# **Online Supplementary Document**

Nagata et al. Research priorities for adolescent health in low- and middle-income countries: A mixed-methods synthesis of two separate exercises

J Glob Health 2018;8:010501

**Table S1.** Priority questions for adolescent health organized by platform

#### School

How best can school-based 'safe routes to school' initiatives be scaled up to include larger numbers of schools and to be incorporated with community-based initiatives?

Can swimming and water survival training be effectively implemented in late primary or early secondary school in LMICs in high risk/high need communities, and do such programmes have an intergenerational effect by also protecting subsequent generations of children by transfer of awareness, skills, knowledge, rescue techniques?

What interventions can be integrated into community settings (e.g. schools) to address gender- based violence and its related reproductive outcomes?

How can school-based and community-based programmes for STI counselling and testing, HPV vaccination and sex education be scaled up?

How can mental health promotion interventions in schools be scaled up in LMICs?

What is the prevalence of adolescent under-nutrition and over-nutrition by risk/protective factors such as sex, urban/rural residence, schooling, access to green spaces, access to food and socio-economic strata in different world regions?

What are the most effective interventions for preventing and reducing overweight/obesity in adolescents either in schools or out-of-school?

What is the best (feasibility, cost, acceptability, effectiveness, sustainability) design of a school-based intervention that aims to engage and gain the support of students, parents and teachers for young people to take the recommended 60 minutes of physical activity daily, and to ensure that there are at least two physical education (PE) classes within schools per week, with at least 50% of the time for PE classes spent in moderate-to-vigorous intensity physical activity)?

How best can the capacity of the education sector be improved to deliver high quality physical education programs within schools?

How does one best implement a sustainable, structured physical activity program for adolescents in schools and out of schools in LMICs?

How best can parents, teachers, and policymakers be engaged in creating physical activity-friendly school environments for children and adolescents?

What are the effects of daily physical education and recreation on total physical activity levels, physical fitness, cognitive development, and school performance among children and adolescents?

Are there distinct patterns of and factors leading to substance use (tobacco and other substances) among in- and out-of-school female adolescents and male adolescents? (These include: context of use, preferred substance, use related practices, among others)

What are the key interventions that should be part of routine school health service provision?

How do programmes that aim to keep girls in school longer through measures such as conditional cash transfers affect the prevalence of gender-based violence?

What is the impact of "healthy schools" initiatives on the reduction in gender-based violence?

Does the provision of comprehensive sex education at school: (i) reduce adolescent pregnancies,

(ii) increase health-care seeking behaviour among adolescents, or (iii) reduce the incidence of STIs, including HIV infection?

### Primary care

What are effective interventions to prevent and treat mental health problems of adolescents that can be delivered at primary care level in LMICs?

What are the costs and benefits of integrating management of child and adolescent mental disorders with other child and adolescent health care delivery platforms?

How can mental health and psychosocial support (including identification, support and basic management of relevant conditions) be integrated with adolescent friendly services, general health, reproductive health etc?

What are effective and evidence-based screening, prevention, and treatment interventions for adolescents with neurodevelopmental disorders and intellectual disabilities (and their families) that can be delivered in various settings?

Is it possible to develop a low-cost, accurate blood glucose point-of-care test (end-user cost USD 0.10 or less per test)?

What is the efficacy and effectiveness of a screening instrument linked to a brief intervention for alcohol use among adolescents for use in primary care settings?

How can primary health care services be designed to most effectively meet the unique health needs of adolescents?

What is the coverage of primary health care services for adolescents?

What is the effectiveness of different models of provision of primary care by community health workers in settings that are accessible and acceptable to adolescents?

What aspects of the delivery of HIV testing and counselling services are most important from the perspective of adolescents: the speed of the results; confidentiality and anonymity; the social and health services offered; the counselling offered; whether or not they are integrated into the health system?

What are the key barriers faced by adolescents to access TB and TB/HIV diagnostic and treatment services in high and low income countries, and how can these be overcome?

Do adolescent girls and adult women receive different antenatal, delivery and postnatal care? If so, how and why?

## Community

What is the effectiveness of different models of provision of primary care by community health workers in settings that are accessible and acceptable to adolescents?

What are the true rates (based on empirical data not models) of mortality and DALYs lost from diarrhoeal disease and from lower respiratory tract infections in adolescents (10-14y and 15-19y) by sex, SES, rural/urban, by HIC/UMIC/LMIC/LIC, and by world region?

What are the risk and protective factors at various levels (individual, family, peer/social, community) for injuries and violence among adolescents LMICs?

How best can school-based 'safe routes to school' initiatives be scaled up to include larger numbers of schools and to be incorporated with community-based initiatives?

Can swimming and water survival training be effectively implemented in late primary or early secondary school in LMICs in high risk/high need communities, and do such programmes have an intergenerational effect by also protecting subsequent generations of children by transfer of awareness, skills, knowledge, rescue techniques?

How can community-based adolescent obesity prevention programmes be better implemented and scaled up?

What are adolescents' preferences for type of physical activities by community and the relationship of this to their cultural background?

What are the most effective strategies for evaluating community-based interventions for reducing the burden of substance use among adolescents?

What interventions can be integrated into community settings (e.g. schools) to address gender- based violence and its related reproductive outcomes?

How feasible, effective and sustainable is the training of community-based health workers on identification and referral of cases of gender-based violence?

How can school-based and community-based programmes for STI counselling and testing, HPV vaccination and sex education be scaled up?

#### **Parenting**

What are effective and evidence-based screening, prevention, and treatment interventions for adolescents with neurodevelopmental disorders and intellectual disabilities (and their families) that can be delivered in various settings?

What are the risk and protective factors at various levels (individual, family, peer/social, community) for injuries and violence among adolescents LMICs?

What specific behaviour modification strategies are effective in reducing risk taking behaviour and exposure to injury and violence?

What is the best (feasibility, cost, acceptability, effectiveness, sustainability) design of a school-based intervention that aims to engage and gain the support of students, parents and teachers for young people to take the recommended 60 minutes of physical activity daily, and to ensure that there are at least two physical education (PE) classes within schools per week, with at least 50% of the time for PE classes spent in moderate-to-vigorous intensity physical activity)?

How best can parents, teachers, and policymakers be engaged in creating physical activity-friendly school environments for children and adolescents?

What is the effectiveness of parenting programmes in the prevention of mental health disorders in adolescents?

What is the effectiveness of programmes assisting parents in the management of adolescents with substance use disorders?

### Internet, mobile phones, electronic, social media

What are effective and evidence-based screening, prevention, and treatment interventions for adolescents with neurodevelopmental disorders and intellectual disabilities (and their families) that can be delivered in various settings?

What types of communication strategies work best to actually change the key behaviours that put adolescents at increased risk of injuries?

How can new technologies such as cell phones and the Internet be used effectively to provide information, referral and treatment for adolescents?

How can we develop health systems to interact with adolescents in both traditional (in person) and innovative (virtual) ways to promote positive health choices and prevent illness?

How do adolescents use information technologies (e.g. web, traditional and social media), and what implications does this have for their health behaviour, and for the design of interventions?

### **Peer Education**

What is the potential contribution of peer-led interventions for improving retention in care among adolescents with TB and/or HIV?

What is the impact of peer education on reducing substance abuse in young people?

Questions in highlighted rows appear across multiple platforms

Table S2

**Appendix B.** Priority questions for adolescent health organized by Survive, Thrive, Transform framework from the Global Strategy for Women's, Children's, and Adolescents' Health

Survive	Thrive	Transform	Survive + Thrive	Survive + Transform	Thrive + Transform	Survive + Thrive + Transform
What are the risk and	What types of	How can new	What are effective and	How best	What is the	How can
protective factors at	communication	technologies	evidence-based	can school-	best	primary
various levels	strategies work	such as cell	screening, prevention,	based 'safe	(feasibility,	health care
(individual, family,	best to actually	phones and the	and treatment	routes to	cost,	services be
peer/social,	change the key	Internet be	interventions for	school'	acceptability,	designed to
community) for	behaviours that put	used	adolescents with	initiatives be	effectiveness,	most
injuries and violence	adolescents at	effectively to	neurodevelopmental	scaled up to	sustainability)	effectively
among adolescents	increased risk of	provide	disorders and	include	design of a	meet the
LMICs?	injuries?	information,	intellectual disabilities	larger	school-based	unique health
		referral and	(and their families)	numbers of	intervention	needs of
		treatment for	that can be delivered	schools and	that aims to	adolescents?
		adolescents?	in various settings?	to be	engage and	
				incorporated	gain the	
				with	support of	
				community-	students,	
				based	parents and	
				initiatives?	teachers for	
					young people	
					to take the	
					recommended	
					60 minutes of	
					physical	
					activity daily,	
					and to ensure	
					that there are	
					at least two	
					physical	
					education	

What specific behaviour modification strategies are effective in reducing risk taking behaviour and exposure to injury and violence?	To what extent do strategies that have been shown to reduce one form of violence (e.g., bullying) effectively prevent other forms of violence that youth experience (e.g., partner violence, sexual violence, suicidal behaviour)?	How can we develop health systems to interact with adolescents in both traditional (in person) and innovative (virtual) ways to promote positive health choices and prevent illness?	What is the effectiveness of parenting programmes in the prevention of mental health disorders in adolescents?	How do interventions devised for the management of NCDs in high income countries be used for adolescents in low- and middle-income countries translate	(PE) classes within schools per week, with at least 50% of the time for PE classes spent in moderate-to-vigorous intensity physical activity)? How best can parents, teachers, and policymakers be engaged in creating physical activity-friendly school environments for children and adolescents?	What are effective interventions to prevent and treat mental health problems of adolescents that can be delivered at primary care level in LMICs?
Can swimming and	Do adolescent	How do	What are the rates of	globally? How best	What are the	How can
water survival training	girls and adult	adolescents use	development of anti-	can brief	effects of	mental health
be effectively	women receive	information	tuberculosis drug	alcohol	daily physical	and
implemented in late	different antenatal,	technologies	resistance in	interventions	education and	psychosocial
primary or early	delivery and	(e.g. web,	adolescents?	be combined	recreation on	support
	delivery and	traditional and	adolescents:	with brief	total physical	
secondary school in		u auruonar and		with offer	totai piiysicai	(including

LMICs in high risk/high need communities, and do such programmes have an intergenerational effect by also protecting subsequent generations of children by transfer of awareness, skills, knowledge, rescue techniques?	postnatal care? If so, how and why?	social media), and what implications does this have for their health behaviour, and for the design of interventions?		violence reduction interventions and be effectively delivered through the health system, when adolescents present with injuries?	activity levels, physical fitness, cognitive development, and school performance among children and adolescents?	identification, support and basic management of relevant conditions) be integrated with adolescent friendly services, general health, reproductive health etc?
What is the potential contribution of peer-led interventions for improving retention in care among adolescents with TB and/or HIV?	What is the effectiveness of programmes assisting parents in the management of adolescents with substance use disorders?	What interventions can be integrated into community settings (e.g. schools) to address gender- based violence and its related reproductive outcomes?	How effective and cost-effective is the integration of HIV and TB surveillance to enhance early detection and case management in adolescents?	What are the barriers and facilitators to increasing compliance with motorcycle helmet legislation?	What is the efficacy and effectiveness of a screening instrument linked to a brief intervention for alcohol use among adolescents for use in primary care settings?	
What are the key barriers faced by adolescents to access TB and TB/HIV diagnostic and treatment services in	What is the impact of peer education on reducing substance abuse in young people?	How can mental health promotion interventions in schools be	Can overall duration of TB treatment and/ or frequency of TB medication dosing be reduced to facilitate adherence and	What would be the most cost- effective, affordable and feasible	What are the most cost-effective interventions to decrease multiple	

high and low income countries, and how can these be overcome?		scaled up in LMICs?	improve rates of treatment completion among adolescents?	package of interventions for promotion of mental health and prevention of mental health disorders among adolescents?	health-risk behaviours and conditions and promote healthy behaviours?	
What aspects of the delivery of HIV testing and counselling services are most important from the perspective of adolescents: the speed of the results; confidentiality and anonymity; the social and health services offered; the counselling offered; whether or not they are integrated into the health system?	How can school-based and community-based programmes for STI counselling and testing, HPV vaccination and sex education be scaled up?	How best can the capacity of the education sector be improved to deliver high quality physical education programs within schools?	What are the risk and protective factors for mental health problems among adolescents with developmental disorders (e.g. developmental delay, autism) in LMIC?	What are the mortality and morbidity rates and their causes amongst adolescents with diabetes in low- and middle-income countries?		
What are treatment adherence rates, and what are the risk factors for non-adherence or default, among adolescents on long-term treatment for TB?	What is the prevalence of adolescent under-nutrition and over-nutrition by risk/protective factors such as sex, urban/rural	What platforms and strategies are most effective to reach and help the most vulnerable adolescents	What are the models of adolescent mental health services in LMICs that can be delivered to particularly vulnerable adolescents (refugees, out-of-school youth,			

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	residence,	(eg. those not	young people living			
	schooling, access	in school, slum	with HIV, exposed to			
	to green spaces,	dwellers and/or	gender-based			
	access to food and	those in poor	violence, youth in			
	socio-economic	families)?	armed conflict)?			
	strata in different					
	world regions?					
What are the true rates	What are the most	How do	What interventions			
(based on empirical	effective	programmes	are effective in			
data not models) of	interventions for	that aim to	improving access to			
mortality and DALYs	preventing and	keep girls in	the medicines and			
lost from diarrhoeal	reducing	school longer	supplies needed to			
disease and from lower	overweight/obesity	through	manage diabetes and			
respiratory tract	in adolescents	measures such	other endocrine			
infections in	either in schools or	as conditional	disorders in			
adolescents (10-14y	out-of-school?	cash transfers	adolescents?			
and 15-19y) by sex,		affect the				
SES, rural/urban, by		prevalence of				
HIC/UMIC/LMIC/LIC,		gender-based				
and by world region?		violence?				
Is it possible to develop	How does one best	What is the	Are there biological			
a low-cost, accurate	implement a	impact of	changes (markers)			
blood glucose point-of-	sustainable,	"healthy	heralding NCDs in			
care test (end-user cost	structured physical	schools"	adolescents, and how			
USD 0.10 or less per	activity program	initiatives on	early can these be			
test)?	for adolescents in	the reduction	detected?			
	schools and out of	in gender-				
	schools in LMICs?	based				
		violence?				
What proportion of	What are the key	What are the				
young women who test	interventions that	costs and				
positive for HIV in	should be part of	benefits of				
antenatal or delivery	routine school	integrating				
care: (i) receive and	health service	management of				
take drugs for PMTCT;	provision?	child and				

(ii) are assessed to		adolescent		
determine if they need		mental		
lifelong HAART; (iii)		disorders with		
are started on lifelong		other child and		
		adolescent		
HAART if clinically				
indicated?		health care		
		delivery		
****	<b>5</b>	platforms?		
Which programmatic	Does the provision	How feasible,		
interventions	of comprehensive	effective and		
developed to improve	sex education at	sustainable is		
adolescent retention in	school: (i) reduce	the training of		
care and treatment	adolescent	community-		
adherence for other	pregnancies,	based health		
communicable diseases	(ii) increase	workers on		
(i.e. HIV) would be	health-care	identification		
useful for application	seeking behaviour	and referral of		
in TB programs?	among	cases of		
	adolescents, or	gender-based		
	(iii) reduce the	violence?		
	incidence of STIs,			
	including HIV			
	infection?			
What is the incidence	What is the	What are the		
and burden of TB	effectiveness of	risk factors		
among younger (10-	different models of	contributing to		
14y) and older (15-	provision of	adolescents'		
19y) adolescents in the	primary care by	substance use		
world, by sex	community health	in the different		
particularly among	workers in settings	world regions?		
adolescents with HIV,	that are accessible	_		
and what proportion of	and acceptable to			
the adolescents have	adolescents?			
drug resistant TB?			 	 

What is the best way to	What are the risk	How does		
help adolescents to	and protective	consumption		
adhere to TB	factors associated	of alcohol and		
medication when they	with the increased	other		
are also taking ARVs?	risk of burn	substances		
	injuries among	among		
	adolescent girls in	adolescents		
	many South Asian	change over		
	countries?	time when		
		alcohol and		
		other drug		
		policies		
		change?		
What are effective	How can	What strategies		
interventions	community-based	might reduce		
addressing self-	adolescent obesity	gender-based		
harm/suicide in	prevention	violence		
adolescent girls in	programmes be	among		
LMICs?	better	adolescent sex		
	implemented and	workers?		
	scaled up?			
Can interventions for	What are the most			
the management of	effective strategies			
NCDs that have been	for evaluating			
shown to be effective	community-based			
in adults be used	interventions for			
directly in adolescents?	reducing the			
	burden of			
	substance use			
	among			
	adolescents?			
What proportion of	What interventions			
children born with	can be used to			
sickle cell disease	facilitate			
	continuity of care			

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survive into and	for mobile			
through adolescence?	adolescent			
	populations?			
What are existing	What strategies			
effective programs in	can improve the			
low- and middle-	use of antenatal			
income countries that	care, skilled birth			
manage adolescents	attendants,			
with diabetes,	PMTCT and			
determining successful	postnatal care by			
strategies?	adolescents in			
	resource-poor			
	settings?			
How does the	Do programmes			
prevalence of non-	that promote			
communicable diseases	postnatal family			
change during	planning for			
adolescence by age and	adolescent			
sex?	mothers reduce			
	subsequent			
	unwanted			
	pregnancies in this			
	group?			
What factors facilitate	What is the			
uptake, retention and	coverage of			
adherence and	primary health			
minimize treatment	care services for			
failure among	adolescents?			
adolescents?				
How do user fees affect	What barriers do			
access to, use of and	health-care			
retention in treatment	providers face			
among adolescents	when trying to			
living with HIV?	offer contraception			
	services to			

	unmarried			
	adolescents?			
XX71				
What factors influence	What are the			
the disclosure of HIV	causes of anaemia			
status to others among	among adolescent			
adolescents?	girls and how does			
	this vary by			
	region?			
	What are the			
	relationships			
	between early			
	pregnancy and			
	stunting, anaemia,			
	and NCD risk			
	(overweight,			
	diabetes,			
	hypertension)?			
	What social and			
	behaviour change			
	communication			
	platforms are the			
	most effective to			
	reach adolescents			
	to help them to			
	improve their diet?			
	How does the			
	burden of disease			
	from nutritional			
	causes for			
	adolescent boys			
	and girls vary by			
	country and within			
	countries, and by			
	socio-economic			
	status?			

interventions during adolescent antenatal and postnatal visits impact on birth outcome, maternal, neonatal and child health?  What ante-natal interventions can be developed to help support the specific health and nutritional needs of adolescent pregnant girls in developing countries?  How do we improve compliance and acceptability of iron supplementation programmes among adolescents (eg. design supplements with lower dose iron, different form such as powders, fewer side effects				_
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acceptability of iron supplementation programmes among adolescents (eg. design supplements with lower dose iron, different form such as powders, fewer side effects	improve			
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supplementation programmes among adolescents (eg. design supplements with lower dose iron, different form such as powders, fewer side effects				
programmes among adolescents (eg. design supplements with lower dose iron, different form such as powders, fewer side effects	iron			
programmes among adolescents (eg. design supplements with lower dose iron, different form such as powders, fewer side effects	supplementation			
(eg. design supplements with lower dose iron, different form such as powders, fewer side effects				
supplements with lower dose iron, different form such as powders, fewer side effects	among adolescents			
supplements with lower dose iron, different form such as powders, fewer side effects	(eg. design			
different form such as powders, fewer side effects				
such as powders, fewer side effects				
fewer side effects	different form			
fewer side effects	such as powders,			
etc)?				
	etc)?			

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What are			
and sustain	inable		
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services r	related to		
substance	e use are		
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adolescen			
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youth frie	endly		
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subsidiz				
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can inci				
consiste				
	e condom			
	ong both			
	d female			
adolesc	ents?			

		T	
In settings with			
high rates of			
pregnancy in			
adolescence, what			
factors protect			
adolescents from			
unwanted and/or			
unsafe pregnancy?			
How does the			
provision of			
contraceptive			
methods			
(especially long-			
acting, reversible			
methods) as part			
of post-abortion			
care affect			
unintended			
pregnancy and			
repeat abortion			
rates among			
adolescents?			
What interventions			
are effective for			
informing			
adolescents about			
the availability and			
safe use of			
misoprostol?			
How does cost			
influence			
adolescents'			
abortion-seeking			
behaviour?			
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	How much				
	awareness of				
	abortion law,				
	access to safe				
	abortion services				
	and post-abortion				
	care exists among				
	adolescents?				
	What do				
	adolescents know				
	about less invasive				
	procedures for				
	pregnancy				
	termination and				
	post- abortion care				
	(e.g. misoprostol),				
	and to what extent				
	do they have				
	access to them or				
	use them?				
	What modalities				
	for delivering				
	integrated HIV/FP				
	services to				
	adolescent boys				
	work best?				
	What are the most				
	effective and				
	affordable models				
	for delivering				
	integrated				
	contraception and				
	HIV services and				
	information to				
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young married				
couples?				
What female-			 	
controlled				
methods for				
preventing both				
STIs and				
pregnancy can be				
developed and				
tested?			 	
How much do			 	
young female sex				
workers and				
injecting drug				
users need and us	e			
contraceptives??				
What alternative				
dosing schedules				
can facilitate HP				
vaccine delivery	n			
low-resource				
settings?				
What are the mos				
effective, efficier	t			
and sustainable				
ways to deliver				
vaccination				
against HPV?				
How can				
adolescents who				
do not use				
available STI				
services (e.g.				
conditional cash				

transfers, mobile clinics) be reached?			
What is the cost- effectiveness of HIV/STI screenin programmes among adolescent at highest risk?			
How can the incorporation of syphilis testing in SRH and maternal health services be optimized to ensure that all adolescents, including pregnan girls, get screened and treated?			