Global Action for Measurement of Adolescent health (GAMA)

Terms of Reference and Workplan – Phase 2 (August 2020 – February 2023)

Background and Goals

The health of adolescents aged 10-19 years globally can only be improved if we are able to track progress towards health targets. This is only possible through harmonized and consistent measurement. However, currently, there is a paucity of reliable and valid data, and indicators assessing health behaviours, mortality, morbidity, or policy implementation are not standardized or consistently used across countries and populations. Guidance on what to measure, and how, has been lacking in the past, leading to needless duplication of work in some areas, and lack of data in others.


GAMA’s goals are

- To provide technical guidance to WHO, UN H6+ agencies and other relevant measurement groups to define a core set of adolescent health indicators, for the purpose of harmonising efforts around adolescent health measurement and reporting;
- To promote harmonised guidance for adolescent health measurement, supporting countries and technical organizations in collecting useful data to track progress in the improvement of adolescent health.

Overall approach

GAMA’s overall approach is based on a longer-term process aiming at improving measurement of adolescent health globally, in three phases:

Phase 1 (Aug 2018-July 2020): reaching clear consensus among the GAMA Advisory Group and UN representatives on priority areas for adolescent health measurement (core, expanded and context-specific) and on priority indicators for inclusion in standard monitoring, in collaboration with countries and relevant partners.
Completed activities include the publication of a commentary and a website displaying GAMA’s work; a mapping of adolescent health measurement initiatives; identification of priority areas for adolescent health measurement, considering (1) the adolescent health burden, (2) input from young people, (3) input from countries, and (4) existing measurement initiatives; a mapping of over 400 indicators currently used in adolescent health measurement; and a selection of priority indicators within the defined priority areas, based on agreed selection criteria and resulting in a draft list of priority indicators for public comment and feedback. As part of the process, measurement gaps within the priority areas were also identified.

**Phase 2 (Aug 2020 – Feb 2023):** developing GAMA guidance for harmonized data collection for priority indicators, including development and testing of a framework for routine reporting in countries that builds on existing tools and frameworks. Phase 2 also includes developing and piloting materials for and provision of technical support to countries implementing the framework for routine reporting.

**Phase 3 (March 2023- Dec 2025):** coordinating and further supporting implementation of GAMA guidance for data collection for priority indicators in countries; and identifying a research agenda to further improve data collection systems and use of data for adolescents. This includes research for indicators needing further development; and coordination of conducting research on these indicators.

**Objectives of Phase 2**

GAMA’s objectives for phase 2 are

- To increase alignment and harmonization of adolescent health measurement among WHO, UN partners and other key measurement stakeholders, considering country needs;
- To develop GAMA guidance for the measurement of priority indicators and materials for technical support to strengthen adolescent health measurement in countries;
- To disseminate GAMA measurement guidance and related materials and information for effective use by stakeholders and countries.

**Membership of the GAMA Advisory Group**

For the GAMA Advisory Group, 12 experts and 4 young professionals have been selected through a competitive process, based on technical expertise, including broad knowledge of adolescent health epidemiology, monitoring and evaluation, familiarity with methods for generating information on adolescent health, and the functioning of health information systems. Consideration was given to experience of working at the national level in adolescent health, gender and geographical balance, as well as broad coverage across the group regarding the main health issues adolescents face.

Members of the Advisory Group shall serve in their individual capacities to represent the broad range of disciplines relevant to the group’s functions and objectives. WHO and UN staff members are not eligible to serve on the Advisory Group.
Members of the Advisory Group were appointed to serve for an initial term of two years (Phase 1). All members have confirmed their continued participation in Phase 2.

**Terms of Reference of the GAMA Advisory Group**

Members of the GAMA Advisory Group are expected to

- Participate in meetings of the group that are planned to take place twice per year;
- Advise on the overarching strategy, the workplan and the deliverables to reach the goals and defined objectives of GAMA;
- Suggest a defined set of tasks to the Secretariat;
- Support the delivery of products defined in the workplan, and contribute to drafting documents;
- Review progress according to the workplan;
- Act as advocates for and representatives of GAMA’s work;
- Collaborate closely with the Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) and Child Health Accountability Tracking (CHAT) Advisory Groups for maternal/newborn, and child health measurement, as well as existing adolescent health measurement initiatives.

**Additional Terms of Reference of the GAMA Advisory Group Co-chairs**

In addition to the Terms of Reference of the GAMA Advisory Group, the three co-chairs of the group are expected to

- Participate in monthly conference calls organized by the Secretariat;
- Provide written comments on relevant documents;
- Engage in product development and dissemination of information produced by GAMA.

**Secretariat**

The Secretariat of the Advisory Group is ensured by WHO’s Departments of Maternal, Newborn, Child and Adolescent Health (MCA) and Reproductive Health and Research (RHR), with support of the Steering Committee consisting of representatives of the UN H6+ agencies, including UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, the World Bank, and WFP. Tasks of the Secretariat include

- Develop products according to GAMA’s workplan;
- Organize meetings of the GAMA Advisory Group twice per year;
- Chair meetings and share meeting reports;
- Arrange monthly conference calls with the GAMA Advisory Group co-chairs, and share conference call notes with the Advisory Group.

The Secretariat will also ensure compensation of reasonable expenses of GAMA Advisory Group members, such as travel expenses incurred by attendance at Advisory Group meetings or related meetings.
GAMA’s workplan for Phase 2

Planned outcomes and outputs during Phase 2

Outcome 1: Increased alignment and harmonization of adolescent health measurement among WHO, UN partners and other key measurement stakeholders, considering country needs

Output 1.1: Two annual meetings of the GAMA Advisory Group conducted

The GAMA meetings provide a forum for coordination, harmonization and sharing of state-of-the-art evidence on adolescent health measurement between the GAMA Advisory Group and external stakeholders, including continued collaboration and coordination with relevant measurement initiatives. They also ensure on-going exchange between global, regional and country-based experts. Every other GAMA meeting will include participation of several countries, in order for GAMA’s work to be informed, guided and shaped by measurement realities in countries, to ensure country buy-in and up-take of GAMA guidance in countries, and to provide opportunities for countries to share experiences and best practice.

Output 1.2: Indicator metadata database with measurement guidance developed and up-dates conducted

Following the MoNITOR example, GAMA will align, harmonize and guide measurement of priority indicators through an indicator metadata database that will be up-dated annually. This database will contain indicator metadata and recommendations on how to collect data for each indicator, be easily accessible, and be aligned, as much as possible, with existing indicator metadata databases.

Output 1.3: Improved data collection for specified adolescent subgroups, and standardized age disaggregation of health data advocated for

Lack of data for specific adolescent subgroups (e.g. young adolescents out-of-school) as well as large variations in collecting and reporting age- and sex-specific information often hamper the use of health data for adolescent programming and policy action. GAMA will advocate to all relevant stakeholders for improved data collection for specific adolescent subgroups, and contribute to current efforts around standardizing age disaggregation of health data at global and national levels.

Outcome 2: GAMA measurement guidance and materials for technical support are developed and used to strengthen adolescent health measurement in up to two countries

Output 2.1: Framework for routine reporting in countries developed and tested

A framework for routine reporting will assist countries in collecting data and reporting for the most relevant indicators in a systematic way. The draft framework, based on GAMA’s priority indicators, will be pilot tested in countries, and adapted as necessary to reflect results from pilot testing. It will also consider the needs of adolescent populations in humanitarian settings.
Output 2.2: Materials for technical support to countries implementing GAMA measurement guidance developed

Upon finalization of the framework for routine reporting in countries, materials for technical support to countries implementing GAMA guidance will be developed, including, for example, manuals and innovative tools as defined by the GAMA Advisory Group in collaboration with country partners.

Output 2.3: Plan for country capacity building to implement GAMA guidance developed in collaboration with partners

To ensure systematic and coordinated country implementation of GAMA guidance in phase 3 of the project, a plan for country capacity building will be developed at the end of phase 2, in collaboration with partners specialized in country implementation, as well as WHO Regional and Country Offices. The plan will include how to link with other partners engaged in country capacity building.

Output 2.4: Technical support to countries implementing GAMA measurement guidance provided in up to two countries in collaboration with partners

Upon finalization of the materials for technical support to countries implementing the framework, technical support will be provided to up to two countries to implement GAMA measurement guidance. This will be done in collaboration with WHO Regional and Country offices and other partners.

Outcome 3: GAMA measurement guidance and related information is disseminated for effective use by stakeholders and countries

Output 3.1: GAMA guidance and related information published and disseminated, and GAMA website updated and appropriately interlinked

GAMA measurement guidance and relevant materials, and articles describing GAMA’s work will be published. Information will be widely disseminated, including through the UN agencies represented in the GAMA steering committee, and be made available to all relevant stakeholders. In collaboration with the GAMA young experts as well as other key youth constituencies, GAMA is also aiming to disseminate information directly to young people. GAMA’s website will continue to display all relevant information, will be up-dated regularly, and appropriately interlinked with other relevant websites.

Output 3.2: GAMA guidance translated

To ensure global use of GAMA guidance and up-date of GAMA recommendations in non-English speaking countries, the main GAMA materials will be translated into other relevant UN languages, at a minimum, into French and Spanish.
### Overview and timelines for outcomes and outputs during Phase 2

<table>
<thead>
<tr>
<th>Activity/Output</th>
<th>Proposed Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New grant (July 2020 – Feb 2023)</strong></td>
<td></td>
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<tr>
<td><strong>Outcome 1: Alignment and harmonization of adolescent health measurement</strong></td>
<td></td>
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<tr>
<td>GAMA meetings held</td>
<td>November 2020; June 2021; November 2021; June 2022; November 2022</td>
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<tr>
<td>Indicator metadata database developed</td>
<td>December 2020</td>
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<tr>
<td>Indicator metadata database up-dated</td>
<td>December 2021; December 2022</td>
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<tr>
<td>Standardized age disaggregation and improved data collection for specified adolescent subgroups advocated</td>
<td>December 2022</td>
</tr>
<tr>
<td><strong>Outcome 2: GAMA measurement guidance and materials for technical support developed and used to strengthen adolescent health measurement in up to two countries</strong></td>
<td></td>
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<tr>
<td>Draft framework for routine reporting in countries developed</td>
<td>December 2021</td>
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<tr>
<td>Draft framework for routine reporting in countries tested</td>
<td>June 2022</td>
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<tr>
<td>Materials for technical support to countries implementing GAMA measurement guidance developed</td>
<td>September 2022</td>
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<tr>
<td>Plan for country capacity building to implement GAMA guidance developed in collaboration with partners</td>
<td>October 2022</td>
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<tr>
<td>Technical support provided to 1-2 countries</td>
<td>February 2023</td>
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<tr>
<td><strong>Outcome 3: Dissemination of GAMA information and guidance</strong></td>
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<tr>
<td>Publication of manuscripts on priority indicators and GAMA outputs</td>
<td>December 2021; December 2022</td>
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<tr>
<td>Regular updates of and better linkages to GAMA website</td>
<td>December 2020; December 2021; December 2022</td>
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<tr>
<td>GAMA guidance translated into multiple languages</td>
<td>December 2022</td>
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