Competency and outcomes framework for adolescent health and well-being

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Contents

Foreword

Achieving universal health coverage requires a strong health workforce that can meet the evolving health needs of populations. The World Health Organization (WHO) is committed to supporting countries to develop their health workforce through building capacity, expanding educational opportunities, and leveraging proven innovation. The WHO Global Competency and Outcomes Framework for Universal Health Coverage provides a comprehensive blueprint for the development of a skilled and responsive health workforce.

This new addendum, the *Competency and outcomes framework for adolescent health and well-being,* extends this framework to serve the world's 1.3 billion adolescents and highlights the importance of building a workforce adapted to the unique health needs of adolescents. It addresses emerging clinical priorities, technological advances, and the importance of adolescent participation in the development of health services.

The Framework provides guidance for developing pre-service and in-service competency-based adolescent health education programmes, relevant curricula, learning activities and assessment approaches. It identifies essential competencies, behaviours, knowledge, and skills that enable health service providers to deliver quality, adolescent-centred care that is respectful, confidential, and responsive to adolescents' evolving capacities.

By strengthening health workers' capacity to effectively respond to adolescents' health needs, this document supports the implementation of the WHO *Global standards for quality health care services for adolescents* and contributes to building a motivated, culturally competent, empowered, and fit-for-purpose workforce.

I thank the WHO staff, national experts, health service providers, and the adolescents themselves who contributed to developing this publication. I encourage its use in countries everywhere, as a resource to align health worker education programmes with adolescent health needs.

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

Acknowledgements

The World Health Organization (WHO) is grateful to all those who gave technical input into the production of this document.

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Two young bookworms in a school library in Kazakhstan
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Abbreviations

BMI	body mass index
HEADSSS	home, education, eating and exercise, activities, drugs, suicidality, sex, safety
HIV	human immunodeficiency virus
HPV	human papilloma virus
IAAH	International Association for Adolescent Health
SSHADESS	strengths, school, home, activities, drugs, emotions/eating, sexuality, safety)
STI	sexually transmitted infection
SRH	sexual and reproductive health
UHC	universal health coverage
WHO	World Health Organization

Glossary

Education

Definitions are from the WHO *Global competency and outcomes framework for universal health coverage (1)* unless otherwise referenced.

Attitude	A person's feelings, values and beliefs, which influence their behaviour and the performance of tasks.
Behaviour	Observable conduct towards other people or tasks that expresses a competency. Behaviours are measurable in the performance of tasks.
Competence	The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic, changing with time, experience and setting.
Competencies	The abilities 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.
Competency-based curriculum	A curriculum that emphasizes the complex outcomes of learning rather than mainly focusing on what learners are expected to learn about in terms of traditionally defined subject content. In principle, such a curriculum is learner-centred and adaptive to the changing needs of students, teachers and society. It implies that learning activities and environments are chosen so that learners can acquire and apply the knowledge, skills and attitudes to situations they encounter in work environments *(2)*.
Competency-based education	An approach to preparing [health workers] for practice that is fundamentally oriented to outcome abilities and organized according to competencies. It de-emphasizes time-based training and facilitates greater accountability, flexibility and learner-centredness *(3)*.
Competency framework	An organized and structured representation of a set of interrelated and purposeful competencies *(4)*.
Competent	Descriptive of a person who has the ability to perform the designated practice activities to the defined standard. This equates to having the requisite competencies.

Curriculum	The totality of organized educational activities and environments that are designed to achieve specific learning goals. The curriculum encompasses the content of learning, the organization and sequencing of content, the learning experiences, teaching methods, the formats of assessment, and quality improvement and programmatic evaluation *(5)*.
Domain	A broad, distinguishable area of content; domains, in aggregate, constitute a general descriptive framework *(6)*.
In-service education	Any structured learning activity for persons already employed in a service setting *(7)*.
Interprofessional education	A situation in which learners from two or more occupations learn about, from and with each other *(8)*.
Knowledge	The recall of specifics and universals, the recall of methods and processes, and/or the recall of a pattern, structure or setting *(9)*.
Practice activity	A core function of health practice comprising a group of related tasks. Practice activities are time-limited, trainable and, through the performance of tasks, measurable. Individuals may be certified to perform practice activities.
Pre-service education	Any structured learning activity that takes place prior to and as a prerequisite for employment in a service setting *(7)*.
Skill	A specific cognitive or motor ability that is typically developed through training and practice and is not context-specific.
Standard	The level of required proficiency.
Task	Observable unit of work within a practice activity that draws on knowledge, skills and attitudes. Tasks are time-limited, trainable and measurable.

Teenage boys in Congo
© WHO

Health

Adolescence
WHO defines adolescence as the period between 10 and 19 years *(10)*.

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 adolescents to have the education and support they need to make decisions and participate in their own care *(11)*.

Anticipatory guidance
Proactive counselling and provision of information, by a health worker to adolescents and/or parents or caregivers, that anticipates the significant physical, emotional, psychological, developmental and behavioural changes that will occur in children and adolescents as they mature *(12)*.

Autonomy
The right of an adolescent to make his or her own decisions without being dominated by the health worker or another adult. Autonomy is the central premise of the concept of informed consent and the right to participate in one's own health processes *(13)*.

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 *(14)*.

Comprehensive care
Care that addresses all or several health areas such as sexual and reproductive health, HIV and other infectious diseases, unintentional injuries, violence, communicable and non-communicable diseases, 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 schooling, education and connectedness *(15)*.

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 *(16, 17)*.

Global standard
A global standard is a broad, overarching definition of a key dimension of high-quality health care. It represents 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	Health is a complete state of physical, social and mental well-being, and not merely the absence of disease or infirmity *(17)*.
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. Often framed in the context of prevention strategies for a group, community or population, it is also embodied in individual approaches such as treatment and continuing care *(17)*.
Health worker	Any person engaged in actions whose primary intent is to enhance health *(18)*. 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.
Self-care	The ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker *(19)*.
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 provides other services, such as provider training, administrative meetings, continuing medical education and health promotion *(20)*.
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 *(21)*.
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 *(22)*. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions *(17)*.

Executive summary

The primary aim of this document is to help countries, institutions and organizations to develop competency-based education programmes, relevant curricula, learning activities and assessment approaches in adolescent health and development for both pre-service and in-service education. By fostering the capacity of health care providers in adolescent health care and development, this document also aims to support the implementation of the *Global standards for quality health care services for adolescents* (2025) *(11)*.

This document contextualizes for adolescent health care the competencies and practice activities introduced in the WHO *Global competency and outcomes framework for universal health coverage (1)*. It reflects the specific competencies, behaviours, knowledge, skills and overarching practice principles that are required to address the health and well-being needs of adolescents *(1)*. This document, therefore, provides a reference for curriculum content and assessable outcomes specific to adolescent health and development. This document can be used to inform the development of health education curricula and curriculum documents but is not in itself a curriculum.

This document should be used alongside WHO's *Global competency and outcomes framework for universal health coverage (1)* and relevant implementation guidance documents, including *Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation (10)* and *Global standards for quality health care services for adolescents* (2025) *(11)*.

The primary audiences for this document include:

- officials from ministries of health and ministries of education in charge of implementing pre-service, in-service and continuing education programmes;
- officials, educators and curriculum coordinators developing educational curricula for health workers;
- educators in teaching institutions and in worksites responsible for teaching students and delivering continuing professional education to primary care providers.

The secondary audiences for this document include:

- licensing and regulatory authorities;
- employers (to inform employers' expectations of health workers);
- policy-makers in charge of improving the quality of health services for adolescents (to identify training needs);
- professional associations (to develop or improve competency-based training programmes in adolescent health and, possibly, to inform accreditation of these programmes);
- medical students.

The structure of this document has been updated from its first edition to align with the 2022 *Global competency and outcomes framework for universal health coverage (1)*. The content of this document also has been updated following surveys of adolescents, surveys of adolescent health experts and a series of evidence reviews.

Part 1 presents the provider competencies required to achieve universal health coverage for adolescents. Part 2 describes common practice activities and details of their adolescent-specific aspects. Part 3 describes examples of topic guides to inform curricular content. Annex 1 lists internationally recognized training resources in adolescent health and health care to facilitate access to training.

Competencies, behaviours, knowledge and skills are just some aspects of what health workers require to deliver quality care. They also require motivation, time, social support and an enabling environment. Some of these aspects can be provided by health services and can be informed by the WHO *Global standards for quality health care services for adolescents* (2025) *(11)*. Others will require further training, resources and broader societal change.

A primary health care professional interpreting medical imaging in Astana, Kazakhstan
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Introduction

This document is an update and revision of the WHO *Core competencies in adolescent health and development (13).* In 2015, in response to growing evidence that education in adolescent health and medicine improves the clinical performance of health care practitioners, WHO published two documents: *Global standards for quality health care services for adolescents (23)* and *Core competencies in adolescent health and development for primary care providers (13)*. The latter positioned a competency-based training within national workforce capacity-building strategies. By 2023, 68% of responding countries reported having continuous professional education systems providing adolescent-specific training for primary health workers *(24)*. Several initiatives and changes in the adolescent health landscape over the past 10 years have prompted the review of these documents. These developments include emerging clinical priorities in adolescent health and development, technological progress (including the availability of digital health technologies such as telehealth), renewed attention to school health and increasing awareness of the importance of including the intended beneficiaries – in this case, adolescents – in the development of policy and guidance documents.

In 2022 WHO published *Global competency and outcomes framework for universal health coverage*, with a stated goal to align "health worker education approaches with population health needs and health system demands" *(1)*. The framework outlines key competencies and practice activities for universal health coverage. The outcomes of education programmes are framed in terms of practice activities (what health workers will do) and competencies (how they will do it) *(1)*.

- **Practice activities** are core functions of health practice, comprising groups of related tasks that can be undertaken by one person or by groups of people and that are time-limited, trainable and measurable through the performance of tasks *(1)*.
- **Competencies** are the abilities of a person to integrate knowledge, skills and attitudes, demonstrated through behaviours, into their performance of tasks *(1)*. These are high-level, overarching principles of practice that should apply to all health care workers providing people-centred services and should enable the performance of practice activities.
- **Competence** is the level of proficiency (for example, novice, competent, expert level) of a person to perform the required practice activities to the defined standard. This requires a strong foundation of knowledge, skills and abilities that are applied in an integrated fashion to each task in practice. Competence is multidimensional, dynamic and changes with time, experience and setting *(1)*.

This document contextualizes the competencies and practice activities introduced in WHO's *Global competency and outcomes framework for universal health coverage (1)*. It reflects the specific competencies, behaviours, knowledge, skills and overarching practice principles that are required to address the health and well-being needs of adolescents.

Aim

The aim of this document is to advance the alignment in health worker education with adolescent health needs by providing a reference for curriculum content and assessable outcomes specific to adolescent health and development. This document can be used to inform the development of health education curricula and curriculum documents, but it is not in itself a curriculum.

Scope and target audience

This document describes health workers' competencies and behaviours that are necessary to advance universal health coverage for the world's adolescents. The framework proposes an adolescent-specific adaptation of the 24 competencies for universal health coverage, organized into six domains. This document also provides illustrations for how these competencies should be applied to specific topics related to adolescent health care such as growth and development, mental health and sexual and reproductive health (SRH). To facilitate access to training resources, Annex 1 provides a list of internationally recognized training in adolescent health and health care.

The primary audiences for this document include:

- officials from ministries of health and ministries of education in charge of implementing pre-service, in-service and continuing education programmes;
- officials, educators and curriculum coordinators developing educational curricula for health workers;
- educators in teaching institutions and in worksites responsible for teaching students and delivering continuing professional education to primary care providers.

The secondary audiences for this document include:

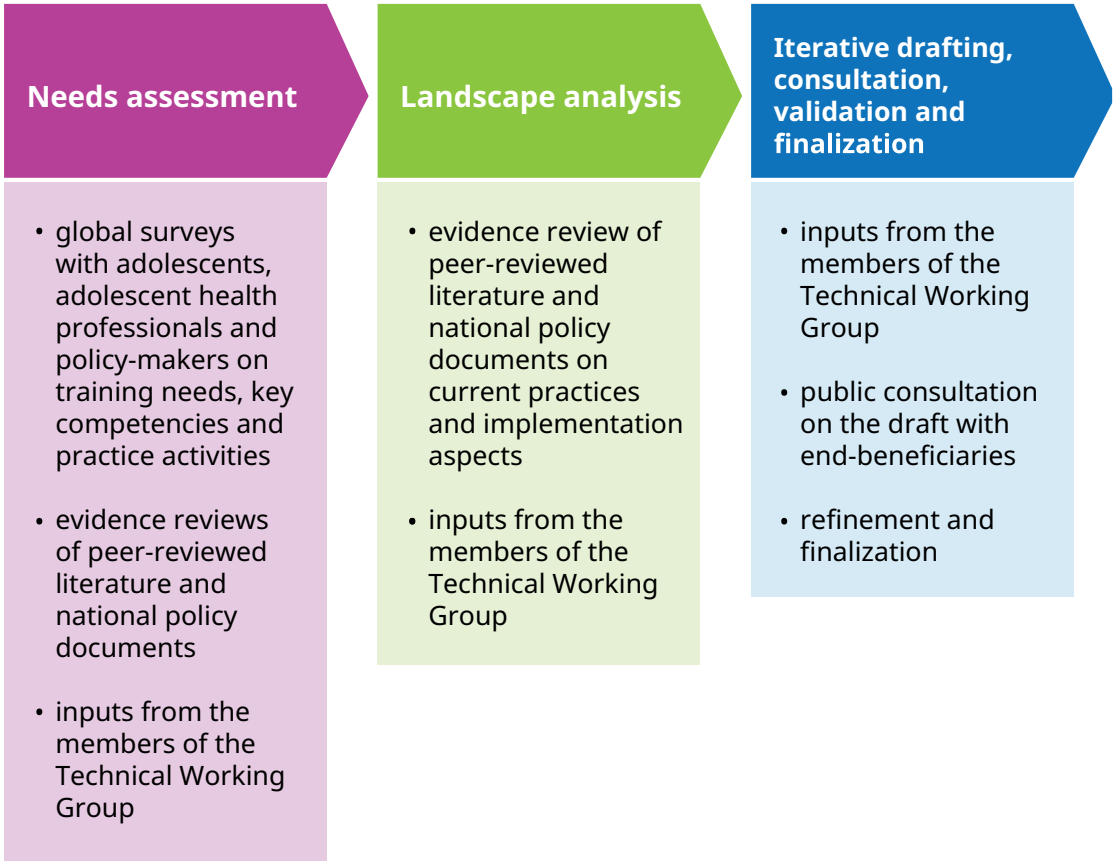
- licensing and regulatory authorities;
- employers (to inform employers' expectations of health workers' practice);
- policy-makers in charge of improving the quality of health services for adolescents (to identify training needs);
- professional associations (to develop or improve competency-based training programmes in adolescent health and, possibly, to inform accreditation of these programmes);
- medical students.

How this guidance was developed

This document results from collaboration between WHO and intended beneficiaries, such as adolescent health care providers, educators, policy-makers, adolescents and young adults. Other key stakeholders, such as the WHO Youth Council, international experts in adolescent health and medicine, representatives from United Nations agencies (Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund, UN Women, World Food Programme) and staff from various WHO departments

and regional offices were involved. The development process combined expert consultations, evidence reviews that drew from a variety of sources and global surveys to ensure that guidance on adolescent health competencies is comprehensive and up-to-date (Fig. 1).

Fig. 1. Consultation, drafting and review process for *Competency and outcomes framework for adolescent health and well-being*



Evidence base and stakeholders' involvement

The content was informed by multiple sources of evidence and consultation processes. These included:

1. **Global surveys** of adolescents and young adults and of educators and 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 captured both current concerns and emerging priorities in adolescent health care, providing direct input from those who receive and deliver care.
2. **Scoping evidence review**: A systematic review was conducted of the peer-reviewed and grey literature published between 2015 and 2024 related to core competencies in adolescent health. This review included analysis of position statements, frameworks, guidance documents and health education curriculum materials from multiple countries and regions. The review identified both established competency domains and new areas of focus emerging in adolescent health practice.
3. **National document review**: An in-depth 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). This analysis examined implementation challenges, innovative approaches and gaps in current competency frameworks, with special attention to how these varied across different health care systems and cultural contexts.

4. **Expert consultation**: Throughout the development process, a Technical Working Group comprising multidisciplinary experts provided critical feedback, helping to ensure 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 the guidance development submitted to WHO 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.

Updating framework and content

The structure of the first edition of *Core competencies in adolescent health and development* has been updated to align with the 2022 *Global competency and outcomes framework for universal health coverage (1)*. Through global consultations, it was ascertained that the 24 universal health coverage competencies and the six competency domains are highly relevant to adolescent health care. Adolescent-specific adaptations of the universal health coverage competencies were informed by a combination of inputs from various stakeholders, as summarized in Fig. 1. The document also addresses emerging clinical priorities in adolescent health, technological progress (including telehealth), renewed attention to school health and increased awareness of the importance of adolescent participation in health service development.

How to use this document

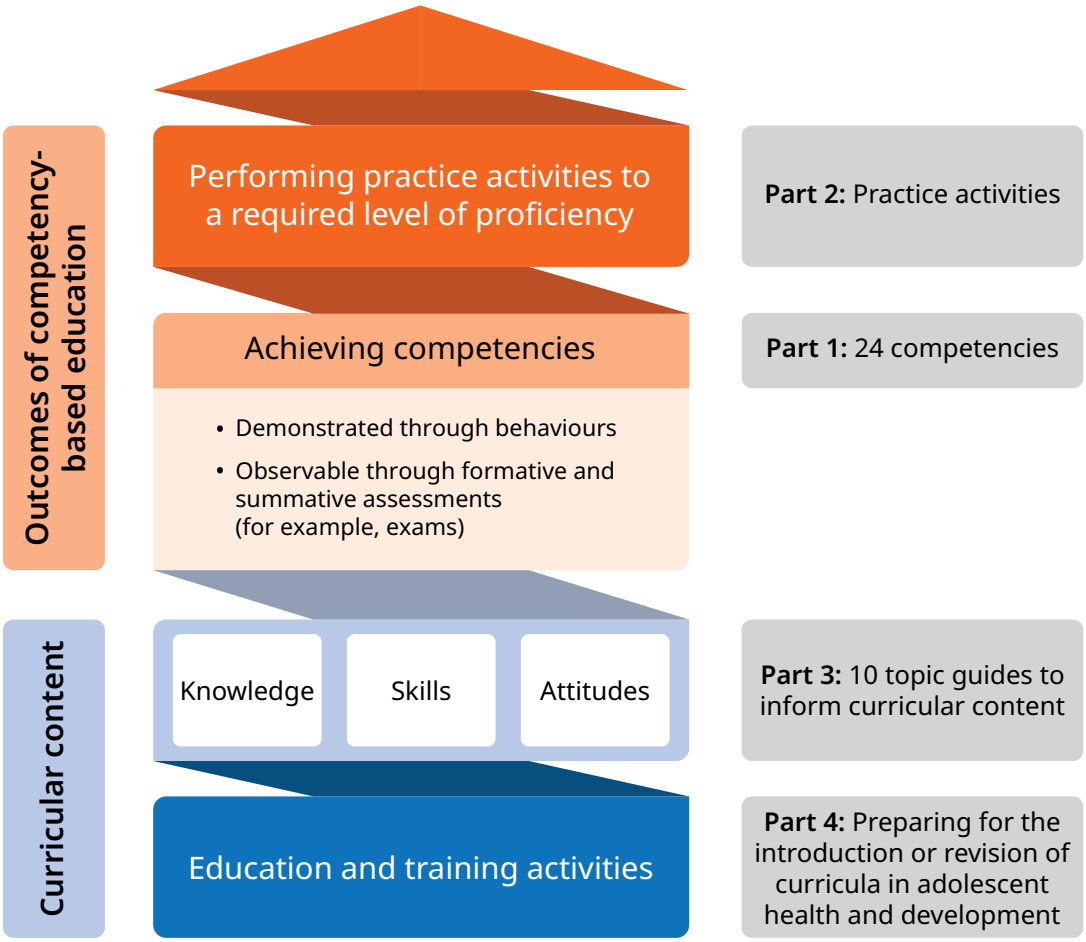
This document should be used alongside the WHO *Global competency and outcomes framework for universal health coverage*, which provides further details for each competency domain and curricular guides for each practice activity *(1)*, and the *Global standards for quality health care services for adolescents* (2025) (*11*), which sets standards, from a service perspective, for workforce capacity.

With the expectation that this document may be used online and that users may choose to access only one section of the document, there is some repetition across topic guides in Part 3. If a competency, behaviour, skill or knowledge is relevant to more than one competency domain or topic guide, it appears in all relevant areas.

Overview of the guidance

The purpose of competency-based education is the acquisition of knowledge, skills and attitudes to achieve competencies, demonstrated through behaviours, in the performance of tasks described. Practice activities (what the health worker will do) and competencies (how they will do it) are, therefore, the outcomes of education programmes *(1)* (Fig. 2).

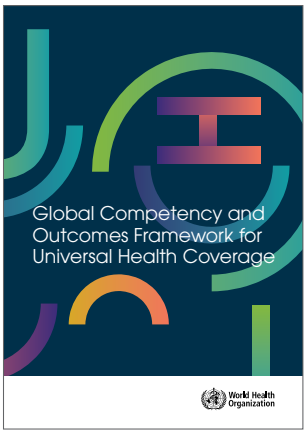
Fig. 2. The link between education and training activities, competencies and practice activities



The guidance outlines the key competencies to achieve universal health coverage for adolescents in Part 1 and adolescent-specific aspects of common practice activities in Part 2. Part 3 provides examples of topic guides to inform curricular contents. Finally, Part 4 describes the process of preparing for the introduction or revision of curricula in adolescent health and development and how to use the contents of Parts1 to 3 to inform such a process.

Links to other WHO resources

Global competency and outcomes framework for universal health coverage *(1)*



This publication seeks to advance progress towards UHC by aligning health worker education approaches with population health needs and health system demands. It provides guidance for the specification of pre-service and in-service competency-based education outcomes for health workers. The guidance identifies the health worker competencies for the achievement of UHC, organized within six domains: people-centredness, decision-making, communication, collaboration, evidence-informed practice and personal conduct. It then discusses how to integrate these into competency-based curricula.

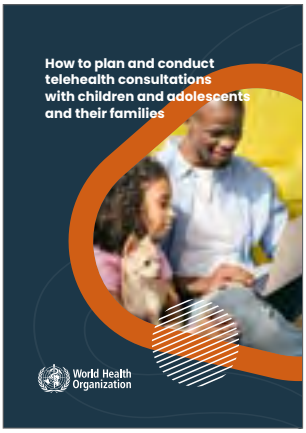
Global standards for quality health care services for adolescents *(11)*

This guidance describes nine global standards that define the required level of quality in services for adolescents (the *what*) and suggests the strategies and cycles for implementing these standards (the *how*). Updating *Global Standards for Quality Health Care Services for Adolescents* (2015), it integrates emerging needs and opportunities, while it maintains the core quality themes. 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 fully in their health journey.

Assessing and supporting adolescents' capacity for autonomous decision-making in health care settings: a tool for health care providers *(25)*

This tool helps health care workers assess adolescents' capacity to make autonomous decisions about their care and to support this decision-making. Based on principles of shared decision-making, 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.

How to plan and conduct telehealth consultations with children and adolescents and their families *(20)*



The document provides practical guidance for a wide range of health care providers on organizing teleconsultations with infants, children, adolescents and their families or caregivers. The aim of this practical guidance is to encourage greater use and consistency in health teleconsultations.

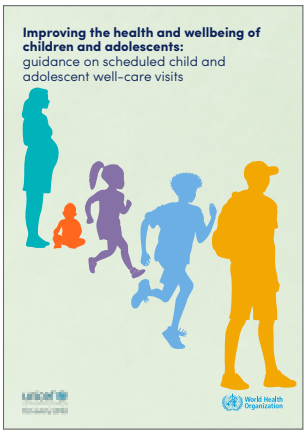
Educating medical and nursing students to provide mental health, neurological and substance use care: A practical guide for pre-service education *(26)*

This publication provides a practical framework for enhancing first-degree medical and nursing education in mental, neurological and substance use care. It outlines how to integrate 12 core competencies into curricula. The guide emphasizes competency-based education that equips future doctors and nurses with the attitudes, knowledge, and skills needed to provide quality care for people with mental, neurological and substance use conditions.

Implementing WHO evidence-based interventions for adolescents and young adults living with and affected by HIV *(27)*

This document highlights evidence-based priority interventions and recommendations for adolescents and young adults living with HIV that are practical, contextual and sustainable. It identifies implementation considerations central to translating these guidelines from evidence into practice. Adolescent-relevant recommendations from tuberculosis, STIs and hepatitis B and C are also featured.

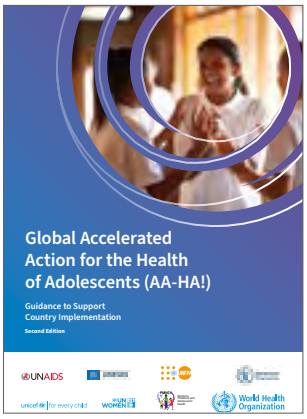
Improving the health and wellbeing of children and adolescents: guidance on scheduled child and adolescent well-care visits *(12)*



Scheduled routine, regular checkups by health care providers help to ensure the healthy growth, development and well-being in the first two decades of life and to support and guide parents' care of their children and themselves.

This guidance identifies what is required to strengthen health systems and services for scheduled routine contacts. It outlines the rationale and objectives of well care visits and proposes a minimum of 17 scheduled visits. It describes the expected tasks during a contact and provides age-specific content for each contact.

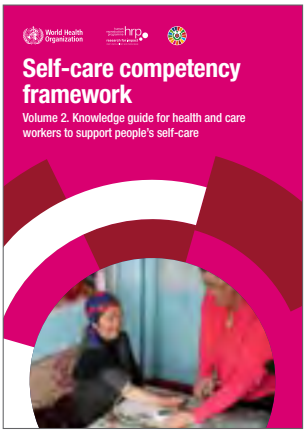
Global Accelerated Action for the Health of Adolescents (AA-HA!) – second edition *(10)*



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.

Self-care competency framework.

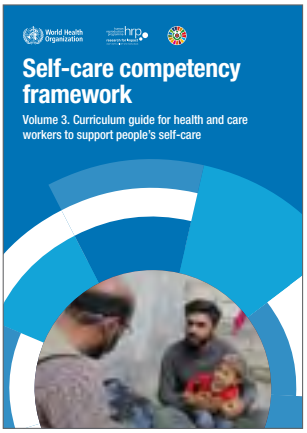
Volume 2: Knowledge guide for health and care workers to support people's self-care *(28)*



The knowledge guide is the second volume in the Self-care competency framework to support health and care workers. It describes how health and care workers can apply each of 10 competency standards in their work, detailing the necessary knowledge, skills and attitudes that underpin the required behaviours.

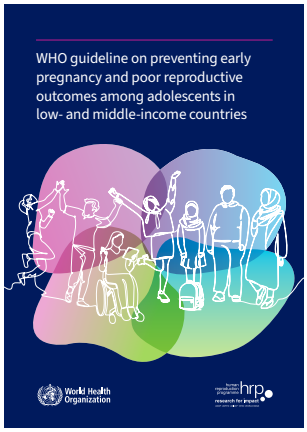
Self-care competency framework.

Volume 3: Curriculum guide for health and care workers to support people's self-care *(29)*



The curriculum guide is the third volume in the Self-care competency framework to support health and care workers. It is a resource for educational institutions and curriculum developers to develop competency-based education and training for health and care workers.

WHO guideline on preventing early pregnancy and poor reproductive outcomes among adolescents in low- and middle-income countries



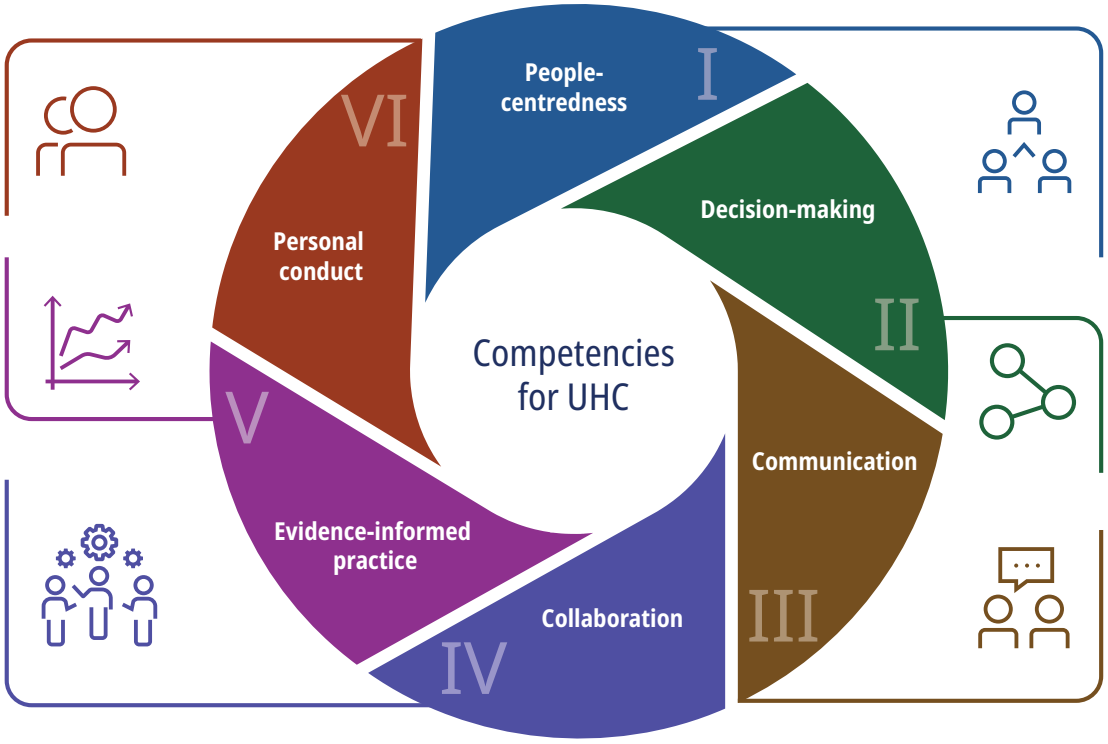
This guideline provides evidence-based normative guidance on avoiding adolescent morbidity and mortality by reducing the chances of early pregnancy and resulting poor health outcomes. The guideline identifies effective interventions to prevent early pregnancy by influencing factors such as early marriage, coerced sex, unsafe abortion and limited access to contraceptives and maternal health services. It presents an analytical framework for selecting interventions most appropriate for the needs of countries and their contexts.

Part 1 Competencies and behaviours for universal health coverage: adolescent health and development

Two young people listening to mobile devices
© WHO / Yoshi Shimizu

The *Global competency and outcomes framework for universal health coverage* identifies 24 competencies, organized into six domains (Fig. 3) *(1)*. Although presented as a list, the competencies are interrelated and interdependent. In the framework each domain comprises between three and five competencies (24 competencies in total), and each competency has between two and six behaviours as sub-points (100 behaviours in total).

Fig. 3. Competency domains within the *Global competency and outcomes framework for universal health coverage*



In Table 1 the domain and competency headings from the *Global competency and outcomes framework for universal health coverage* are listed. Specific behaviours that are important for health workers when caring for adolescents are listed below the competencies. Some behaviours that are important for adolescent health care but do not have an adolescent-specific aspect are listed here as presented in the framework document. Other behaviours have been adapted for an adolescent context. Not all of the 100 behaviours from the framework have been included here. Therefore, when developing a curriculum document, the more extensive list of behaviours in the *Global competency and outcomes framework for universal health coverage* could also be considered. Box 1 shows, as an example, how the six competency domains apply in a mental health presentation.

Table 1. Providers' competencies and associated behaviours required to address the health and well-being needs of adolescents

***Health** is a complete state of **physical, social and mental well-being** and not merely the absence of disease or infirmity. Where "health" is mentioned in this table, the term encompasses all domains of health (physical, social and mental). Similarly, reference to "health workers" includes workers across all domains of health and well-being.*

Domain I: People-centredness

Competency 1: Places people at the centre of all practice

Behaviours:

- provides adolescent-centred care
- adapts practice to the adolescent, family and community to provide context and developmentally appropriate care, including adapting to:
  - physical, cognitive and developmental abilities
  - sensory and speech needs and limitations
  - level of health literacy
  - cultural and linguistic context.

Competency 2: Promotes individual and community agency

Behaviours:

- empowers adolescents to develop their health literacy and agency
- respects the autonomy, dignity and rights of the adolescent
- promotes and supports self-care:
  - involves adolescents in their own health care
  - fosters autonomy and participation in care
  - involves trusted adults (for example, parent, caregiver, family) as appropriate, and in consultation with the adolescent
  - balances autonomy with capacity for decision-making and developmental abilities.

Competency 3: Provides culturally sensitive, respectful and compassionate care

Behaviours:

- respects ethical principles in provision of care
- adopts an approach that is:
  - compassionate, empathic and respectful
  - non-judgemental
  - non-discriminatory
  - culturally sensitive
  - free from physical and verbal assault and other forms of degrading and inhumane treatment
  - informed by adolescents' evolving capacity and best interests.

Competency 4: Incorporates a holistic approach to health

Behaviours:

- provides support to adolescents, families and other caregivers to adopt healthy behaviours
- incorporates anticipatory guidance, health promotion and disease prevention (including injury prevention, substance use) into clinical interactions
- incorporates knowledge of local social determinates of health (for example, harmful practices, unequal gender roles and norms) into guidance, health promotion and care
- contributes to promoting health and providing care for marginalized populations, including (but not limited to) adolescents who are:
  - experiencing socioeconomic disadvantage
  - from culturally and linguistically diverse backgrounds
  - experiencing or at-risk of homelessness
  - at higher risk of HIV (for example, adolescent girls and young women in high-prevalence settings, young sex workers, young people who inject drugs)
  - involved in youth justice systems
  - identifying as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, plus)
  - living with disabilities
  - migrants
  - indigenous and first nations populations
  - from refugee, asylum-seeker or internally displaced backgrounds
  - living in out-of-home care or under protective orders
  - involved in a humanitarian crisis.

Domain II: Decision-making

Competency 5: Takes an adaptive, collaborative and rigorous approach to decision-making

Behaviours:

- engages in collaborative, shared decision-making with:
  - the adolescent, respecting their autonomy and helping them to learn to make their own decisions
  - families, guardians, caregivers or other trusted adults, as appropriate
  - other health care providers.

Competency 6: Incorporates a systems approach to decision-making

Behaviours:

- uses physical, human and financial resources efficiently
- avoids overuse or misuse of resources
- organizes their practice with flexibility to meet adolescents' needs in terms of opening hours and outreach
- takes responsibility for own decisions and their consequences.

Competency 7: Takes a solutions-oriented approach to problem-solving

Behaviours:

- takes initiative to mitigate anticipated problems
- creates practical, achievable solutions to identified problems.

Competency 8: Adapts to unexpected or changing situations

Behaviours:

- demonstrates flexibility and patience
- demonstrates a calm demeanour under pressure.

Domain III: Communication

Competency 9: Proactively manages interactions with others

Behaviours:

- manages communication barriers including those due to cognitive, physical or sensory difficulty, culture, developmental stage, geography or language
- supports adolescents and families, caregivers or trusted adults to communicate for themselves
- supports adolescents to establish and maintain regular communication regarding health and well-being concerns with families, caregivers or trusted adults
- manages the physical environment to allow for private and confidential interactions, including spending time alone with the adolescent.

Competency 10: Adapts communication to the goals, needs, urgency and sensitivity of the interaction

Behaviours:

- uses a range of verbal, non-verbal, visual, written and digital communication tools and techniques
- adapts communication style, language and method to the adolescent's level of development
- maintains an approach to communication that is calm, compassionate, empathic, non-judgemental, respectful and sensitive
- communicates effectively with the adolescent, parents, guardians or caregivers, other trusted adults and health care professionals as appropriate.

Competency 11: Listens actively and attentively

Behaviours:

- uses a range of non-verbal cues and verbal affirmations
- supports adolescents, regardless of age, to ask questions and openly express experiences, feelings, ideas and opinions
- responds in a sensitive and non-judgemental manner to what others express.

Competency 12: Conveys information purposefully

Behaviours:

- presents information clearly and concisely, using language that can be easily understood
- supports adolescents to differentiate between information as facts, opinion and misinformation.

Competency 13: Manages information sharing and documentation

Behaviours:

- ensures that information is documented privately and confidentially and protected from loss or misuse
- shares information with parents or caregivers, other health workers and other services when required and in consultation with the adolescent
- facilitates handover and transfer of health information when an adolescent transfers from paediatric to adult health services.

Domain IV: Collaboration

Competency 14: Engages in collaborative practice

Behaviours:

- works as an effective member of a multi-disciplinary team including health and non-health members
- works with, and refers to, other health care and non-health care teams, including medical specialists, allied health, schools, child and family services, as required
- engages the adolescent and their family or caregivers as active members of the health team.

Competency 15: Builds and maintains trusting partnerships

Behaviours:

- strives to develop positive rapport with the adolescent, family and team members, characterized by respect, support and trust
- maintains ethical boundaries in relationships (within the health team and with the adolescent, parents or caregivers)
- maintains collaborative relationships with schools and communities in the health service catchment area.

Competency 16: Learns from, with and about others

Behaviours:

- demonstrates willingness to learn from others' experiences of the health system, health conditions and lived environment, including the experiences of adolescents and of parents or caregivers
- seeks, provides and learns from sensitive and timely feedback, support and advice
- takes opportunities to improve collaboration within and between teams, including health and non-health teams, paediatric and adult teams.

Competency 17: Constructively manages tensions and conflicts

Behaviours:

- considers different perspectives when seeking compromise, consensus or a decision
- mediates and negotiates tension or conflict between the adolescent and their parent, family or caregiver
- takes positive action to avoid and dispel abuse, harassment or other disruptive behaviours.

Domain V: Evidence-informed practice

Competency 18: Applies the principles of evidence-informed practice

Behaviours:

- maintains awareness of current evidence-informed practice guidelines, principles and techniques relevant to adolescent health care including through continuing education activities, training, supervision and peer-to-peer exchange
- integrates current best available evidence into practice
- supports evidence-informed self-care practices by adolescents, caregivers and families.

Competency 19: Assesses data and information from a range of sources

Behaviours:

- critically appraises the limitations, quality, relevance and significance of available data, information and evidence for an adolescent population
- manages adolescents' care in the context of a lack of adolescent-specific data or guidance
- manages the risks of harm from misinformation among adolescent populations
- collects, and advocates the collection of, age- and sex-disaggregated data.

Competency 20: Contributes to a culture of safety and continuous quality improvement

Behaviours:

- adheres to safety protocols that avoid adverse events, health care errors, and incidents of harm and unsafe practice
- participates in quality measurement of adolescent health care and continuous quality improvement practices.

Domain VI: Personal conduct

Competency 21: Works within the limits of competence and scope of practice

Behaviours:

- appropriately seeks guidance when encountering situations beyond scope of practice
- appropriately refers to community partners and specialist practitioners as required, with consent from the adolescent.

Competency 22: Demonstrates high standards of ethical conduct

Behaviours:

- upholds legal and ethical principles, including capacity, confidentiality, consent, conflict of interest, duty of care, dignity, privacy and safeguarding
- applies an individualized approach to assessing adolescent capacity for autonomous decision-making.

Competency 23: Engages in lifelong learning and reflective practice

Behaviours:

- reflects on own attitudes, values and prejudices regarding normative behaviours in adolescence, and how these may influence care, in a sensitive, non-judgemental and respectful manner.

Competency 24: Manages own health and well-being

Behaviours:

- seeks help and support when needed for own health and well-being
- engages in self-care practices that promote emotional resilience, health and well-being.

Box 1. Application of the six competency domains to a mental health presentation

A 14-year-old adolescent presents to the school nurse with a headache. The nurse takes a comprehensive psychosocial history using a HEADSSS (home, education, eating and exercise, activities, drugs, suicidality, sex, safety) assessment. The assessment finds symptoms of low mood, poor school attendance and increasing non-suicidal self-injury. Some of these symptoms warrant disclosure to the adolescent's parents and to another health professional.

The six competency domains underlie every practice activity and task that a health worker performs (the "how they do it" that underlies the "what they do").

Domain	Application in this case
I. People-centredness 	The nurse listens in an empathic, non-judgemental and respectful manner, which allows the adolescent to feel comfortable discussing their mental health concerns. By going beyond the presenting complaint of headache, the nurse provides adolescent-centred, integrated care.
II. Decision-making 	A collaborative approach is taken to decision-making: the nurse and the adolescent discuss and agree together which parts of the history must be disclosed to parents and another health worker, and which can remain confidential. The nurse maintains a calm and patient demeanour, which helps the adolescent to feel safe and supported.

Domain	Application in this case
III. Communication 	The nurse ensures that the interview takes place in a private space and uses a range of verbal, non-verbal and visual communication tools (for example, using a printed flowchart to explain confidentiality and its limits in a developmentally appropriate way).
IV. Collaboration 	The nurse needs to refer the adolescent to a more specialized health worker and needs to inform the adolescent's parents of the referral and non-suicidal self-injury. The adolescent, their parents and the specialist health worker are all seen as members of the health team. The nurse discusses this with the adolescent, in line with their previous discussion about the limits of confidentiality.
V. Evidence-informed practice 	The nurse uses the structured, evidence-based HEADSSS assessment to take a comprehensive psychosocial history. This allows the adolescent the opportunity to reveal several mental health concerns as part of the visit. Appropriate management can then be initiated using local clinical guidelines for managing mental health conditions among adolescents, including referral to specialist care.
VI. Personal conduct 	The school nurse appropriately seeks guidance from a more specialized practitioner when the adolescent's presenting concerns are beyond her scope of practice to manage. The nurse upholds foundational ethical principles including consent, duty of care and privacy.

Part 2 Practice activities

Bicycling in Kiribati
© WHO / Yoshi Shimizu

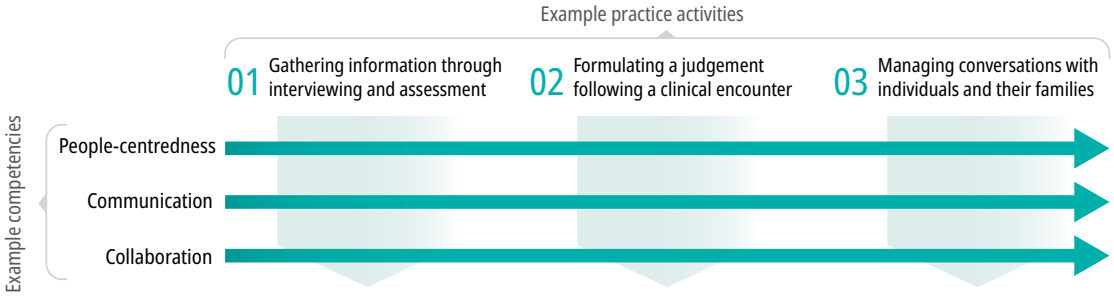
A key characteristic of competency-based education is that curricular content (learning related to knowledge, skills, attitudes or behaviours) is rooted in its relevance for the performance of practice activities. The *Global competency and outcomes framework for universal health coverage* identifies the three domains of practice activities outlined in Fig. 4 – individual health (comprising 20 practice activities), population health (comprising six practice activities) and management and organization (comprising nine practice activities) *(1)*. Each practice activity describes a core function of health practice, comprising groups of related tasks. A number of practice activities may be required for a single clinical encounter (for example, gathering information through interviewing and assessment and coordinating transfer to another care environment). Usually, a single occupational group would have responsibilities across only some practice activities (for example, a nurse assistant will practice managing conversations with individuals and their families but not prescribing medications or therapeutics).

Fig. 4. Practice activity domains for health service provision

Source: WHO *(1)*.

Competencies (expressed through behaviours), as described in Part 1, enable the performance of practice activities (encompassing tasks) of the quality required for effective provision of health services. They must, therefore, be interpreted together, as illustrated in Fig. 5.

Fig. 5. Competencies enable the performance of practice activities



Source: WHO *(1)*.

The pages that follow (pages 24–32) present summaries of each of the 35 practice activities. Some of the practice activities from the *Global competency and outcomes framework for universal health coverage (1)* are more relevant to working with adolescents than others. Where important elements of practice activities are specific to adolescents, these are noted under the practice activity heading.

To design (or redesign) competency-based curricula to enable performance of the defined responsibilities, refer to the Global Competency and Outcomes Framework, which lists under each practice activity heading the related curricular content for that practice activity.

Nid, one of Thailand's Diabetes Ambassadors, uses an insulin pump system while exercising in Bangkok, Thailand
© WHO / Patrick Brown

Domain I: Individual health

Practice activities relating to the provision of health services for an individual

1. Gathering information through interviewing and assessment

- tasks related to history-taking, gathering information through interviewing, performing a physical examination, and performing a cognitive, mental, emotional or social assessment;
- important specific tasks related to adolescent health and development: integrating psychosocial concerns into a medical assessment, undertaking a comprehensive psychosocial assessment (using tools such as the HEADSSS assessment), screening for environmental risk factors such as violence and abuse and performing an appropriate, targeted physical examination.

2. Formulating a judgement following a clinical encounter

- tasks related to interpreting the information gathered from history-taking and physical examination, confirming or excluding hypotheses and making a clinical judgement (making a diagnosis);
- important specific tasks related to adolescent health and development: knowledge of diagnostic criteria, clinical signs and symptoms of common conditions in adolescents (as outlined in the topic guides in Part 3).

3. Managing conversations with individuals and their families

- tasks related to planning for and initiating the conversation, gathering information, providing information, discussing and summarizing information, and closing the conversation;
- important specific tasks related to adolescent health and development: using developmentally appropriate language when speaking with the adolescent, communicating with the adolescent alone and with parents, caregivers or families as appropriate, and navigating difficult conversations.

4. Advocating individual health needs

- tasks related to assessing an individual's health literacy and health needs and supporting the individual to manage their own health and access health services;
- important specific tasks related to adolescent health and development: assessing an adolescent's capacity to make decisions, promoting self-care and taking an advocacy position for the adolescent, and balancing their rights and wishes with professional responsibility to keep them safe from harm. This also includes advocating for marginalized and at-risk groups of adolescents and their rights to access health care, and advocating comprehensive health services for adolescents.

5. Providing information and support to impact individual health behaviours

- tasks related to providing information about positive and harmful behaviours, collaborating with the individual to identify health behaviour changes, referring to services to support behaviour change efforts, monitoring and tracking behaviour change;
- important specific tasks related to adolescent health and development: providing education and counselling to adolescents, parents or caregivers concerning preventative health care, health risk behaviours and protective factors. This may include conversations but also the provision of visual, written or digital information sources to promote healthy behaviour change and support the well-being of adolescents. Education and counselling should be tailored to the adolescent's developmental level and informed by comprehensive psychosocial assessment (for example, using the HEADSSS assessment). Approaches should address local social determinants of health (for example, harmful practices, unequal gender roles and norms, power dynamics), and equip adolescents to critically appraise health information, their own health behaviours and possible influences upon these.

6. Gaining informed consent

- tasks related to sharing information, addressing the individual's concerns, confirming the individual's comprehension, confirming and documenting consent;
- important specific tasks related to adolescent health and development: having an awareness of the relevant laws, policies and procedures concerning informed consent for adolescents, mature minor protocols and confidential health care, assessing the adolescent's capacity or competence in decision-making and involving parents or caregivers as appropriate, undertaking shared decision-making, and always obtaining assent or consent, as appropriate, from the adolescent for physical examination, investigations, procedures and information-sharing.

7. Ordering, administering and interpreting the results of diagnostic and screening procedures

- tasks related to determining if a procedure is required, explaining the risks and benefits of the procedure, collecting diagnostic samples, evaluation and interpretation of results;
- important specific tasks related to adolescent health and development: conducting and ordering investigations for specific conditions (see topic guides in Part 3), screening for early-onset chronic conditions in adolescents with risk factors and collection of diagnostic samples. For many common health conditions and health-risk behaviours in adolescence (including mental health and substance use), health and psychosocial screening may take place through a structured interview or using a structured screening questionnaire. Either approach requires interpreting "alert" signs.

8. Developing and adjusting a management plan

- tasks related to evaluating the information gathered about the individual's health needs, evaluating management options, proposing a management plan in collaboration with the individual and other members of the health team, balancing pharmacological and non-pharmacological components, and evaluating and monitoring the management plan as appropriate;
- important specific tasks related to adolescent health and development: shared decision-making with the adolescent and balancing this with involvement of parents or caregivers. Management plans should be clinically appropriate but also informed by the needs and preferences of the adolescent. Compliance with pharmacological treatment should be regularly re-evaluated, support provided to improve compliance and the management plan adjusted as required.

9. Prescribing medications or therapeutics

- tasks related to assessing the risks and benefits of treatment options, agreeing on a medication plan with the individual, writing a prescription and providing instructions for taking or administering the prescribed medication;
- important specific tasks related to adolescent health and development: providing prescriptions for specific conditions (see topic guides in Part 3), being aware of factors that may affect access and adherence to medications, including when medications are prescribed to an adolescent without the knowledge of the parent or caregiver. Information and advice should be tailored to the adolescent's developmental level.

10. Preparing and dispensing medications or therapeutics

- tasks related to confirming a prescription, preparing medications for dispensing, educating the individual and family on self-administration and supplying the medications or therapeutics;
- important specific tasks related to adolescent health and development: assessment of the adolescent's ability to self-manage medications, including taking the medication as prescribed, not sharing or stockpiling medications and consideration of the involvement of parents or caregivers.

11. Administering medications or therapeutics

- tasks related to evaluating the instructions for administration, preparing the medications for administration, administering the medications or therapeutics and monitoring for response and adverse reactions;
- important specific tasks related to adolescent health and development: administering immunizations and administering medications to young people requiring direct supervision of administration either due to the specific medical condition or the adolescent's developmental ability. Other specific tasks relate to building the capacity of teachers or other school staff to administer medications, if required by an existing programme (for example, deworming, iron supplementation).

12. Selecting assistive products

- tasks related to assessing individuals in order to select and specify assistive products, referring to other services if needed, ordering the product, and writing instructions for use;
- important specific tasks related to adolescent health and development: involving the adolescent (and caregiver as appropriate) in the process of selecting the assistive products using developmentally appropriate language and providing sources of additional information to adolescents and their caregivers. As appropriate, adolescent preference for the choice of the product (for example, glasses or contact lenses) should be explored before selecting the product.

13. Providing assistive products

- tasks related to preparing, fitting and/or setting up the product, supporting the individual to use the product, and monitoring and maintenance;
- important specific tasks related to adolescent health and development: providing education and support to adolescents (and to parents and caregivers as appropriate) to promote adherence, destigmatize the use of the product, as appropriate, using developmentally appropriate language and providing linkages to adolescent (and caregiver) support groups.

14. Providing non-pharmacological health interventions

- tasks related to preparing, planning and providing non-medication health interventions and monitoring the response to the intervention;
- important specific tasks related to adolescent health and development: providing psychosocial education, health risk behaviour counselling and evidence-based interventions including motivational interviewing and brief intervention techniques.

15. Providing treatment and care support to individuals

- tasks related to providing care and support including psychosocial support, functional support, personal and nursing care, clinical care and education and counselling of individuals and families, assessing adherence to a management plan and supporting individuals to adhere to management plans;
- important specific tasks related to adolescent health and development: providing education and support to enhance adherence to management plans, including using developmentally appropriate language, providing prescription and appointment reminders and supporting adolescents' self-care.

16. Managing end-of-life and bereavement care

- tasks related to end-of-life care, including providing care and support to an individual and their family in anticipation of, during and following a death;
- important specific tasks related to adolescent health and development: providing education and support addressing adolescents' unique spiritual and existential questions about life and death and managing normalcy

through the continuation of school and social activities. Other specific tasks include providing support to families in understanding and respecting the adolescent's wishes and in coping with their own grief.

17. Reporting notifiable diseases, conditions or events

- tasks related to being aware of the criteria for mandatory and voluntary reporting or diseases, conditions or events, submitting a report and taking action to ensure that a condition is considered in individual management plans;
- important specific tasks related to adolescent health and development: mandatory reporting (for example, in cases of child abuse or neglect or sexual abuse) and reporting notifiable diseases (in particular, infectious diseases).

18. Providing or receiving a clinical presentation

- tasks include facilitating an effective handover or referral of an individual's information, ensuring all people involved have a common understanding, and transferring responsibility of care. This includes verbal handovers as well as appropriate written documentation.
- important specific tasks related to adolescent health and development: referral to specialist providers as required and providing safe handover of care between inpatient and outpatient environments, between paediatric and adult health care providers and between the usual provider and school-based health care providers.

19. Moving and transporting individuals

- tasks related to physically moving individuals including handling and transport, and equipment considerations;
- important specific tasks related to adolescent health and development: ensuring, as appropriate, parental or guardian accompaniment to secure emotional support, comfort and reassurance, and using age-appropriate restraints and seating arrangements to ensure the adolescent's safety during transport.

20. Coordinating transfer to another care environment

- tasks include knowledge of available care providers, coordinating a transfer plan and effective communication during care transfer to ensure patient safety;
- important specific tasks related to adolescent health and development: tasks related to facilitating transition of care from paediatric to adult care settings. This includes having knowledge of the risk of errors and disengagement at the time of care transfer, assessing an adolescent's developmental ability for self-care, planning the transfer of care with the adolescent (involving parents and caregivers as appropriate), and providing detailed and appropriate handover and clinical information (both verbal and written) to the receiving clinicians and to the adolescent and the adolescent's family as appropriate.

Domain II: Population health

Practice activities relating to the provision of health services for communities and groups of individuals

21. Assessing community health needs

- tasks related to community-level health needs assessments and community engagement activities; gathering, recording and analysing age- and sex-disaggregated data, as well as data on subpopulation-specific risks; and reporting findings of community health needs assessments back to the community and to relevant decision-makers;
- important specific considerations related to adolescent health and development: ensuring that community-level health needs assessments include the needs of the adolescent community (and actively involve adolescents in community engagement and voicing their needs to inform the findings of health needs assessments).

22. Planning and delivering community health programmes

- tasks related to acting on the results of community-level health needs assessments, including planning, delivering and evaluating community-based health education programmes;
- important specific considerations related to adolescent health and development: consideration of specific local communities or settings in which community health programmes may be delivered, including but not limited to schools and other training facilities, sporting groups and youth justice settings. Programmes should address unequal gender norms and other locally relevant social determinants of adolescent health.

23. Managing public health communication

- tasks related to disseminating evidence-based public health information, from assessing the audience and its health literacy to creating, managing and evaluating evidence-based public health communication (including videos, group presentations and meetings or written communication);
- important specific considerations related to adolescent health and development: ensuring targeted public health communication addressing the adolescent age-group for health issues that are prevalent in adolescence, ensuring that such communication is addressing adolescent-specific needs, unequal gender norms, myths and misconceptions and is presented in a developmentally appropriate way and via formats or platforms that will reach adolescents.

24. Developing preparedness for health emergencies and disasters, including disease outbreaks

- tasks related to conducting risk assessments at facility and community levels, assessing facility- and community-level preparedness and involvement in

activities for risk prevention and preparedness including education, planning and preparation exercises;

- important specific considerations related to adolescent health and development include encompassing the needs of adolescents specifically in health emergency and disaster preparedness plans. This includes developing contingency plans with the education sector to ensure the continuity of school-based and school-linked health, nutrition, vaccination and psychological supports services during periods of remote or hybrid learning.

25. Responding to health emergencies and disasters, including disease outbreaks

- tasks related to monitoring for outbreaks and health emergencies, alerting relevant management stakeholders, communication with communities and mounting a local response;
- important specific considerations related to adolescent health and development: identifying the specific health needs of adolescents in health emergency and disaster responses, ensuring age-disaggregated data analysis, targeted communication to adolescents within communities and involving adolescents in local response where appropriate. This includes liaising and planning with the education sector to ensure the continuity of school-based and school-linked health, nutrition, vaccination and psychological support services during periods of remote or hybrid learning.

26. Advocating community health

- tasks related to identifying community needs, developing an advocacy strategy, planning and implementing advocacy activities including community engagement and collaboration, and monitoring and evaluation of the activities and impacts;
- important specific considerations related to adolescent health and development: advocating adolescent health and the rights of adolescents within communities.

Teenagers playing ball © WHO

Domain III: Management and organization

Practice activities relating to the effective use of human, physical and financial resources.

These practice activities relate to the individual practitioner. However, many factors influencing management and organization relate to features of health services – for which the Global standards for quality health care services for adolescents, updated edition (2025) should be consulted.

27. Accessing and documenting information

- tasks related to accessing hard copy and digital health information, appropriate documentation, and issuing documents including legal documentation related to health (such as prescriptions and death certificates);
- important specific tasks related to adolescent health and development (including in the context of electronic health records): ensuring confidentiality, having knowledge of which parties have rights to access an individual's health information, and providing transfer of information when an adolescent transfers from paediatric to adult health services.

28. Registering individuals for health services

- tasks related to gathering information from an individual who presents for health care including about their immediate health needs, registering the individual for health services, conducting an initial triage, and prioritizing based on clinical presentation;
- important specific tasks related to adolescent health and development in the context of electronic health records: obtaining adolescent consent for establishing or continuing with an existing electronic health record.

29. Delivering quality improvement activities

- tasks related to gathering data, including on populations at risk, identifying improvement opportunities, planning and implementing improvements and monitoring change;
- important specific tasks related to adolescent health and development: building adolescents' expectations for quality of care and conducting regular adolescent satisfaction surveys or other approaches to gathering adolescents' feedback in an age-appropriate way about the quality of care they have received.

30. Providing workplace-based learning and supervision

- tasks related to training and supervision within the workplace, including providing learning opportunities, feedback, supervision and performance management;
- important specific tasks related to adolescent health and development: training adolescent mystery patents to help the health service improve the quality of services.

31. Managing human resources

- tasks related to supervision and management of members of the health workforce, including performance management, coordination within a team, and ensuring a safe workplace;
- important specific tasks related to adolescent health and development include identifying the training needs of members of the health workforce in relation to this competency framework and planning training and education activities.

32. Managing financial resources

- tasks related to managing a budget, coding and billing for health care services provided, and keeping accurate financial records;
- important specific tasks related to adolescent health and development: billing for sensitive services in ways that do not compromise confidentiality (for example, the service appearing in the parent's bill).

33. Managing physical resources

- tasks related to the use, storage and upkeep of equipment and facilities.

34. Participating in evaluation and research

- tasks related to data collection, synthesis and interpretation, data storage, clinical audit and understanding the principles of research including legal and ethical requirements;
- important specific considerations related to adolescent health and development: collecting and advocating collection of age-disaggregated data, use of adolescent-appropriate data collection tools and methods and advocating the ethical inclusion of adolescents in research.

35. Developing, evaluating and implementing local policies, procedures and guidelines

- tasks related to incorporating existing policies, procedures and guidelines into clinical practice, contributing to policy-making including gathering data and contributing to policy development and evaluation;
- important specific considerations related to adolescent health and development: specific policies that impact adolescents (for example, privacy, confidentiality, informed consent, fees-for-service, opening hours) and ensuring that existing policies for adults or children specify adolescent exceptions or differences if relevant.

Young adults play football in Senegal
© WHO / Ricci Shryock

Elesi, Salome, Cecelia and Loata collects mosquito larvae during the World Mosquito Day event as part of an awareness exercise about mosquito breeding sites © WHO / Jason Chute

Part 3

Topic guides to inform curricular content for adolescent health and development

This section provides 11 illustrative topic guides to inform curricular content in relation to knowledge and skills conducive to the acquisition of the required competencies. Seven of these guides relate to specific health topics (for example, mental health), while four relate to cross-cutting topics, that is, knowledge and skills that are relevant across all presenting complaints (for example, telehealth) (Fig. 6). The example from Thailand (Box 2) illustrates curriculum design to cover specific health topics (for example, nutrition) as well as cross-cutting topics relevant to any health concern (for example, family dynamics, HEADSSS assessment, medical ethics).

Fig. 6. The topic guides

Box 2. Case example from Thailand

In Thailand the 2019 edition of the advanced resident physician training curriculum for the subspecialty of adolescent medicine indicates that the training programme in adolescent medicine must cover the following topics:

1. Basic knowledge of adolescent medicine, including puberty and brain development, communication with teenagers and family, immunizations, nutrition, injuries, the effects of adolescence on preexisting conditions, family dynamics, conflicts, problems and effective parenting practices
2. Important conditions: common medical problems and concerns, SRH, psychosocial problems and concerns, public health aspects
3. Adolescent health research
4. Operational skills and interpretation of results: assess pubertal status, HEADSSS assessment
5. Integration of knowledge (for example, professionalism, medical ethics and continuous learning).

Source: Division of Adolescent Medicine, Royal College of Pediatricians of Thailand. Advanced Resident Physician Training Course for a certificate of knowledge and expertise in the Practice of Medicine Subspecialty of Adolescent Medicine (2019 edition).

As mentioned earlier, competencies (expressed through behaviours), described in Part 1, enable the performance of practice activities (encompassing tasks), described in Part 2, of the quality required for effective provision of health services. When applying the knowledge and tasks in the topic guides below, all competencies in Part 1 are relevant (Fig. 7).

Girl carrying another girl by piggyback at the beach © WHO / Anne Sturm Guerrand

Fig. 7. Applying competencies to topic guides

Topic guides

1: Growth and development

Knowledge

- adolescent development (physical, cognitive, emotional and social) and how these different aspects are influenced by biological (including puberty and brain development), social, emotional and environmental factors;
- timing and sequence of normal growth and how this relates to pubertal development for boys and girls;
- body mass index (BMI)
  - calculation and interpretation including trajectory and deviations from centile lines
  - limitations of BMI measurements
- normal pubertal development
- development of sexuality throughout childhood and adolescence including gender identity and sexual orientation (see also Topic guide 4: SRH and HIV)
- factors that might cause disorders of growth and puberty
- physiological basis and timing of menarche, menstrual hygiene, dysmenorrhoea and menorrhagia, amenorrhoea (primary and secondary)
- menstrual management
- causes and evidence-based management of external genital conditions including anatomical variants, acute scrotal pain, foreskin conditions
- considerations for management of pubertal and sexual development alongside physical impairment and disorders of intellectual development
- non-pharmacological management of gender (gender-affirming care)
- pharmacological management of gender (gender-affirming care).

A patient at a routine check up at the Manukau Superclinic in South Auckland, New Zealand
© WHO / Yoshi Shimizu

Skills

Skill	Practice activities[1]
Assess adolescent development	1, 2, 3, 6
Assess growth using growth charts	1, 2, 3, 6
Calculate and interpret BMI	1, 2, 3, 6
Assess and manage short stature	1, 2, 3, 6, 7, 8
Provide education to adolescents, parents and caregivers about puberty	1, 2, 3, 4, 5, 6
Assess pubertal development using physical examination and sexual maturity rating	1, 2, 3, 6
Order and interpret investigations to assess pubertal development	6, 7
Assess and manage precocious puberty	1, 2, 3, 6, 7, 8, 9
Assess and manage pubertal delay	1, 2, 3, 6, 7, 8, 9
Provide education to an adolescent and family about the menstrual cycle and menstrual hygiene	1, 3, 4, 5, 6
Prescribe or refer for prescription of menstrual suppression where appropriate	1, 2, 3, 4, 6, 7, 8, 9, 14
Assess and manage common menstrual disorders	1, 2, 3, 4, 6, 7, 8, 9, 14
Manage acute scrotal pain	1, 2, 3, 5, 6, 7, 8, 9, 14
Manage common foreskin conditions	1, 2, 3, 5, 6, 7, 8, 9, 14
Advocate adolescents' rights to appropriate health information and care related to growth, puberty and development	4, 26
For all presentations, refer to specialist health or non-health providers where required or when encountering situations beyond the scope of practice	1, 2, 3, 6, 8, 18, 20
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

[1] See Part 2. Practice activities.

2: Mental health

Knowledge

- adolescent development including social and emotional development
- risk factors for adolescent mental health conditions, such as family history, social stressors, violence and trauma (including but not limited to adverse childhood experiences), and substance use/substance use disorders
- protective factors for adolescent mental health conditions, such as supportive parenting, good quality educational environment, family financial security and safe community
- how mental health conditions can affect adolescents' physical, emotional and cognitive development
- impact of the use and misuse of digital technologies on adolescent health and development, specifically on mental health
- impact of other psychosocial factors such as nutrition, physical activity and sleep on mental health
- how local cultural beliefs can influence the presentation and explanation of mental health conditions
- normal emotional reactions and distress in adolescence, differentiating between normative behaviours and those that are more suggestive of a mental health condition
- symptoms and common presentations of mental health conditions most commonly experienced by adolescents, including:
  - anxiety disorders
  - conduct disorder
  - eating disorders (see also Topic guide 5: Nutrition)
  - intentional self-harm/non-suicidal self-injury
  - mood disorders (including depression)
  - medically unexplained symptoms including somatization
  - neurodevelopmental conditions including autism, attention-deficit/hyperactivity disorder
  - psychosis and thought disorders
  - substance use disorders, links between substance use and mental health in adolescence (see also Topic guide 3: Substance use)
- screening and screening tools for mental health conditions in adolescents
- signs and common presentations of adolescents at risk of self-harm or suicide
  - including principles of undertaking risk assessments
- preventative strategies for mental health conditions
- evidence-based treatments for common mental health conditions as listed above
- social and emotional learning interventions such as emotional regulation, problem-solving, interpersonal skills, mindfulness, assertiveness and stress management.

Skills

Skill	Practice activities
Identify risk factors for neurodevelopmental conditions, behavioural and emotional disorders in adolescents	1, 2, 3, 6
Assess neurodevelopmental conditions, behavioural and emotional disorders in adolescents	1, 2, 3, 6
Deliver psychoeducation on adolescent well-being and functioning (including nutrition, physical activity, sleep and use of digital technologies), parenting, relationships, mental health and neurodevelopmental conditions	1, 2, 3, 5, 6, 8, 14
Manage mental health and neurodevelopmental conditions most commonly experienced by adolescents, including anxiety, attention-deficit/hyperactivity disorder, conduct disorder, depression, eating disorders, problems with emotions or problems with behaviours, including providing psychosocial support	1, 2, 3, 5, 6, 7, 8, 9, 14
Assess and manage self-harm and suicidality including performing a mental health risk assessment	1, 2, 3, 5, 6, 7, 8, 9, 14, 18
Provide support and assistance to parents, families or caregivers as needed	3, 5, 6
Liaise with teachers and school staff as needed	3, 5, 6, 18
Promote awareness to eliminate stigma against mental health conditions	4, 26
Advocate appropriate access to mental health care and services for adolescents	4, 26
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 4, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

3: Substance use

Knowledge

- epidemiology of substance use and substance use disorders, including biopsychosocial factors that may increase susceptibility
- risk factors for substance use and substance use disorders
- association between substance use and other health and non-health related risk behaviours and negative outcomes
- common presentations of substance use and diagnostic criteria for substance use related problems, covering the main classes of psychoactive substances:
  - alcohol
  - tobacco (including smokeless tobacco, vaping and electronic cigarettes)
  - cannabinoids
  - opioids
  - stimulants
  - non-medical use of prescription drugs (may vary by local context)
  - other psychoactive substances
- negative health consequences attributable to substance use and substance use disorders across a range of social, mental health, physical and educational aspects
- tailored screening and brief interventions and arranging access to further treatment for those in need
- evidence-based screening tools for substance use, such as ASSIST[1]
- identification of and management of blood-borne infections (including hepatitis B and C viruses) (see also Topic guide 4: SRH and HIV)
- evidence-based approaches for prevention of substance use and management of substance use disorders including:
  - prevention
  - identification, diagnosis, brief intervention for different risk patterns of substance use
    - use of evidence-based screening tools (for example, ASSIST)
    - principles of motivational interviewing
  - harm reduction interventions (including needle and syringe programmes, testing and counselling for infectious diseases, low-threshold community outreach)
  - psychosocial interventions for people with substance use disorders
  - pharmacological interventions for people with substance use disorders (such as Opioid Agonists Maintenance Treatment, overdose prevention)
  - management of acute substance use-related conditions
  - recovery-oriented approaches.

[1] ASSIST stands for the key words of the six domains items: Alcohol, Smoking and Substance Involvement Screening Test.

Skills

Skill	Practice activities
Conduct and interpret results of screening for substance use and substance use disorders	1, 2, 3, 6
Identify associated mental health conditions in an adolescent presenting with substance use	1, 2, 3, 6
Provide psychoeducation on risks associated with alcohol and drug use to adolescents, parents and caregivers	1, 3, 4, 5, 14
Provide support and management for cessation of smoking, smokeless tobacco and vaping	1, 2, 3, 5, 6, 8, 9, 14
Employ evidence-based psychosocial interventions for substance use disorders (for example, motivational interviewing, brief interventions)	1, 2, 3, 5, 6, 8, 14
Offer essential medicines for substance use disorders as indicated	1, 3, 6, 9, 10, 11
Identify and manage acute substance use related conditions and other symptoms	1, 2, 3, 6, 7
Identify and manage relevant medical comorbidities, including blood-borne infections and mental health conditions	1, 2, 3, 6, 7
Arrange access to further treatment for those in need	1, 2, 3, 6, 8, 18
Collaborate with individuals to plan treatment	1, 3, 6, 8
Advocate appropriate resources and services for substance use and substance use disorders for adolescents	4, 26
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

4: SRH and HIV

Knowledge

- local laws, policies and procedures related to adolescents' access to SRH and rights services
- structural and legal barriers affecting service access for adolescents in their diversity
- comprehensive sexuality education (including but not limited to development of sexuality through childhood and adolescence including gender identity and sexual orientation)
- menstrual health and menstrual management (refer also to Topic guide 1: Growth and development)
- relationship between SRH and gender-based violence
- safe-sex practices and the advantages of delaying sexual initiation, marriage and pregnancy
- consensual and nonconsensual sexual activity
- prevention and elimination of, and education regarding, female genital mutilation and other harmful traditional practices
- prevention of child marriage and responding to specific needs and rights of ever-married girls and those in formal or informal unions
- pharmacology, adverse effects, contraindications, failure rate, mechanism of action of the full range of contraceptive agents including long-acting reversible contraceptives and emergency contraception
- special considerations for adolescent pregnancies (including social, psychological and nutritional factors)
- termination of pregnancy (spontaneous and induced termination of pregnancy, legal grounds for safe termination of pregnancy for adolescents, consequences of unsafe termination of pregnancy, and comprehensive care following termination of pregnancy in adolescents)
- epidemiology of sexually transmitted infections (STIs) among adolescents and of adolescents' sexual health-related behaviours, knowledge and attitudes
- screening for common STIs including for bloodborne viruses
- management of common STIs
- HIV prevention services (including condoms and lubricants, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary medical male circumcision for adolescent boys ages 15 years and above and prevention of mother-to-child transmission for adolescent mothers)
- HIV testing services for adolescents including self-testing and linkage to prevention, treatment, care and support services
- adolescent-responsive HIV treatment and care services including rapid treatment initiation and laboratory monitoring and follow-up
- support for disclosure, adherence, retention and re-engagement with HIV care
- psychosocial interventions related to HIV care

- management options for other bloodborne viruses including hepatitis B and C viruses (see also Topic guide 3: Substance use)
- causes and evidence-based management of acute scrotal and foreskin conditions (see also Topic guide 1: Growth and development)
- external genital conditions for males and females (see Topic guide 1: Growth and development).

A young couple sit at the very edge of the island of Tuvalu and discuss their future © WHO / Yoshi Shimizu

Skills

Skill	Practice activities
Take an SRH history	1, 2, 3, 6
Provide counselling to both males and females on SRH issues in line with comprehensive sexuality education	1, 2, 3, 5, 6, 14
Provide education about a full range of contraceptive options	1, 2, 3, 5, 6, 14
Prescribe contraception, monitor adherence and assess and manage side-effects	1, 2, 3, 5, 6, 8, 9, 14, 15
Report notifiable STIs and implement contact tracing as required	1, 2, 3, 6, 7, 8, 17
Provide safe counselling and comprehensive care for termination of pregnancy to the fullest extent that the law allows and counselling for and methods of post-termination contraception in all cases	1, 2, 3, 7, 8, 9, 14, 18
Provide care in pregnancy, childbirth and the postpartum period for the adolescent mother and her newborn	1, 2, 3, 5, 6, 7, 8, 9, 14, 15, 18
Provide care as required following sexual activity	1, 2, 3, 6, 8, 18
Diagnose and treat STIs, perform follow-up and offer prevention	1, 2, 3, 5, 6, 7, 9, 14, 15, 17
Provide adolescent-responsive information and communication on HIV, including disclosure, prevention, treatment and care, to adolescents	1, 2, 3, 5, 6, 14
Provide HIV testing services to adolescents	1, 2, 3, 5, 6, 7
Provide HIV prevention services including pre-exposure prophylaxis, post-exposure prophylaxis, condoms and voluntary medical male circumcision according to local guidelines	1, 2, 3, 5, 6, 7, 8, 9
Provide adolescents living with HIV with care and treatment at the primary care level including multi-month prescriptions for those established on treatment	1, 2, 3, 5, 6, 7, 8, 9, 14
Assess and provide support with psychosocial interventions for adolescents living with HIV	1, 2, 3, 5, 6, 8, 14
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

5: Nutrition

Knowledge

- healthy eating and nutritional needs during adolescence
- epidemiology of dieting behaviours and eating disorders in adolescence
- patterns of weight gain across adolescence and in relation to puberty
- iron-deficiency and anaemia
- micronutrient-rich foods that are locally available
- nutritional considerations for adolescents with special needs (for example, adolescent girls and pregnant adolescents, adolescents living with HIV, adolescents with disabilities)
- causes of weight loss including warning signs and indications for referral to specialist services
- impacts of physical activity, sleep and screen time on the nutritional and metabolic status of adolescents
- impacts of food availability, food security, food marketing and food labelling, and social systems on nutrition in adolescents
- food safety and hygiene including considerations of access to clean water
- links between nutrition and chronic and acute medical conditions and mental health conditions
- preventive strategies for overweight and obesity
- approaches to prevent undernutrition and micronutrient deficiencies
- practical skills for adolescents to promote nutrition including cooking skills, reading food labels
- eating disorders
  - diagnostic criteria
  - medical complications
  - indications for acute care or inpatient hospital admission.

Skills

Skill	Practice activities
Provide education and practical skills on a healthy lifestyle (including diet, weight, physical activity, sleep and screen time) to adolescents, parents and caregivers	1, 2, 3, 5, 6
Calculate BMI	1, 6
Assess and manage overweight and obesity in adolescents	1, 2, 3, 5, 6, 7, 8, 14
Assess and manage weight loss	1, 2, 3, 5, 6, 7, 8, 14
Assess and manage adolescents with undernutrition and micronutrient deficiencies (including iron deficiency and iron deficiency anaemia)	1, 2, 3, 6, 7, 8, 9, 14
Assess nutrition for adolescents with special needs including pregnant adolescents, adolescents living with HIV, adolescents with disabilities	1, 2, 3, 5, 6, 7, 8, 9, 14
Assess and address body image concerns	1, 2, 3, 5, 6, 8, 14
Assess and manage eating disorders	1, 2, 3, 5, 6, 7, 8, 14
Advocate changes in media and marketing, public health policies, educational programmes, schools and other settings to improve adolescent nutrition	4, 26
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

School students attend a health awareness class in Darkhan-Uul Province, Mongolia © WHO / Yoshi Shimizu

6: Chronic health conditions

Knowledge

- epidemiology of major chronic illnesses during adolescence (for example, asthma, sickle cell disease, diabetes, epilepsy, cystic fibrosis, inflammatory bowel diseases, cerebral palsy, disorders of intellectual development)
- epidemiology of major mental health conditions in adolescence (see also Topic guide 2: Mental health)
- psychosocial considerations in adolescents with chronic physical and mental health conditions
- impact of common health-related behaviours (for example, smoking, sex without contraception) on the course of specific chronic conditions (see also Topic guide 11: Integrating anticipatory guidance)
- impact of emotional and mental health conditions in adolescents on the course of chronic health conditions, and impact of chronic health conditions on mental health
- barriers to treatment adherence and participation in adolescence and practical approaches to improve participation in treatment
- local laws, policies and procedures affecting independence and autonomy in health care for adolescents
- see also Topic guide 9: Transition from paediatric to adult health care.

A boy diagnosed and his mother managing his diabetes condition, Budapest, Hungary © WHO / Laszlo Vegh

Skills

Skill	Practice activities
Provide developmentally appropriate information to an adolescent about their health condition	1, 2, 3, 5
Provide information and support to parents / caregivers of adolescents with chronic health conditions	1, 2, 3, 5
Assess an adolescent's capacity to participate in their own health care and engage in self-care	1, 2, 3, 4, 6, 15
Promote self-management skills in adolescents with chronic conditions	1, 3, 5, 6, 8, 15
Provide anticipatory guidance around health-risk behaviours for adolescents with chronic conditions (for example, alcohol use in adolescents with epilepsy or type 1 diabetes)	1, 2, 3, 5
Assess adolescents' adherence to a management plan	1, 3, 15
Provide practical strategies to improve treatment adherence and participation	1, 2, 3, 5, 6, 15
Liaise with other health workers and institutions (for example, schools, insurance or funders, disability support workers) as required	1, 2, 3, 6, 18, 27
Support parents/caregivers to understand how their role changes during adolescence (from managing their child's health to supporting their child's autonomy in self-care)	1, 2, 3, 4, 5, 6
Advocate development of adult specialist services	4, 26
Advocate inclusion of adolescents with chronic health conditions and disabilities across society	4, 26
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

7: Injuries and violence

Knowledge

- unintended injuries
  - epidemiology of unintended injuries, especially road traffic accidents
  - safety measures and risk factors for unintended injuries among adolescents
  - prevention of road traffic accidents (for example, safety belts, helmets, alcohol legislation, graduated licenses)
  - prevention of other unintended injuries (for example, drowning, fires)
- violence
  - epidemiology and local prevalence of interpersonal violence (physical, psychological and sexual violence and neglect) including technology-facilitated violence such as online violence and cyberbullying
  - forms of interpersonal violence common among adolescents
  - available prevention programmes and support services relevant to violence and injuries, including emergency services, protective services, family violence services
  - signs and symptoms associated with interpersonal violence
  - first-line support for adolescents experiencing any form of interpersonal violence
  - national legislation and ethical reporting practices on interpersonal violence such as online violence and cyberbullying
  - common consequences of interpersonal violence in adolescents.

Skills

Skill	Practice activities
Educate adolescents and families about risks and prevention of unintended injuries	1, 2, 3, 5
Assess and manage adolescents who present with unintended injuries	1, 2, 3, 5, 6, 7, 8, 9, 14
Assess and manage drug- and alcohol-related unintended injuries	1, 2, 3, 5, 6, 7, 8, 9, 14
Discuss and provide counselling on personal safety	1, 2, 3, 5, 6, 8, 14
Identify cases of physical, psychological and sexual violence or neglect based on clinical signs and symptoms	1, 2, 3, 5, 6, 14
Identify cases of intimate partner violence and offer first-line support	1, 2, 3, 5, 6, 14
Offer first-line support to adolescents experiencing physical, psychological or sexual violence or neglect	1, 2, 3, 5, 6, 7, 8, 9, 14
Document violence with attention to confidentiality	1, 2, 3, 6, 8, 17
Facilitate reporting, where required by law, in line with ethical and human rights standards	1, 2, 3, 6, 8, 17
Refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

Mohamed, 13, plays football in crutches with his friends in Hargeisa, Somalia © WHO / Ilyas Ahmed

8: Ethical practice

Knowledge

- local laws, policies and procedures related to adolescent health care, including informed consent and mature minor protocols
- local laws, cultural factors and beliefs that may influence management options for adolescents
- confidential health care for adolescents, including
  - limits of confidentiality and reporting as required by the law
  - balancing confidentiality with need for involvement of a parent/caregiver, family or other services
- ethical principles in health including respect, beneficence, non-maleficence, justice, proportionality
- health needs and rights of adolescents
- non-health needs and rights of adolescents including education, housing, food security, safety
- clinical risk assessment, including mental health risk assessment.

A health worker tests 14-year-old Muniza for malaria in Balochistan, Pakistan © WHO / Panos / Saiyna Bashir

Skills

Skill	Practice activities
Take a comprehensive psychosocial history for every adolescent, regardless of the presenting complaint	1, 2, 3, 6
Obtain consent or assent from the adolescent before performing a physical examination or performing investigations	6
Spend time alone with the adolescent in each consultation	1, 2, 4, 6
Assess an adolescent's capacity for decision-making	1, 2, 3, 4, 6
Foster autonomy in health decision-making for adolescents, as appropriate for their developmental level	1, 2, 3, 4, 6, 8
Discuss confidentiality and its limits with adolescents, parents/caregivers or families	3, 17
Assess clinical risk and protective factors	1, 2, 3, 6
Assess mental health risk and protective factors	1, 2, 3, 6
Discuss with the adolescent prior to sharing their information with others	1, 2, 3, 4, 6, 8
Manage situations of conflict between the adolescent and parent/caregiver or family with regard to treatment decisions	1, 2, 3, 6, 8
Appropriately share information with parents/caregivers, other health workers and non-health workers or services (such as schools, social services) in partnership with the adolescent	1, 2, 3, 4, 6, 8, 18
Undertake reporting as required by the law, in line with ethical reporting practices	1, 2, 3, 8, 17, 18, 27
Seek help from senior staff, team members or external providers when encountering situations beyond scope of practice	2, 3, 18
Document encounters, management plans and consent appropriately	2, 6, 8, 27
Advocate appropriate laws, policies, procedures and guidelines to protect the rights and dignity of all adolescents	4, 26
Advocate addressing the health needs and rights of adolescents	4, 26
Advocate addressing the non-health needs and rights of adolescents	4, 26
Dispel health misinformation and promote the dissemination of accurate and evidence-based health information regarding adolescent health and development	4, 23, 26, 34, 35

9: Transition from paediatric to adult care

Knowledge

- barriers to treatment adherence in adolescence and practical approaches to improve adherence
- self-care strategies for adolescents
- local laws, policies and procedures affecting independence and autonomy in health care for adolescents
- issues affecting adolescents whose care is being transferred from paediatric to adult services
- components of an evidence-based transition programme from paediatric to adult care including transition readiness assessment
- health risks associated with the period of transition from paediatric to adult care (for example, increased hospitalizations, disengagement from care)
- local health system structure including:
  - continuity of primary care services
  - availability of adult specialist services
  - age of transfer from paediatric to adult care (if applicable)
  - health records and documentation and transfer of records
- benefits of regular health visits for all adolescents (not just those with chronic conditions) to normalize health care utilization prior to using services in adulthood
- see also Topic guide 6: Chronic health conditions.

A nurse administers vaccine during a mobile vaccine campaign in Makontakay, Sierra Leone
© WHO / UNICEF / Michael Duff

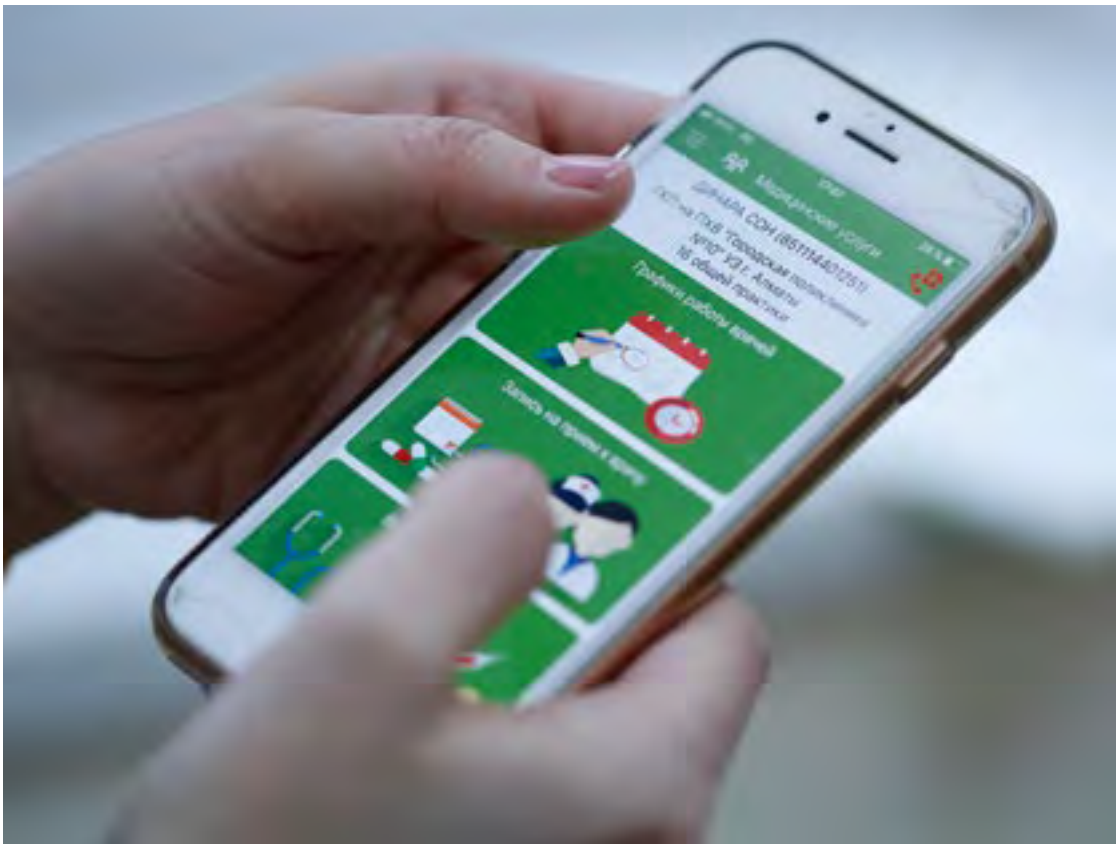
Skills

Skill	Practice activities
Assess adolescents' capacity to manage their own health care	1, 2, 3, 6, 15
Promote self-care in adolescents and support adolescents to manage their own health	1, 3, 5, 6, 8, 15
Provide health information and counselling to adolescents and parents or caregivers in a developmentally appropriate way	1, 2, 3, 4, 5, 6
Provide anticipatory guidance on health-risk behaviours for adolescents with chronic conditions (for example, alcohol use in adolescents with epilepsy or type 1 diabetes)	1, 2, 3, 4, 5, 6
Assess adolescent's adherence to a management plan	1, 2, 3, 15
Provide practical strategies to improve adherence	1, 2, 3, 5, 6, 8, 15
Support parents to understand how their role changes during adolescence (from managing their child's health to supporting their child's autonomy in self-care)	1, 3, 4, 5, 6
Initiate and coordinate transition from paediatric to adult care, including identification of an appropriate adult health care provider	1, 2, 3, 4, 5, 6, 15, 18, 20, 27
Perform transition readiness assessments	1, 2, 3, 4, 8
Support adolescents and families to remain engaged in health care as they transfer from one health service system to another, including encouragement of continuity of primary care	1, 2, 3, 4, 5, 15, 20, 27
Prepare and provide a health summary to the adolescent and to other health workers at the point of transfer to another service	1, 2, 3, 18, 20, 27
Advocate regular health visits for all adolescents (not just those with specific health conditions)	4, 26
Advocate development of adult specialist services	4, 26
For all presentations, refer to specialist health or non-health providers when encountering situations beyond the scope of practice	1, 2, 3, 6, 8, 18

10: Telehealth

Knowledge

- locally available telehealth technologies
- local laws, policies and guidance on the use of telehealth
- benefits of using telehealth when working with adolescents
- issues that may arise for adolescents using telehealth, including:
  - access issues and inequality
  - technological and connectivity issues
  - managing multiple attendees (adolescent, parent/caregiver)
  - ensuring privacy and confidentiality
  - assessing safety
  - engagement and establishing rapport
- limitations of telehealth consultations
- contraindications to telehealth consultations
- adaptations to telehealth consultations to allow those with visual, hearing or other impairments to participate.



Damu Med, Kazakhstan's official digital health application, helps people make an appointment to see a specialist, archive prescriptions, follow a treatment plan, receive laboratory tests and find medication

Skills

Skill	Practice activities
Provide education to adolescents, parents and caregivers about using telehealth	1, 2, 3, 5
Assess appropriateness of teleconsultation individually for each adolescent and presenting complaint	1, 2, 3, 4, 8
Prepare for the telehealth consultation (including checking equipment and internet connection)	33
Verify the identity of the adolescent and any other participants present for the consultation	1, 3, 6
Assess privacy and confidentiality	1, 3, 6
Obtain informed consent as appropriate, including documenting this appropriately	1, 2, 3, 6, 27
Adapt communication methods if required to account for delays in sound or video and limited non-verbal cues	1, 2, 3
Perform physical assessment within the limitations of telehealth (for example, visual assessment)	1, 2, 3, 6
Manage technical issues encountered when using telehealth, including adapting to a different communication method if technological issues preclude appropriate clinical care	3, 8, 33
Appropriately document consultations completed by telehealth	6, 27
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice including arranging in-person evaluation if required	1, 2, 3, 4, 6, 8, 18

11: Integrating anticipatory guidance

Knowledge

- concept of going beyond the presenting complaint: incorporation of counselling and anticipatory guidance into all adolescent consultations, as far as possible in the context of local resources and policies
- benefits of regular preventative health visits for all adolescents
- anticipatory guidance techniques
- local epidemiology, specific health risks and legal factors that may influence health care and counselling
- risk factors for adolescent health and well-being including social, environmental, mental health, behavioural
- protective and resilience factors for adolescent health and well-being including social, environmental, mental health, behavioural
- comprehensive psychosocial assessment, using, for example, HEADSSS or (SSHADESS[1] assessment approaches
- health screening and developmental monitoring, including locally validated or health risk-specific screening tools and counselling techniques to address:
  - behaviour
  - school and learning
  - vision
  - hearing
  - mental health
  - health-risk factors including behaviours, physical, social and environmental factors
  - protective and resilience factors including behaviours, physical, social and environmental factors
  - anaemia
  - metabolic risk factors (hypertension, raised fasting glucose, raised lipids)
  - infectious diseases including tuberculosis, HIV and other STIs
  - oral health
- physical examination for
  - blood pressure measurement
  - growth monitoring including BMI (see also Topic guide 1: Growth and development)
  - puberty (see also Topic guide 1: Growth and development)

[1] SSHADESS = strengths, school, home, activities, drugs, emotions/eating, sexuality, safety).

- impact of common health-related behaviours (for example, smoking, sex without contraception) on the course of specific chronic conditions (see also Topic guide 6: Chronic health conditions and Topic guide 9: Transition from paediatric to adult care)
- preventive strategies for injuries
- prevention of hearing loss including safe listening measures
- pregnancy and STI prevention (see also Topic guide 4: SRH and HIV)
- substance use prevention (see also Topic guide 3: Substance use)
- immunizations
  - national routine vaccination schedule including booster doses and adolescent age-group specific vaccines (such as meningococcal and human papilloma virus (HPV) vaccines)
- physical activity
  - recommended levels of physical activity for various age groups
  - barriers to physical activity (for example, gender, culture, climate)
  - practical/low-cost strategies to embed physical activity into the daily routine
- digital technologies including internet, screen-time and social media
  - recommended levels
  - strategies for reducing screen-time and use of digital technologies
  - safety issues and mitigation strategies for unsafe internet use
  - digital and gaming addiction
- nutrition (see also Topic guide 5: Nutrition)
  - anaemia
  - other nutritional deficiencies
  - metabolic risk factors
  - factors that influence nutrition in adolescents
  - affordable strategies for healthy dietary practices
- assessment and management techniques for sleep in adolescents including sleep hygiene, sleep quality, insomnia
- differential application of universal, targeted and indicated prevention
- risks and sources of health misinformation
- locally available sources of accurate and accessible health information for adolescents and parents/caregivers.

Skills

Skill	Practice activities
Complete a comprehensive psychosocial assessment in all adolescents, regardless of presenting complaint (for example, HEADSSS assessment)	1, 2, 3, 5, 6, 14
Screen for health-risk behaviours in adolescents (using validated, locally-relevant screening tools as appropriate)	1, 2, 3, 5, 6, 14
Incorporate anticipatory guidance into all consultations as far as possible in the context of local policies and resources	1, 2, 3, 4, 5
Provide education to adolescents, families and caregivers about normal growth and development in adolescence (see also Topic guide 1: Growth and development)	1, 2, 3, 5
Screen for pregnancy and STIs	1, 2, 3, 6, 7, 8
Provide counselling to adolescents, parents and caregivers about identified behavioural and parenting issues	1, 2, 3, 5
Provide counselling to adolescents, parents and caregivers about identified school-related issues	1, 2, 3, 5
Provide education to adolescents, parents and caregivers about risks of pregnancy and STIs	1, 2, 3, 5
Provide anticipatory guidance and preventive health strategies for injuries and health-risk behaviours	1, 2, 3, 5, 14
Provide modified anticipatory guidance on health-risk behaviours for adolescents with chronic conditions (for example, alcohol use and epilepsy in type 1 diabetes)	1, 2, 3, 5, 14
Assess vision and hearing in adolescents	1, 2, 3, 6, 8
Provide information and counselling to adolescents, parents and caregivers about required vaccines and their effects	1, 2, 3, 5
Provide a vaccination catch-up schedule if required	1, 2, 3, 6, 7, 8
Prescribe vaccines	1, 2, 3, 6, 9
Correctly administer vaccines following safe injection practices according to national practice and local guidelines	6, 10, 11
Provide education to adolescents, parents and caregivers about physical activity (for example, its importance, recommended levels)	1, 2, 3, 5
Provide education to adolescents, parents and caregivers about nutrition (for example, food groups, essential nutrients)	1, 2, 3, 5
Prescribe or recommend nutritional supplementation	1, 2, 3, 6, 7, 8, 9

Skill	Practice activities
Provide education to adolescents, parents and caregivers about safe use of digital technologies	1, 2, 3, 5
Assess an adolescent's use of internet, gaming and social media, including screening for internet and gaming addiction and personal safety in internet use	1, 2, 3, 5, 7
Provide counselling to reduce problematic use of digital technologies	1, 2, 3, 5, 8, 14
Assess sleep in adolescents	1, 2, 3, 5, 6
Provide education to adolescents, parents and caregivers about sleep	1, 2, 3, 5, 14
Dispel health misinformation and promote the dissemination of accurate and evidence-based health information regarding adolescent health and development	4, 23, 26
Advocate health literacy education for adolescents, parents and caregivers	4, 26
Advocate changes in health, education and social services to address drivers and determinants of adolescent health and well-being	4, 26
For all presentations, refer to specialist health or non-health providers when encountering situations beyond scope of practice	1, 2, 3, 6, 8, 18
For all presentations, initiate and facilitate transfer from paediatric to adult care where required	See Topic guide 9: Transition from paediatric to adult care.

Part 4 Implementation guidance

Sisters sit in their room at a refugee centre in Chișinău, Moldova © WHO / SRH / Maria Gutu

Preparing for the introduction or revision of curricula in adolescent health and development

Building an "adolescent-competent workforce at all levels of care" *(18)* requires the implementation of national priorities and policies to support the health and well-being of all adolescents and to provide adolescent-centred health care. The development of formal curricula and training programmes in adolescent health, in both pre-service and in-service education, can improve health worker capacity to provide health care to adolescents.

Preparation and prioritization are essential before the introduction or revision of curricula in adolescent health and development. National-level acceptance and financial, political and regulatory support of the provision of health services for adolescents are essential. Laws and policies should address adolescents' rights to health. Training and capacity-building for senior health workers and educators in adolescent health and development will promote the dissemination of a curriculum to a broader range of health workers (Box 3). At all stages a consultative process is recommended, with engagement of relevant stakeholders, including adolescents.

When developing curricula, this document should be used alongside the following documents:

- WHO *Global competency and outcomes framework for universal health coverage (1)*;
- WHO *Global accelerated action for the health of adolescents (AH-HA!): guidance to support country implementation (10)*;
- relevant national- and local-level documents including existing frameworks, position statements and curricula;
- recommendations from national and local professional associations;
- literature on adolescent health that is relevant to the specific context and setting in which the curriculum will be implemented.

At a national level, the following steps will promote the introduction or revision of curricula in adolescent health and development *(10)* (Fig. 8).

Where adolescent health curricula already exist, a review of the existing curricula (including content, teaching methods and gaps) is recommended.

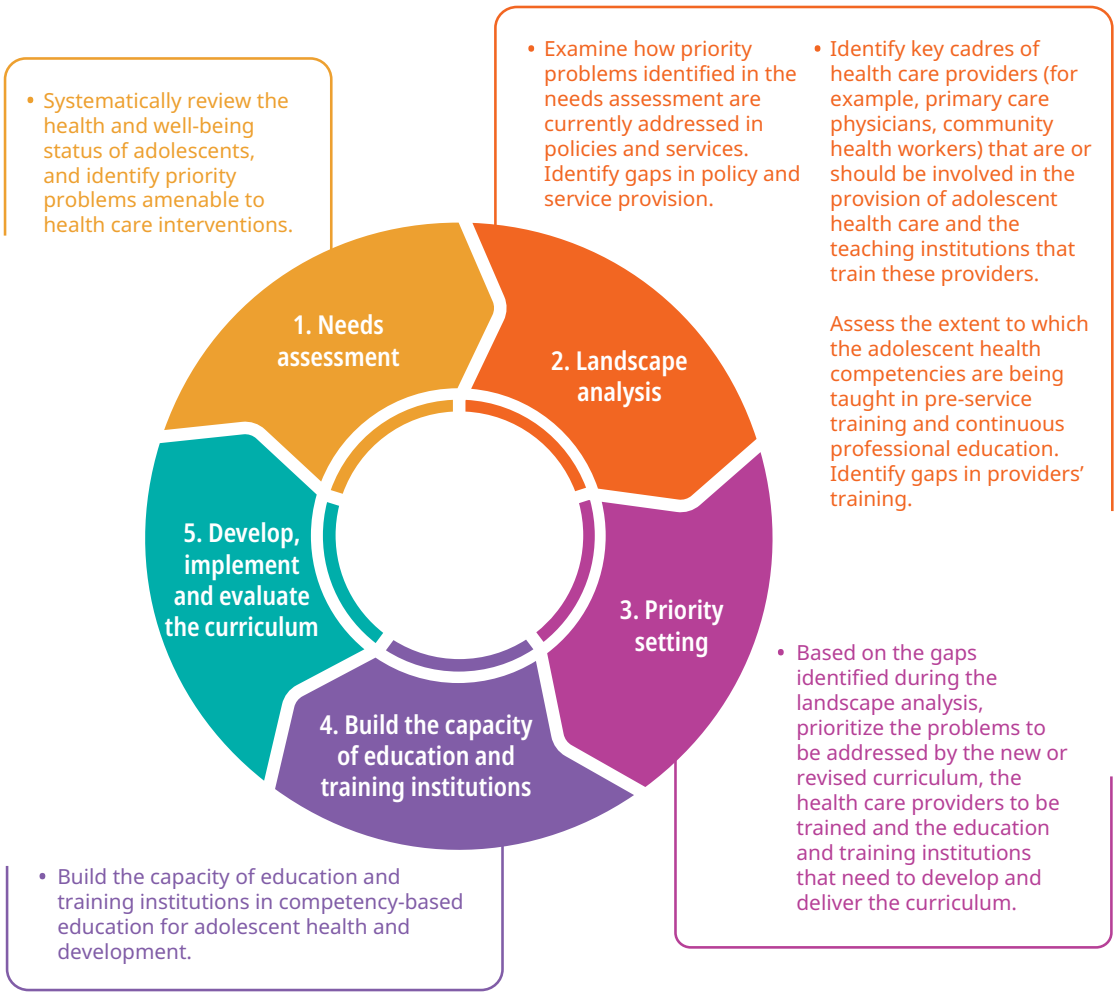
Box 3. Training of trainers: capacity-building for medical educators in Bengaluru, India

In Bengaluru, India, a workshop on adolescent health aimed to strengthen the capacity of medical teachers in preparation for the introduction of a competency-based undergraduate medical curriculum that included 13 competencies related to adolescent health.

The workshop involved case discussions, lectures, tutorials and groupwork sessions. Workshop topics included strengthening adolescent-friendly health services at the teaching facility through review of guidelines and an in-person visit to the clinic; teaching of counselling and the HEEADSSS assessment, SRH, medico-legal aspects of adolescent health and adolescent mental health; and teaching anticipatory guidance – including developing a checklist of topics such as sleep, diet and physical activity to be added to routine patient care documents.

Source: Adapted from Dinakar and Galagali *(30).*

Fig. 8. The planning and preparatory cycle to introduce or revise curricula in adolescent health and development



Curriculum development

A defining characteristic of competency-based education is that curricular content is linked to outcomes, which means that it should be rooted in its relevance for the performance of practice activities. A starting point for curriculum development, therefore, is identification of practice activities that address priorities identified during the planning process (step 3 in Fig. 8). For example, during the planning it was identified that, at a minimum, all community health workers and primary care physicians should have competencies in adolescent health and development. Therefore, the starting point in developing their curricula will be to identify the practice activities to be performed by these cadres within their scopes of practice. Fig. 9 summarizes the key steps in curriculum development *(10, 31)* and the relevant content in this guidance and in the WHO Global competency and outcomes framework for universal health coverage *(1)*. Table 2 lists sources of content for each step in curriculum development.

Fig. 9. Development of a curriculum or training programme

Table 2. Sources of content for steps in curriculum development

Step	Relevant content in this guidance and in the WHO Global competency and outcomes framework for universal health coverage
1. Identify practice activities that the cadres should perform to address priority problems identified in the needs assessment	Practice activities listed in Part 2 are universal and, therefore, constitute a good basis. Local adaptations will be necessary to reflect the scope of practice (which would differ, for example, between community health workers and family physicians).
2. Identify priority topics to be included in the curriculum	The topic guides presented in Part 3 describe common topics in adolescent health and development. These should be included as curriculum content in any curriculum on adolescent health and development. Additional topics might be required based on local epidemiology.
3. Select curricular content for each practice activity and topic guide	Curricular content will reflect the competencies that need to be acquired (observable though behaviours) and their prerequisites such as knowledge and skills. The competencies listed in Part 1 serve as a good basis to inform local efforts since they are universal. The list of knowledge and skills for common topic guides is presented in Part 3 and can serve as a basis for local adaptations. The knowledge and skills listed should be adapted and expanded as appropriate for local contexts and epidemiology and for the practice activities and scope of practice expected for a given health worker's training level. Additionally, the WHO Global competency and outcomes framework for universal health coverage presents in Section 3 a curricular guide (knowledge and skills) for each practice activity. These more-or-less universal guides for the required knowledge and skills may be supplemented by local knowledge and specified to align with the scope of tasks for priority cadres.
4. Determine the learning goals and objectives	Collectively, the learning objectives should enable the learner to perform the practice activities identified in Step 1 to the requisite standard and in accordance with the scope of practice. Section 4.2 of the WHO Global competency and outcomes framework for universal health coverage provides additional considerations for learning objectives, with illustrative examples.

Step	Relevant content in this guidance and in the WHO Global competency and outcomes framework for universal health coverage
5. Determine assessment methods	Three principles should guide the development of assessment approaches: (i) Assessment should be transparent so that learners and tutors know what is being assessed and how. (ii) Every competency should be assessed, not just those that are easy to assess. (iii) Assessment should be triangulated, so that each outcome is assessed in more than one way on more than one occasion. Section 4.2 of the WHO Global competency and outcomes framework for universal health coverage provides additional considerations for various types of assessments, with examples of assessment formats.
6. Implement the curriculum	Implementing the curriculum requires adequate institutional capacity, including trained faculty, learning resources and environments, as well as financial, political and regulatory support. Annex 1 provides examples of free online courses that include a variety of modules on adolescent health and development.
7. Evaluate the curriculum	Curricular evaluation incorporates evaluation of reaction (learner satisfaction), evaluation of learning (knowledge and skills acquired), evaluation of behaviour (transfer of learning to the workplace) and evaluation of results (impact on society). Section 4.2 of the WHO Global competency and outcomes framework for universal health coverage provides examples of programmatic evaluation of curricular design and implementation.

The competencies, practice activities and topic guides can also be used to guide the development of shorter training programmes or training exercises – for example, in settings without the capacity, resources or priority to develop a full curriculum in adolescent health and development.

Box 4. A targeted training initiative to improve provider competencies in delivering transition care to adolescents and young adults in Pennsylvania, United States of America

A single-session training initiative focused on improving provider competencies in delivering transition care assessments for young people ages 16 to 26 years and their parents/caregivers.

Medical residents trained in both paediatric and adult health care attended a multi-disciplinary transition care clinic for young people with chronic medical, neurodevelopmental or mental health conditions. The trainees were given a brief lecture on issues commonly faced by young people with chronic conditions and were then given a written guide on the components of a medical and psychosocial transition assessment. They then saw patients as a dyad (with one paediatric trainee paired with one adult medicine trainee) to conduct an assessment of a young person and their parent/caregiver. The trainees presented the case to the multidisciplinary team, which formulated a transition plan for the patient.

Trainees self-reported improved confidence in providing transition care, including communicating with other health workers to facilitate transfer of care (between paediatric and adult services) and counselling young people and their families about transition of care.

Source: Chung et al *(32).*

A local-level document would include further detail, according to the topic. Table 3 illustrates an approach to adapting and expanding skills listed in Topic guide 11 in providing information and counselling on vaccines. A local document would specify the vaccines to be administered and also would reference appropriate national- or local-level protocols and vaccine schedules.

In Table 3 illustrative health worker profiles are defined as, say, A (nurse associate professional), B (community health worker), C (nurse) and D (primary care physician. The expected skill sets for these illustrative health worker profiles will differ according to the setting, legal aspects of care provision and local priorities.

Table 3. Illustrative example of adapting the skills listed in Topic guide 11: Integrating anticipatory guidance in relation to vaccines to the needs of different cadres (A. nurse associate, B. community health worker, C. nurse, D. primary care physician)

		Health worker profile			
Practice activity	**Task**	**A**	**B**	**C**	**D**
Skill: Provide information and counselling to adolescents, parents and caregivers about required vaccines and their effects					
1. Gathering information through interviewing and assessment	Confirm vaccine history using a structured checklist or review of a written vaccination record	✓	✓		
	Take a full and comprehensive vaccine history through targeted questioning, including identifying risk factors that may indicate additional vaccination requirements or adverse reactions			✓	✓
2. Formulating a judgement following a clinical encounter	Identify need for referral to further discuss and provide vaccines	✓	✓		
	Assess need for vaccination based on history and risk assessment and comparison against local vaccination schedule to determine need for vaccinations			✓	✓
3. Managing conversations with individuals and their families	Manage conversation about practical arrangements for vaccine administration plan, listening to the adolescent's and parent/caregiver's concerns or feelings	✓			
	Discuss an agreed vaccine management plan with the adolescent and parent/caregiver		✓		
	Manage difficult conversations, for example in case of disagreement between an adolescent and their parent/caregiver about vaccinations			✓	✓
5. Providing information on and support for positive individual health behaviours	Respond to requests for information about vaccines in general terms	✓	✓		
	Provide targeted and tailored information, counselling and advice about vaccination, risks and benefits			✓	✓

Practice activity	Task	Health worker profile A	B	C	D
Skill: Prescribe vaccines					
1. Gathering information through interview and assessment	Use a structured checklist to identify risk factors (for example, previous serious adverse reaction to a vaccine)	✓	✓		
	Take a history to confirm factors that may affect vaccine choice, dose or schedule			✓	✓
2. Formulating a judgement following a clinical encounter	Recognize red flags for referral or review by a senior health worker (for example, previous serious adverse reaction)	✓	✓		
	Interpret information from history to make a choice about which vaccines to prescribe and site of administration			✓	✓
3. Managing conversations with individuals and their families	Discuss vaccine prescription with an adolescent and parent/caregiver, according to scope of practice	✓	✓	✓	✓
6. Gaining informed consent	Share information, address the adolescent's or parent's concerns, confirm comprehension and confirm verbal (or document written) consent[1]		✓	✓	✓
9. Prescribing medications or therapeutics	Prescribe vaccines according to individual needs and local protocols			✓	✓
Skill: Correctly administer vaccines following safe injection practices according to national practice and local guidelines					
6. Gaining informed consent	Confirm verbal or written consent or reconsent[1]	✓	✓	✓	✓
10. Preparing and dispensing medications or therapeutics	Confirm the prescription, prepare and dispense the vaccine			✓	✓
11. Administering medications or therapeutics	Prepare the vaccine for administration		✓	✓	✓
	Administer the vaccine[2]	✓	✓	✓	✓
	Monitor for vaccine adverse reactions	✓	✓	✓	✓
	Seek assistance for possible vaccine adverse reactions as appropriate	✓	✓		
	Manage vaccine adverse reactions			✓	✓

[1] According to the local requirements for verbal or written consent for vaccinations.

[2] Vaccines to be administered will depend on local vaccination schedules and protocols.

References

1. Global competency and outcomes framework for universal health coverage. Geneva: World Health Organization; 2022 (https://iris.who.int/handle/10665/352711, accessed 6 June 2025).
2. IBE glossary of curriculum terminology. Geneva: United Nations Educational, Scientific and Cultural Organization, International Bureau of Education; 2013 (https://inee.org/resources/ibe-glossary-curriculum-terminology, accessed 6 June 2025).
3. Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Toward a definition of competency-based education in medicine: a systematic review of published definitions. Med Teach. 2010;32:631-7 (https://doi.org/10.3109/0142159x.2010.500898, accessed 23 October 2025).
4. Englander R, Frank JR, Carraccio C, Sherbino J, Ross S, Snell L. Toward a shared language for competency-based medical education. Med Teach. 2017;39:582-7 (https://doi.org/10.1080/0142159x.2017.1315066, accessed 23 October 2025).
5. Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J. A core components framework for evaluating implementation of competency-based medical education programs. Acad Med. 2019;94:1002-9 (https://doi.org/10.1097/acm.0000000000002743, accessed 23 October 2025).
6. Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. Acad Med. 2013;88:1088-94 (https://doi.org/10.1097/ACM.0b013e31829a3b2b, accessed 23 October 2025).
7. Integrated Management of Childhood Illness (IMCI): planning, implementing and evaluating pre-service training. Geneva: World Health Organization; 2001.
8. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010 (https://iris.who.int/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf, accessed 6 June 2024).
9. Bloom B. Taxonomy of educational objectives, handbook: the cognitive domain. New York: David McKay; 1956.
10. Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, second edition. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/373300, accessed 6 June 2025).
11. Global standards for quality health care services for adolescents. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240114012, accessed 23 October 2025).
12. Improving the health and wellbeing of children and adolescents: guidance on scheduled child and adolescent well-care visits. Geneva: World Health Organization; 2024 (https://iris.who.int/handle/10665/376159, accessed 6 June 2025).

13. Core competencies in adolescent health and development for primary care providers, including a tool to assess the adolescent health and development component in pre-service education of health-care providers. Geneva: World Health Organization; 2015 (https://iris.who.int/handle/10665/148354, accessed 6 June 2025).

14. Community engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/334379, accessed 6 June 2025).

15. Making every school a health-promoting school: global standards and indicators. Geneva: World Health Organization and the United Nations Educational, Scientific and Cultural Organization; 2021 (https://iris.who.int/handle/10665/341907, accessed 29 June 2021).

16. Health equity [webpage]. Geneva: World Health Organization; 2025 (https://www.who.int/health-topics/health-equity#tab=tab_1, accessed 24 May 2025).

17. Health promotion glossary of terms 2021. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240038349, accessed 6 June 2025).

18. Working together for health: the world health report 2006. Geneva: World Health Organization; 2006 (https://iris.who.int/handle/10665/69256, accessed 6 June 2025).

19. Implementation of self-care interventions for health and well-being: guidance for health systems. Geneva: World Health Organization; 2024 (https://iris.who.int/handle/10665/378232, accessed 6 June 2025).

20. How to plan and conduct telehealth consultations with children and adolescents and their families. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240038073, accessed 6 June 2025).

21. Universal health coverage (UHC) [webpage]. Geneva: World Health Organization; 2025 (https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc), accessed 6 June 2025).

22. Ross DA, Hinton R, Melles-Brewer M, Engel D, Zeck W, Fagan L et al. Adolescent well-being: a definition and conceptual framework. J Adolesc Health. 2020;67:472-6 (https://doi.org/doi: 10.1016/j.jadohealth.2020.06.042, accessed 23 October 2025).

23. Global standards for quality health-care services for adolescents: standards and criteria. Geneva: World Health Organization; 2015 (https://www.who.int/publications/i/item/9789241549332, accessed 6 June 2025).

24. Sexual, reproductive, maternal, newborn, child and adolescent health: report on the 2023 policy survey. Geneva: World Health Organization; 2024 (https://iris.who.int/handle/10665/379517, accessed 6 June 2025).

25. Assessing and supporting adolescents' capacity for autonomous decision-making in health-care settings: a tool for health-care providers. Geneva: World Health Organization; 2021 (https://iris.who.int/handle/10665/350208, accessed 6 June 2025).

26. Educating medical and nursing students to provide mental health, neurological and substance use care: a practical guide for pre-service education. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240104129, accessed 6 June 2025).

27. Implementing WHO evidence-based interventions for adolescents and young adults living with and affected by HIV. Geneva: World Health Organization; 2024 (https://iris.who.int/bitstream/handle/10665/379634/9789240100411-eng.pdf?sequence=1, accessed 6 June 2025).

28. Self-care competency framework. Volume 2. Knowledge guide for health and care workers to support people's self-care. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/371608, accessed 6 June 2025).

29. Self-care competency framework. Volume 3. Curriculum guide for health and care workers to support people's self-care. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/371609, accessed 6 June 2025).

30. Dinakar C GP, Pemde H et al. Adolescent health: strengthening faculty competency to teach (pre-conference workshop). National Conference of Pediatric Medical Education, Indian Academy of Pediatrics; 24 November 2022; Bengaluru, India.

31. Schneiderhan J, Guetterman TC, Dobson ML. Curriculum development: a how to primer. Fam Med Community Health. 2019;7:e000046 (https://doi.org/10.1136/fmch-2018-000046, accessed 23 October 2025).

32. Chung RJ, Jasien J, Maslow GR. Resident dyads providing transition care to adolescents and young adults with chronic illnesses and neurodevelopmental disabilities. J Grad Med Educ. 2017;9:222-7. doi (https://doi.org/10.4300/JGME-D-16-00292.1, accessed 23 October 2025).

Annex 1. Training resources on adolescent health

Centre for Adolescent Health (The University of Melbourne, Murdoch Children's Research Institute and Royal Children's Hospital), a WHO collaborating Centre for Adolescent Health	Free Massive Open Online Course on Global Adolescent Health https://www.coursera.org/learn/youth-health Note: accredited postgraduate courses on adolescent health and development, including a masters in leadership in adolescent health may be appropriate for those developing curricula. https://www.rch.org.au/cah/education_training/Postgraduate
Children's Hospital of Philadelphia (CHOP) – World Health Organization (WHO)	CHOP – WHO online training portal in adolescent medicine https://open.chop.edu/who-adolescent-medicine/
EuTEACH – European training in effective adolescent care and health	Basic training package – EuTEACH https://www.unil.ch/euteach/en/home/menuinst/educational-ressources/basic-training-package.html
Global Early Adolescent Study (GEAS) Training Suite	https://www.geastudy.org/geas-training-suite A resource for research and programming with very young adolescents
mhGAP Training manuals – mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 Module: Child and adolescent mental and behavioural disorders	All modules https://www.who.int/publications/i/item/WHO-MSD-MER-17.6 Module: Child and adolescent mental and behavioural disorders https://cdn.who.int/media/docs/default-source/brain-health/mhgap-training-manuals/cmh_module.pdf?sfvrsn=660c8945_5

WHO Academy self-paced and instructor-led training courses:	HPV vaccination, three modules https://whoacademy.org/coursewares/course-v1:IARC+hpv-vaccination+self-paced?source=edX Caring for children who have experienced violence: Training for health professionals, seven modules https://whoacademy.org/coursewares/course-v1:WHOA+0013_CM_EN+2024?source=edX Behavioural counselling, three modules
WHO–UNICEF free online course to address children's environmental health	https://agora.unicef.org/course/info.php?id=39366

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