients are outside the recommended age range, and 18% of eligible adolescents had received only one dose, without appropriate follow-up. These findings prompt the development of clearer screening protocols, automated reminders for second-dose appointments and additional training for outreach staff on eligibility criteria and effective communication with schools and families. The following audit cycle shows improved age-targeting and a significant increase in completion of the full vaccine series.



Youths playing football in Manila, Philippines
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Table 10. Measurable criteria for Standard 7

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✔ Health services collect data on service utilization, disaggregated by age, sex and relevant sociodemographic factors. ✔ Feedback systems, including suggestion boxes, surveys and satisfaction questionnaires, are offered to service users. ✔ Standard operating procedures (SOPs) for data collection, validation and analysis are developed and made accessible to all health workers. ✔ Staff have time allocated in their job descriptions to participate in data collection and analysis. ✔ Health services include adolescents in governance or advisory groups to inform quality improvement strategies. ✔ Policies engage adolescents in service planning, monitoring and evaluation. ✔ Data collection examines all aspects of the health service, including management, service strategy and implementation of quality improvement. 	<ul style="list-style-type: none"> ✔ Data on service utilization and quality of care are regularly reviewed, analysed and shared. ✔ Supervisors conduct quarterly assessments of data to identify areas for improvement. ✔ Adolescents are routinely included in quality improvement, innovation and service design initiatives. ✔ Staff complete health records and relevant health and satisfaction questionnaires to contribute to quality improvement. ✔ Adolescents are supported to access feedback mechanisms. ✔ Health services utilize data and implementation science to implement suggestions for quality improvement. Changes are monitored and evaluated for effectiveness. ✔ Adolescents are informed about their right to access their data, including how and where it is stored and what it is used for, as well as to deny data collection. 	<ul style="list-style-type: none"> ✔ Comprehensive reports on adolescent service use, satisfaction and quality of care are generated and shared. ✔ Health workers report understanding and utilizing data to inform quality improvement efforts. ✔ Visual dashboards and charts displaying key indicators of adolescent service utilization are available and used for quality improvement. ✔ Subnational authorities and the community receive reports on adolescent service utilization and quality of care. ✔ Adolescents know how to provide feedback. ✔ Service changes are implemented in a planned and systematic way, with appropriate communication to the community.

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Welcoming physical environment



Health services offer an accessible physical environment where adolescents feel welcome and their privacy is protected.


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Intent

Health services for adolescents should provide a comfortable, welcoming and fully equipped environment, prioritizing accessibility and privacy. This approach reflects the diverse needs of adolescents, acknowledging their right to safe, private and accessible spaces that encourage their engagement in their own health care. The health service should maintain a clean, organized and well-supplied setting to foster comfort and trust among adolescents and their caregivers. Wherever possible, adolescent services and spaces should be designed with input from a diverse group of adolescents, both to increase their sense of participation and to ensure that services and spaces cater to a wide variety of physical and accessibility needs.

Statement 8.1

Health services provide an environment where adolescents feel welcome, with age-appropriate visual materials, adequate seating arrangements that respect privacy preferences and a staff that demonstrates welcoming and supportive attitudes.

Rationale

Adolescents value welcoming, clean and well-maintained spaces that foster positive first impressions and reduce apprehension about appointments. Clinical environments with clear signage and instructions and thoughtfully designed (clean, comfortable, friendly and colourful, with access to clean sanitation facilities, and with up-to-date resources, including digital options) not only support physical health but also contribute to adolescents' emotional well-being and the likelihood of repeat visits. Guaranteeing privacy – both visual and auditory – is crucial to establishing the trust of adolescent patients, who may be reluctant to discuss personal or sensitive issues without assurance of confidentiality. Design features and policies that ensure privacy, such as soundproof walls and discreet consultation areas, help adolescents feel safe and respected, ultimately encouraging honest dialogues about their health.

“ I like not sharing the same waiting area with adults so that services are confidential and not known by neighbours who may be at the hospital.”

—Adolescent

Practice example

At a youth health clinic, staff recognize that many adolescents feel uncomfortable seeking health care there due to the sterile, adult-oriented atmosphere typical of most clinics. To create a more welcoming space, the clinic collaborates with local youth to co-design the waiting area. They introduce colourful murals drawn by adolescents, seating arrangements that allow options for both privacy and social interaction, and age-appropriate health information materials in multiple formats, including digital screens with adolescent-centred content. An anonymous feedback board allows adolescents to share suggestions, reinforcing a sense of ownership and agency.

Statement 8.2

The physical space is accessible to all, including those with disabilities or other complex needs (for example, adolescents with sensory impairments) and those who are socially marginalized (for example, immigrants, LGBTQIA+ adolescents).

Rationale

Wherever possible, the physical space should be designed with input from adolescents with a wide variety of accessibility needs, including those with physical or intellectual disabilities, the neurodiverse and those from minority groups, such as ethnic minorities, LGBTQIA+ individuals or First Nations adolescents. The design of the physical and online health services environment should reflect the values of adolescent-centred care. This may include design elements, posters displaying flags of minority groups, or resources in different languages and accessibility formats.

Practice example

At a community health centre, staff observed that certain adolescent populations – particularly those with disabilities, neurodivergence, low incomes or from immigrant and LGBTQIA+ communities – faced barriers in accessing care. To address this, the clinic conducts an accessibility audit with input from diverse groups of young people. This leads to a series of physical changes that include stair-free access, sensory-friendly waiting areas with a quiet zone, and clear, multilingual signage. The staff takes training in inclusive communication to ensure that all adolescents feel respected and understood. A flexible appointment system accommodates those with transportation difficulties or unpredictable schedules.

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Table 11. Measurable criteria of Standard 8

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✓ The health service has areas that have been designed by adolescents representing diverse groups. ✓ The health service accommodates sensory needs and physical disability through environmental design features and modifications to service. ✓ The health service has culturally appropriate, inclusive signs in multiple languages. ✓ The health service has secure examination and consultation rooms with soundproofing, opaque walls or curtains and strategic layout to promote visual and auditory privacy. ✓ The health service ensures that all spaces are kept clean. 	<ul style="list-style-type: none"> ✓ The health service creates inviting spaces that reflect adolescents' preferences, such as comfortable seating and age-appropriate décor. ✓ The health service displays current, relevant health information in an accessible and visually appealing manner. ✓ The health service implements cleaning and maintenance protocols. ✓ Staff members minimize disturbing other health workers who are consulting adolescents. ✓ Flags or representations of common minority groups are displayed in the health service. 	<ul style="list-style-type: none"> ✓ A familiar, comfortable space that reflects their identity makes all adolescents feel welcomed and included. ✓ Adolescents' consultations provide visual and auditory privacy. ✓ Waiting areas and consultation rooms maintain privacy from adults wherever possible and cater to diverse needs. ✓ Toilets, clinical spaces and waiting areas are clean.

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High school girls playing ball in Tonga © WHO / Yoshi Shimizu

Accessible service delivery platforms



Health services for adolescents are accessible and convenient, with service access increased through diverse service delivery points and the utilization of technologies.

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Intent

Adolescents often face significant barriers to accessing conventional health services, including inconvenient locations, limited service hours and concerns about privacy and inclusion. By diversifying service delivery platforms – to include, for example, school-based care, mobile outreach and after-hours clinics – health systems can meet adolescents where they are and in ways that fit their daily lives. Leveraging digital tools such as telehealth, health apps and social media platforms enables adolescents to access trusted, confidential information and services at their convenience. Embedding self-care interventions into these models empowers adolescents to actively manage their health, supported by digital, peer and community-based resources. These approaches are especially important for adolescents who experience greater barriers to care, including those with disabilities, those living in remote areas and those who are socially marginalized (for example, LGBTQIA+ adolescents).

Statement 9.1

Health services actively work to address barriers to care, including locations, service hours and access barriers specific to minority populations. Services are delivered in locations that facilitate access (for example, schools and outreach clinics) and opening hours reflect adolescents' availability (for example, weekends and after school).

Rationale

Adolescents frequently encounter barriers to accessing health care, including inconvenient service hours, long travel distances and environments that do not feel safe, inclusive or confidential. These challenges are often more pronounced for adolescents from minority or marginalized backgrounds, including those with disabilities, in rural areas, or from LGBTQIA+ communities. Actively addressing these barriers by providing services in accessible, trusted locations – such as schools, community centres, religious venues and through mobile outreach – can normalize help-seeking and reduce stigma. Tailoring service hours to align with adolescents' schedules, including evenings and weekends, helps ensure that care is both reachable and relevant.

Practice example

In one district adolescent-friendly health services are integrated with school-based health programmes and mobile outreach clinics to improve access for young people. Counselling, reproductive health education and basic clinical care are part of the regular services offered directly on school grounds or through community-based outreach events held on weekends and after school hours. To ensure inclusivity, services are adapted for adolescents from indigenous communities and LGBTQIA+ youth through partnerships with local youth groups and faith-based organizations to create safe, culturally appropriate environments. Outreach services are deployed during local festivals and on market days to reach working adolescents and those not enrolled in school.

Statement 9.2

Health services develop their capacity to provide telehealth consultations and use digital technologies to reach adolescents with health education and services.

Rationale

Adolescents increasingly engage with digital technologies in their daily lives, making telehealth and digital platforms powerful tools for improving access to health information and services. Offering care through telehealth – such as virtual consultations, messaging platforms or mobile health apps – enhances reach, especially for adolescents in remote, underserved or stigmatized settings. Digital approaches allow adolescents to seek help confidentially and on their own terms, improving privacy and reducing the fear of judgement. By investing in digital capacity, health services can meet adolescents where they are – online – while also strengthening health literacy and timely access to care. Equipping providers to use these technologies ensures that services are responsive to adolescents, flexible and aligned with evolving communication norms and preferences.

Practice example

Through a combination of digital technology and peer-led approaches, a service in Egypt delivers adolescent health care and provides anonymous, accurate and nonjudgemental information about SRH. Led by a peer cadre, the platform utilizes a dedicated website and various social media channels, including Facebook, Twitter and YouTube, to disseminate information and engage with young people. Trained counsellors manage the mobile phone and web-based question-and-answer service, ensuring that users receive reliable and confidential responses to their inquiries.

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Statement 9.3

Health services actively support self-care by integrating self-care interventions into routine care. Services diversify delivery platforms by incorporating digital tools, peer networks and community-based options that empower adolescents to manage their health independently, build health literacy and access support beyond traditional clinical settings.

Rationale

Adolescents are in a critical phase of developing autonomy and learning to take responsibility for their own health. Supporting self-care empowers adolescents to build lifelong skills in health management, especially when services provide appropriate tools, education and encouragement. Integrating self-care interventions – such as mental health apps, contraception self-administration or peer-led education groups – into routine care increases accessibility and allows adolescents to seek support in ways that feel private, relevant and nonjudgemental. When adolescents are offered trusted, culturally appropriate and age-relevant tools to manage their health, it strengthens their health literacy, reduces dependence on clinical visits and encourages preventive care.

Practice example

A local NGO introduces a self-care model, where trained community health workers provide adolescents with education and access to self-injectable contraceptives. The programme utilizes an app-based reminder system, digital health education materials tailored to youth, and peer educators who facilitate small group discussions on reproductive health and rights. Adolescents can access support through online chat functions or attend voluntary check-ins at community centres, reducing their need to visit clinics for every dose. This approach has increased contraceptive uptake among hard-to-reach adolescents, improved health literacy and empowered young people to take control of their reproductive health while maintaining confidentiality and cultural sensitivity.

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Table 12. Measurable criteria for Standard 9

Input criteria	Process criteria	Output criteria
<ul style="list-style-type: none"> ✔ Partnerships with schools, workplaces and community organizations are developed to deliver health services within easy reach. ✔ Funding and resources are allocated for mobile clinics, outreach programmes and after-hours services. ✔ Access is provided to secure telehealth platforms, health apps and digital communication systems. ✔ Clinic hours reflect the times when local adolescents can attend. ✔ Internet infrastructure and digital tools comply with safety and data protection standards. ✔ Health services provide capacity-building for peer educators, youth health ambassadors and community health workers. ✔ Context-appropriate resource materials are developed for self-care (for example, contraception, mental health, chronic illness management). ✔ Digital communication channels (for example, text message reminders, social media outreach) address adolescents. 	<ul style="list-style-type: none"> ✔ Collaboration agreements and referral pathways are established with schools, workplaces and community hubs. ✔ Outreach clinics and mobile health units are scheduled and staffed to reach remote or underserved areas. ✔ Telehealth services are actively promoted. ✔ Peer and community-based programmes are embedded in routine service delivery, including facilitation of self-care interventions. ✔ Self-care tools (for example, educational apps, videos, hotlines, home-based kits) are incorporated into routine care. ✔ Clinic opening hours are adapted to include after-school, weekend and culturally appropriate times. ✔ Digital campaigns are co-designed with adolescents to promote service access and health literacy. 	<ul style="list-style-type: none"> ✔ Health services are available in locations where adolescents spend time. ✔ Adolescents in underserved or remote areas have improved access to health services. ✔ Adolescents report safe, private and trusted digital experiences. ✔ Adolescents use telehealth, mobile and digital tools for consultations and health information. ✔ Adolescents actively participate in digital peer networks and report improved health literacy and self-efficacy. ✔ Adolescents report greater awareness and understanding of services available to them. ✔ Rural adolescents have options for health care access without intensive caregiver support and logistics.

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Part **2** Implementing
the Global
Standards

Overview

A system-wide approach to strengthening the health sector's capacity to provide comprehensive adolescent health care will embed these Global Standards in usual care. Consistent with *Global Accelerated Action for the Health of Adolescents (AA-HAI): Guidance to support country implementation, second edition (1)*, this approach highlights the importance of developing national standards and monitoring systems as part of broader health system reform. Improving health care quality in primary and referral facilities requires a coordinated effort across all pillars of the health system and within each sector that it touches. A standards-driven approach to quality improvement in national adolescent health and well-being programmes will ensure that consistent, quality care is achieved across all settings and contexts.

The cycle for implementation of these standards (Fig. 2) has two aspects. The implementation process steps (1 and 2) detail *how* to plan the implementation of these standards (for example, how to organize the process, how to engage stakeholders), while the implementation plan (steps 3–5) addresses essentially *what* to do – what actions are required of the health service (and the health system more broadly) to achieve the required standard (Table 13).

Implementation process

Governments have increasingly recognized that the diverse and complex health needs of the adolescent population require coordinated and multisectoral country-level engagement, planning and programming. As a first step to securing the engagement of the multiple stakeholders involved, national governments must identify the unique nature, scale and impact of adolescent health needs in their country, alongside the resource constraints presented by their contexts. It is critical for adolescents to be involved at every stage of the adaptation and implementation process to help ensure that the systems developed make adolescents' needs their priority.

1. Develop a shared understanding and establish a team

- A shared understanding of adolescent health is essential for integrating quality into health care services. While many countries include adolescent health in policies, definitions are often limited (for example, focusing only on SRH), and many overlook key areas such as mental health, violence and substance use. Ensuring that stakeholders recognize the full scope of adolescent health is fundamental to improving services. Orientation of key stakeholders to the Global Standards will help to sensitize them to the benefits of a standard-driven approach and evidence-based recommendations.
- Implementing the Global Standards requires a participatory approach across government. Beyond leadership by the ministry of health, the participation of multiple sectors is required, such as education, finance, housing and legal/justice, as is the participation of community organizations and adolescents themselves. A national working group or groups, comprised of policy-makers, health managers, professionals' associations, disability organizations, community representatives and adolescents, should be engaged to define adolescent health in their context, with adolescents themselves fully engaged in shaping policies and setting priorities.

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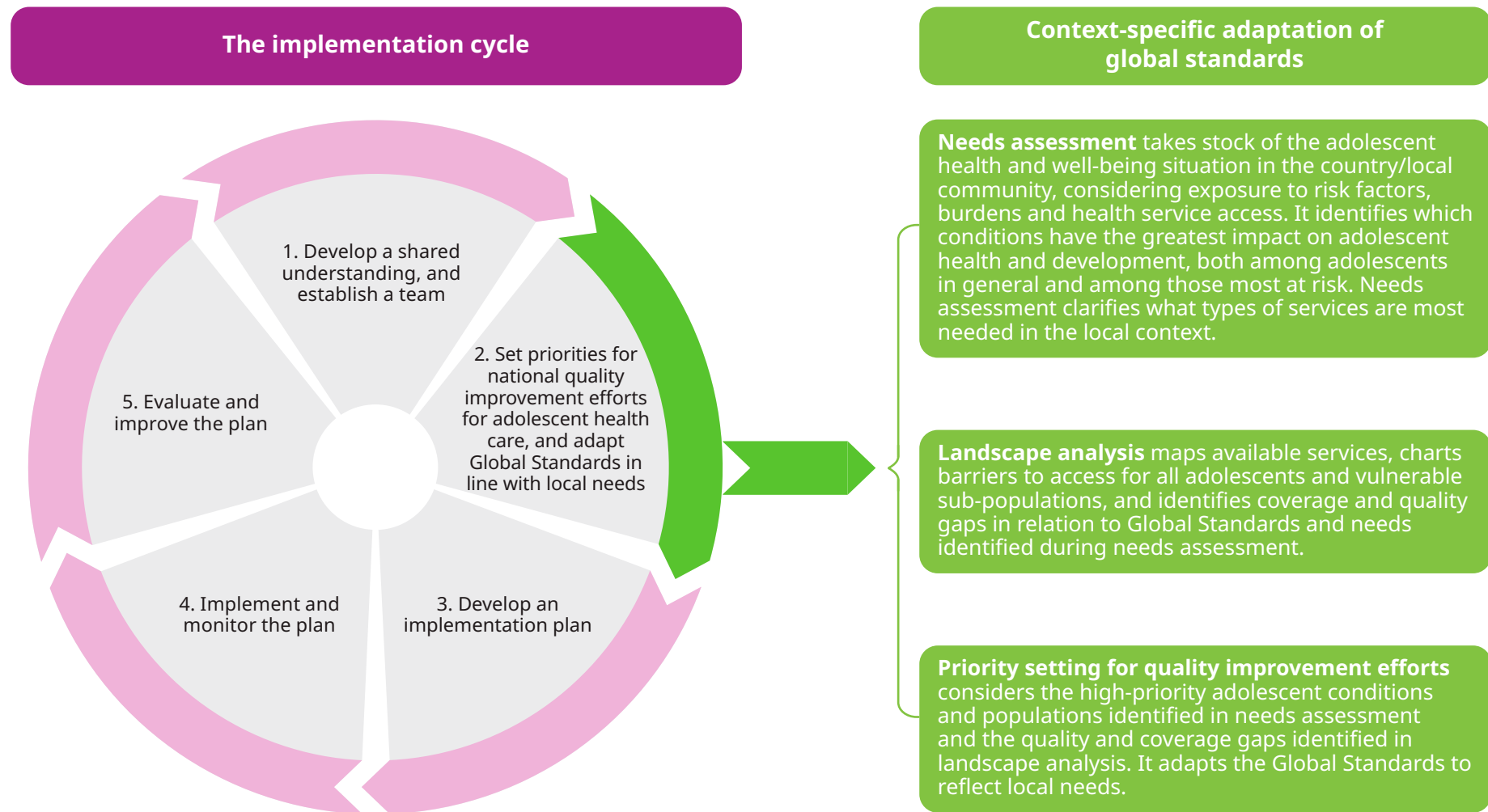
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Fig. 2. Process for national adaptation to local context and implementation of the Global standards for quality health care services for adolescents



2. Set priorities for national quality improvement efforts and adapt the Global Standards in line with local needs

Adapting the Global Standards to meet the needs of the local or subnational area requires a systematic assessment of adolescent health needs based on local data and evidence. Stakeholder consultations, desk reviews and adolescents' input help identify local and national priorities. Governments should lead this process, with the involvement of youth organizations, NGOs and academics to ensure relevance and build future support.

The Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation, second edition (1) describes three steps for strategic decision-making for national adolescent programming: needs assessment, landscape analysis and priority setting. This three-step process should be applied to inform national adaptations of the Global Standards to the local context. The process of national adaptation of the global guidance is, in turn, part of the implementation cycle.

2a. Conduct a needs assessment

A needs assessment reviews adolescents' health status, key challenges and priority issues for different subgroups. It highlights health risks and priorities, harmful practices and sociocultural influences. Data should be disaggregated by factors such as sex, age, education, location (urban versus rural) and socioeconomic status.

A working group on quality of care does not need to conduct a needs assessment de novo if a recent one exists. For example, the country might have recently developed or updated an adolescent health strategy or plan; to inform the national strategy, a needs assessment was conducted. In this case the task of the working group on quality of care will be to judge which problems identified during the needs assessment are likely to be amenable to improvements in quality of health care services. The following questions might guide these reflections:

- Is the problem identified in the needs assessment amenable to health sector intervention? If yes,
- Can the need identified be satisfied, at least in part, by improving one or another aspect of the quality of care? (Refer to the list of Global Standards and their criteria for the aspects of quality of care.)

2b. Conduct a landscape analysis

A landscape analysis maps existing adolescent health programmes, policies and services by region and demographic group. It identifies barriers to access for all adolescents and vulnerable subpopulations and identifies coverage and quality gaps in relation to the Global Standards and needs identified during the needs assessment. It identifies key stakeholders, available resources and financing sources, and helps pinpoint strengths, gaps and opportunities for improvement. Where dedicated adolescent programmes are lacking, overlap with children's or adult health services should be explored as part of the data collection phase.

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As with needs assessment, a working group on quality of care does not need to conduct a landscape analysis de novo but instead can use an analysis conducted for the recent development or update of a national strategy or plan. In such a case, the task of the working group will be to identify which quality and coverage problems are likely to respond to improvements in the quality of health care services. These reflections might be guided by the following questions:

- Is the quality or coverage gap amenable to health sector intervention? If yes,
- Can the gaps identified be closed, at least in part, by improving one or another aspect of the quality of care? (Refer to the list of Global Standards and their criteria for the aspects of quality of care.)

2c. Set priorities for quality improvement and adapt the Global Standards

Priority areas must be identified, based on the finding of the needs assessment and landscape analysis, and the Global Standards should be adapted as necessary to meet the needs of the local context. Resource constraints mean difficult choices may be necessary regarding which quality aspects are the most important in each country. As all of the Global Standards are important, prioritization should focus, wherever possible, on the extent to which quality statements within each standard, and which criteria (Tables 4–12) best fit the local context. When modifying quality statements or criteria to fit local contexts, it is important to align them with national implementation plans and monitoring tools. Adjustments might also entail context-specific modification of actions at national, subnational and facility levels to effectively operationalize the adapted national standards (Table 13).

Key factors influencing prioritization include:

- the magnitude of the health issue in the specific context that the improvement in quality will address;
- which groups of adolescents are most affected (and most vulnerable);
- the availability and feasibility of effective interventions to improve quality of care;
- the feasibility of implementing interventions and actions described in Table 13;
- the potential for scalability.

These factors are detailed in Section 4.3 of *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation, second edition (1)*.

For adaptation of the Global Standards to the local/national context, key considerations include:

- **criteria development:** define input, process and output criteria for any new or revised standards (see Tables 4–12);
- **monitoring implications:** adapt quality improvement tools to accurately track new/adapted criteria;
- **implementation alignment:** ensure that national implementation plans reflect adaptations at all levels.

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Implementation plan

3. Develop an implementation plan

The implementation plan will support the translation into actions of the priorities identified during the planning process. Improving quality of care cannot succeed without reinforcing all pillars of the health system. A multifaceted approach, addressing governance, financing, workforce, resources and community engagement, is essential to create an environment where adolescent health standards are not only adopted but also scaled up and sustained. This foundational plan provides a structured path to improving adolescent health outcomes and sets the stage for focused actions across each pillar of implementation.

Table 13 details considerations for each phase of implementation at the national, subnational and service levels. It has been mapped against WHO and UNAIDS's *Operational framework for primary health care: transforming vision into action (2)* and reflects insights from both the implementation of the 2015 Global Standards and a scoping review of relevant research. The operational framework for PHC was designed to strengthen health systems and support national efforts to scale up primary health care implementation. It outlines 14 levers that translate global commitments for quality care into actions. The publication (2) describes each lever in detail.

To ensure effective results, actions/interventions related to each lever must be embedded in national health strategies and prioritized, optimized and sequenced. The implementation of all levers must consider the context, strengths and weaknesses of the health system, as well as national, subnational and local priorities for universal health coverage. The framework, grounded in evidence and experience from health system reform efforts, provides an ideal foundation for implementing the Global Standards for Quality Health Care Services for Adolescents.

4. Implement the quality improvement plan

Before initiating implementation, several foundational steps are essential:

- obtain official clearance from relevant authorities
- secure funding for implementation
- engage stakeholders at all levels, including adolescents, to build support and manage expectations.

Managing stakeholder expectations is critical. This includes clarifying where and how the standards will be applied, the need for pilot testing and the timeline for scaling up. Pilot testing interventions can provide insights into potential difficulties before full-scale implementation. The WHO guide *Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up* (2011) (23) offers best practices for designing scalable pilot programmes.

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Actions at national, subnational and service levels should align with both global and national standards. Key implementation considerations include:

- designating leadership teams
- addressing adolescent behaviours and influencing factors for change
- designing interventions based on evidence
- establishing evaluation and systems learning mechanisms
- planning the rollout sequence and geographic scope.

5. Monitor and evaluate implementation

Monitoring and evaluation are critical to ensure effective implementation and continuous quality improvement of adolescent health standards. It should include both routine monitoring across services and subnational and national levels, to monitor quality of care, assess effectiveness of interventions and identify gaps in service provision and quality care, as well as broader periodic evaluations to refine approaches and adjust priorities over time. Findings should inform policy and programme adjustments to meet adolescents' evolving needs; keep up with new trends in health, technology and climate; and demographic changes over time.



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Table 13. Enablers for implementation of the Global standards for quality health-care services for adolescents

Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Core strategic levers			
Political commitment and leadership	<p>Seek commitment to prioritize adolescent health care quality in national adolescent health plans, strategies and quality improvement policies.</p> <p>Advocate commitment across all government levels, including health, education and finance sectors. Ensure that policies map to broader national strategies and guidelines.</p> <p>Ensure that policy commitments are followed up with budgetary commitments for medical supplies, adolescent-centred service hours, infrastructure, outreach, training and staff support.</p> <p>Change laws, guidelines and policies that do not reflect adolescent health priorities.</p> <p>Lead the drive for increased support of neglected areas of adolescent health such as mental health and substance use.</p>	<p>Ensure that local governments pledge commitment to adolescent health and support for minimum standard health packages.</p> <p>Conduct regular stakeholder consultations and progress reviews to keep adolescent health a priority in the district. Ensure that local councils and religious leaders are involved.</p> <p>Support training and implementation of quality standards at the service level through district-led training and supervision.</p> <p>Create platforms for adolescents to voice their needs and participate in planning processes, such as youth advisory councils or adolescent representation in health committees.</p> <p>Engage well-known cultural, religious and youth leaders to support adolescent health priorities.</p> <p>Support national campaigns that align with adolescent health priorities – for example, gender equality.</p>	<p>Identify and empower influential community leaders and health professionals to advocate adolescent-centred health initiatives and promote the adoption of quality standards in the community.</p> <p>Train health workers to become champions for adolescent health. This includes capacity-building initiatives focused on leadership, advocacy and providing rights-based, adolescent-centred care.</p> <p>Translate policies on equity, confidentiality, privacy and financial protection into local SOPs.</p>

Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Governance and policy frameworks	<p>Review and update laws, policies, SOPs, practice guidelines and systems to enable effective implementation of the Global Standards.</p> <p>Develop policies mandating adolescent involvement in all levels of service planning, development and monitoring, including national health discussions.</p> <p>In national policy stipulate a minimum package of adolescent health services.</p> <p>Ensure policies for mandatory transition from child- to adult-centred health care for adolescents with chronic conditions.</p> <p>Ensure that national health reports include a focus on adolescents.</p> <p>Utilize national meetings and mass media to advertise policy changes that support adolescent health.</p> <p>Ensure that policies are easy to access and well-advertised. Update practice guidelines according to national policies.</p> <p>Ensure that national policy development addresses services important to adolescents – for example, contraception and maternal care for adolescents.</p>	<p>Communicate revised national laws and policies to health service managers and ensure their implementation.</p> <p>Advocate with service managers, stakeholders and communities to support key policies and provide clinical governance and strategic direction.</p> <p>Assist service managers to translate national policies into service-level SOPs.</p> <p>Develop and distribute display boards outlining policies on equitable (including free or affordable) adolescent health services.</p> <p>Monitor policy implementation, including referral policies and care provision guidelines.</p> <p>Conduct periodic service visits to assess policy adherence, analyse local data and compare them with district-level trends.</p> <p>Ensure that individual health service policies adhere to the same principles as the national policies and are adolescent-centred.</p>	<p>Communicate national laws, policies, SOPs, etc. to staff and ensure that they are well advertised and supported by clinical guideline documents.</p> <p>Ensure that policies relevant to these quality standards are directed at all necessary levels of governance and include job descriptions, guidelines and SOPs.</p> <p>Ensure that there is an adolescent focus within reports.</p> <p>Ensure the use of clinical guidelines by all staff.</p> <p>Support staff to reconcile personal beliefs with adolescent health priorities through supportive supervision, clinical guidelines and reflective training.</p> <p>Adapt national policies to the specific context or focus of the clinic (for example, HIV, chronic conditions).</p> <p>Operationalize all policies for the local service and ensure that there are specific policies around consent, caregiver involvement and confidentiality.</p>



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Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Funding and allocation of resources	<p>Secure sustainable funding in national health budgets for adolescent health services that is separate from the main health budget, including health promotion and community outreach.</p> <p>Advocate that comprehensive adolescent health services be free of charge and included in national insurance schemes.</p> <p>Finance continuous professional development, quality improvement activities and the production of information and education materials.</p> <p>Advocate that all adolescent health care services are provided free of charge.</p>	<p>Advocate adolescent health as a funding priority.</p> <p>Allocate funds for a comprehensive package of adolescent health services.</p> <p>Secure specific budget lines for services such as mental health, SRH and school-based health programmes.</p> <p>Ensure that budget allocations include medications, supplies, transport and information sharing platforms.</p> <p>Advocate funding that meets the needs of minority groups via outreach or resource development.</p> <p>Ensure that dedicated budget lines for adolescent health cannot be reallocated elsewhere.</p>	<p>Inform district officials about service needs to guide allocation of funds to key activities.</p> <p>Establish local oversight committees, including adolescent and community representatives, to monitor fund utilization and to hold stakeholders accountable.</p> <p>Advocate budgets that include all areas of service delivery, service improvements and monitoring and evaluation.</p> <p>Advocate that local governments pledge their own budgetary support, for sustainability.</p> <p>Ensure that all staff are paid regularly.</p>

Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Engagement of community, adolescents and other stakeholders	<p>Develop relationships with key stakeholders, including local governments, NGOs and youth organizations, to increase support for adolescent health.</p> <p>Involve adolescents in national-level discussions of adolescent health and stakeholder meetings.</p> <p>Focus engagement on key community groups, including religious and education organizations, to ensure high level support for adolescent health policies.</p> <p>Develop strong messages for promotion of adolescent health priorities and include funding in the national health budget to disseminate them.</p> <p>Develop focused messages for both adults (caregivers) and adolescents about priority adolescent health issues.</p> <p>Consider religious or cultural barriers to improving adolescent health and develop policies, outreach and health promotion campaigns to address them.</p>	<p>Implement culturally appropriate quality standards for adolescent health care, ensuring community engagement throughout the process.</p> <p>Coordinate with local governments, schools, youth organizations and community leaders to improve adolescent health behaviours and utilization of services.</p> <p>Encourage adolescents' participation in decision-making and foster partnerships with community organizations.</p> <p>Work with ministries of education to create and support school health programmes based on national policies.</p> <p>Form alliances between health services and schools to integrate school health into curricula.</p> <p>Engage communities through targeted use of media and social media strategies and involvement of influencers.</p>	<p>Conduct community outreach and education programmes.</p> <p>Involve caregivers in education and communication sessions about adolescent health issues.</p> <p>Where possible employ staff of diverse cultural backgrounds and ages to ensure that staff are representative of the entire community.</p> <p>Identify key community organizations in the catchment area and engage in formal and informal partnerships to increase their support for adolescents' use of services.</p> <p>Engage adolescents in all levels of service planning and provision (for example, peer education).</p> <p>Tailor education to vulnerable and minority groups; involve trained community leaders to distribute key outreach messages to them.</p> <p>Develop peer mentors or peer-to-peer distribution of information.</p>



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Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Operational levers			
Models of care	<p>Define the required package of health information, counselling, diagnostics, treatment and care services for adolescents, based on current evidence.</p> <p>Develop and adapt evidence-based decision-support tools (guidelines, protocols, algorithms, job aids) for adolescent health conditions.</p> <p>Where relevant, develop plans and policies to deliver health care to adolescents in fragile settings or conflict zones.</p> <p>Ensure that models of care at subnational and local levels employ multidisciplinary, holistic models that address the needs of adolescents comprehensively.</p> <p>When funding services, consider mobile outreach models, peer support and online approaches.</p>	<p>Adapt services to meet the specific needs of local adolescents, using their feedback to ensure cultural and contextual relevance.</p> <p>Engage local services in such areas as education, jobs, housing and legal support along with health services to ensure a network of support for youth.</p> <p>Train peer leaders and facilitators to participate in planning and carrying out local service delivery.</p> <p>Reduce barriers to care by keeping it simple to make an appointment.</p> <p>To ensure consistent quality of care, develop and adopt treatment packages standardized across services.</p> <p>Ensure that local services have a dedicated youth space that streamlines care.</p> <p>Link health services to create a referral network or “one-stop shop” for adolescent health needs.</p> <p>Ensure coordination and support at the subnational level to scale up local adolescent-centred services.</p>	<p>Focus funding on evidence-based interventions, such as mobile clinics, peer-led education programmes or digital health platforms, that address barriers specific to the community.</p> <p>Pilot test innovative service delivery models, such as integrating adolescent health services in schools or community centres.</p> <p>Develop referral networks among local services to offer a supported referral process.</p> <p>Modify clinic hours to meet the needs of specific groups of adolescents and to make services welcoming and accessible.</p> <p>Consider linking health services with social clubs and other adolescent health hubs to increase engagement.</p> <p>Include digital models of care, such as telehealth appointments, digital access to information and support programmes (for example, online mental health programmes) and other adolescent-centred options.</p>

Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Workforce	<p>Define core competencies in adolescent health and develop competency-based training programmes for pre-service and continuous professional development.</p> <p>Ensure that providers receive specific training in adolescent health, and establish supportive supervision systems.</p> <p>Develop policies and services to manage stress and burnout among health workers.</p> <p>Write staff salary into the national budget and develop systems to pay staff regularly.</p> <p>Consider creating a staff profile for peer educators to incorporate them into the health workforce..</p> <p>Consider how pharmacists, teachers and interpreters can supplement the adolescent health workforce.</p>	<p>Support health managers to provide district-level supervision with input from adolescent health specialists.</p> <p>Plan and conduct capacity-building activities for district health workers to strengthen competencies in adolescent health.</p> <p>Ensure that decision-support tools are available in health care facilities and that providers are trained to use them.</p> <p>Incorporate adolescent health competencies into job descriptions.</p> <p>Develop trainings on communication skills for working with adolescents, adolescent development and cultural competence.</p> <p>Consider staff workloads in local services and ensure that appointment lengths are standardized and adequate to promote comprehensive care.</p>	<p>Train health workers, managers and support staff in adolescent-centred care.</p> <p>Support development of the workforce through specific training, mentorship and professional development.</p> <p>Ensure that decision support tools are available and easily accessible in the health service.</p> <p>Plan staff profiles and manage staff time to facilitate the implementation of the key policies.</p>



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Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Physical infrastructure	<p>Develop policies defining appropriate environments for adolescent-centred clinics and spaces.</p> <p>Allocate funding for privacy, necessary resources, adolescent-centred environments and appropriate service hours for adolescents.</p>	<p>Develop adolescent-centred resources (digital and other) to have available in local clinics.</p> <p>Work with local managers to create adolescent-centred environments that protect privacy and make adolescents feel welcome.</p> <p>Explore opportunities to provide adolescent health services within community-based social or recreational settings in order to reduce stigma and improve access, particularly for socially excluded adolescents.</p>	<p>Ensure adequate privacy when adolescents' care and adults' care share the same space.</p> <p>Work with adolescents to design a welcoming space, and use available resources to create an adolescent-centred clinic.</p> <p>Assure the availability of adolescent-centred informational and educational resources.</p>
Medicines and other health products	<p>Ensure that inventory management considers the specific health care needs of adolescents.</p> <p>Ensure that all health services regularly report on the stocks of supplies and maintain oversight of supply chains to minimize stock-outs.</p>	<p>Oversee health services stock management and report regularly to national-level services.</p> <p>Consider including menstrual products as essential items alongside condoms as a way to attract young women to health services.</p> <p>Train staff in stock management.</p>	<p>Maintain reliable stocks of essential medications and diagnostic equipment that support adolescents' health needs.</p> <p>Organize regular servicing and repairs of equipment.</p> <p>Consider developing a method for adolescents to discretely order and collect medication and other supplies.</p>

Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Engagement with private sector providers	<p>Develop partnerships with private donors and organizations for long-term sustainability. Advocate sustainable funding for comprehensive services as an ongoing commitment rather than individual projects with short-term funding.</p> <p>Engage donors at a high level to support and drive national campaigns for priority areas such as SRH.</p>	<p>Engage with local businesses, philanthropists and community-based organizations to supplement government funding.</p> <p>Leverage the private sector to provide services for adolescents, and ensure coordination among service providers to avoid redundancies in the system.</p>	<p>Leverage public-private partnerships to secure additional resources for health promotion campaigns, equipment procurement or outreach initiatives.</p> <p>Identify community resources and build partnerships for service provision.</p> <p>Create a network of private sector and NGO stakeholders to increase the size of projects that can be undertaken.</p>
Purchasing and payment system	<p>Purchasing of services and supplies must respond to the distinct health care needs of adolescents.</p> <p>Develop checklists for basic amenities, drugs, supplies and technology that should be available to enable provision of care.</p> <p>Develop lists of essential medicines and supplies required for adolescent health services.</p>	<p>Work with service managers to determine required quantities of medicines and supplies on a monthly or quarterly basis.</p> <p>Identify necessary maintenance needs and cycles ; ensure that equipment is serviced at regular intervals.</p> <p>Organize inventory management to minimize stock-outs of essential medicines and supplies.</p>	<p>Use a checklist of essential medicines and supplies to see whether all are in stock.</p>

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Digital technologies for health	<p>Invest in digital health information management systems.</p> <p>Develop telehealth platforms for service delivery and providers' support.</p> <p>Consider mobile phone apps for video distribution and online webinars on key adolescent health issues.</p>	<p>Develop an online directory of relevant digital health tools, such as websites, apps and chatbots, in local languages.</p> <p>Consider online forums, social media groups and other online communication tools.</p>	<p>Utilize online messaging, text messages and other digital reminder systems or check-ins.</p> <p>Where infrastructure allows, consider use of telehealth services and online appointment booking systems.</p>
Systems for improving the quality of care	<p>Set up a system of quality improvement mechanisms where local and subnational levels collate performance data for analysis.</p> <p>Evaluate compliance with evidence-based guidelines and protocols and their impact on adolescent health. As necessary, provide feedback to the subnational level on how to take corrective actions.</p> <p>Analyse national data on adolescents' experiences of care (including that of vulnerable adolescents) and work to improve these through quality initiatives.</p> <p>Set up a system to reward and recognize high-performing regions, facilities, providers and staff.</p>	<p>Ensure that data are used for planning and implementing quality improvement initiatives.</p> <p>Monitor and evaluate implementation of the quality standards.</p> <p>Involve adolescents in all quality improvement initiatives at a district level.</p> <p>Collate service-level data, according to the relevant key indicators, to report to the national level.</p> <p>Involve stakeholders in creating quality improvement monitoring tools and feedback systems.</p>	<p>Utilize adolescent-specific quality improvement tools, such as adolescent-centred checklists, to monitor quality of service.</p> <p>Develop and utilize youth-led feedback systems.</p> <p>Collate service data in reports to the subnational level in a way that preserves age- and sex-disaggregation.</p> <p>Monitor compliance with quality standards, provide feedback to service staff and take corrective actions as necessary.</p> <p>Involve local health authorities and community leaders in implementing and overseeing quality initiatives.</p>

Enablers for implementation	National-level actions	Subnational-level actions	Service-level actions
Health research	<p>Conduct a needs assessment and a landscape analysis to help identify critical areas of need in adolescent health.</p> <p>Develop a plan to create local evidence bases on priority health areas. Universities may be able to help.</p> <p>Create linkages with universities and other training centres to teach research and evaluation skills to staff.</p>	<p>Strengthen linkages with universities and training centres to enhance research and evaluation skills among staff.</p> <p>Utilize existing school data and district-level population data to improve understanding of adolescent health needs.</p>	<p>Conduct local implementation research, including pilot projects, to build a evidence base that reflects the local context.</p> <p>Promote a rigorous approach to data collection for the purpose of improving clinical care.</p>
Monitoring and evaluation	<p>Ensure that there is national reporting on adolescent health indicators, including the experiences of more vulnerable adolescents.</p> <p>Regularly evaluate adherence to evidence-based guidelines and their impact on adolescent health outcomes.</p> <p>Collect and evaluate data disaggregated by age strata that reflect stages of development – for example, 10–14, 15–19, 20–24.</p> <p>Develop and endorse tools to monitor the implementation of national standards for quality adolescent health care.</p>	<p>Invest in and utilize district-level health information systems to track adolescent health indicators, ensuring that data are disaggregated by gender, age and other sociodemographic characteristics.</p> <p>Monitor and evaluate the implementation of quality standards, synthesizing district-level data to drive improvements.</p>	<p>Regularly collect service data on quality of services, service utilization and other relevant indicators.</p> <p>Monitor the implementation of quality standards and compare national benchmarks with local data to stimulate action.</p> <p>Support health care workers to assess the quality of the care they deliver (for example, “Am I conducting comprehensive psychosocial assessments of each adolescent I see?”).</p>

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Other	<p>Where cultural norms conflict with quality adolescent health standards, develop a programme to sensitize the community to the need to change laws and policies to support health.</p> <p>Care that is not culturally sensitive is a key barrier to access. Consider what staff training and supervision are required to meet the needs and expectations of all subgroups in the local community.</p>	<p>Consider how display of cultural symbols can make people feel welcome. For example, relevant flags (pride flag, country flags) can be displayed in waiting areas.</p> <p>When treatment options are considered, an adolescent's broader social and environmental circumstances are important.</p> <p>Stigma is a major barrier to care. Consider sensitization activities for parents, community leaders, teachers and other influential people.</p>	<p>Develop outreach programmes to support changes of laws and of cultural norms to reduce harmful health practices supported by local culture.</p> <p>Consider how representative the staff is of minority groups, different ages/sexes.</p> <p>Have culturally specific resources available in multiple languages and consider hiring interpreters or utilizing interpreter apps.</p>

SOPs = standard operating procedures

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Introduction

How the guidance was developed

How to use this resource in different contexts

Other relevant WHO resources

Part 1. The standards

Standard 1



Standard 2



Standard 3



Standard 4



Standard 5



Standard 6



Standard 7



Standard 8












Standard 9



Part 2. Implementing the global standards

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