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Investing in children: the European child and adolescent health strategy 2015–2020



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Introduction and context

1. The WHO Twelfth General Programme of Work 2014–2019 describes leadership priorities of particular relevance for child and adolescent health, including:

- advancing universal health coverage by enabling countries to sustain or expand access to essential health services and financial protection and promoting universal health coverage as a unifying concept in global health;
- addressing unfinished and future challenges regarding the health-related Millennium Development Goals (MDGs) by accelerating the achievement of current goals up to and beyond 2015;
- addressing the challenges of noncommunicable diseases, mental health, violence, injuries and disabilities; and
- addressing the social, economic and environmental determinants of health as a means of reducing health inequities within and between countries.

2. Health 2020,¹ the WHO policy framework for health and well-being in Europe, sets out the key strategic directions for health policy development and reflects current knowledge for practice, particularly in relation to taking a life-course approach, tackling inequalities, promoting effective intersectoral action for health and enabling more representative participation.

3. The WHO European strategy for child and adolescent health and development² was endorsed in 2005 by all 53 Member States of the WHO European Region, which showed great interest in using the comprehensive approach it offered. WHO support has been provided directly to at least 15 countries since the strategy was endorsed and several have used its framework and accompanying tools to develop national child and adolescent health strategies and action plans.

4. The health of children and adolescents is important for every society. Even in affluent societies, improvements in this area will require a shift towards a whole-of-government approach and comprehensive policies, often involving significant systemic changes, to ensure equitable distribution of health and well-being for children and adolescents.

5. Measures for protecting and improving children's and adolescents' health and development are in place across the WHO European Region, but much more can be done to promote better health and well-being and greater equality. Investment in children and adolescents, including the crucial first three years of life, will yield economic and social benefits beyond improved health outcomes. Some of the recent epidemiological trends in child and adolescent health are reviewed below.

- Although child and adolescent health in the Region shows continuous improvement, there are important causes for concern. Despite substantial progress in recent decades, disparities in child health between and within countries persist. The Region includes countries with the lowest infant and child mortality rates in the world, but mortality in

¹ Health 2020 – a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1; accessed 17 July 2014).

² European strategy for child and adolescent health and development. Copenhagen: WHO Regional Office for Europe; 2005 (http://www.euro.who.int/__data/assets/pdf_file/0020/79400/E87710.pdf, accessed 24 April 2014).

countries with the highest rate for children under five years is 25 times higher than that in countries with the lowest rate. The leading causes of death among children under five years in the Region are neonatal conditions (including prematurity, sepsis and birth asphyxia), injuries, pneumonia and diarrhoea. Half of deaths during the first five years occur during the first month of life.

- Although vaccination coverage is high, nearly one million children every year do not receive all scheduled vaccinations. Over 90 000 cases of measles and 70 000 of rubella have been reported during the past three years.
- Only 24 of the 53 Member States have introduced human papillomavirus vaccination into their routine immunization programmes, despite strong evidence that it significantly reduces morbidity and mortality when combined with well-organized cervical cancer screening.
- More than 10% of adolescents in the Region have some form of mental health problem, neuropsychiatric conditions being the leading cause of disability in young people. Major depressive disorders are the most frequent conditions in children and adolescents, followed by anxiety disorders, behavioural (conduct) disorders and substance-use disorders. The Region includes countries with the highest adolescent suicide rates in the world; suicide is among the leading causes of death among young people in many settings.
- Child maltreatment is also a significant problem in the Region. It is estimated that by the age of 18 years, 18 million children may have suffered sexual abuse and 44 million physical abuse. Annually, 850 children under 15 years in the Region are victims of homicide. Maltreatment has far-reaching consequences for children, with poorer mental and physical health and worse social outcomes, including a propensity to be a victim or perpetrator of violence, in adolescence and later life.
- The Region has some of the highest prevalence rates of tobacco use among adolescents. The prevalence of weekly smoking increases significantly with age in most countries and regions; the increase between the ages of 11 and 15 years exceeds 15% in some countries. Second-hand smoke causes severe respiratory health problems such as asthma and reduced lung function in children.
- Adolescent alcohol use is common in the Region. Young people may perceive alcohol as fulfilling social and personal needs, but it is closely associated with many causes of ill health, including injuries, smoking, illicit drug use and unprotected sex. Twenty-five per cent of boys and 17% of girls aged 15 report drinking alcohol at least once a week and almost one third report having been drunk at least twice. The prevalence rates of weekly alcohol use and (early) drunkenness increase substantially with age (especially between the ages of 13 and 15) for boys and girls in all countries. Boys are more likely to report weekly drinking and drunkenness, but the gender difference at age 13 is significant in fewer than half the countries and regions surveyed.
- A considerable proportion of children and adolescents in many European countries do not meet recommended levels of physical activity. Surveys have shown that, on average, one in three children aged 6–9 years is overweight or obese. The prevalence of overweight (including obesity) in 11- and 13-year-olds varies from 5% to more than 25% in some countries. Over 60% of children who are overweight before puberty will be overweight in early adulthood, which will lead to the development of related diseases and chronic conditions such as cardiovascular disease and type-2 diabetes.
- Twenty-five per cent of 15-year-olds have had sexual intercourse, but more than 30% in some countries are not using condoms or any other form of contraception, resulting in sexually transmitted diseases and unintended pregnancies.

- Environmental determinants of health are estimated to account for about 17% of the total burden of disease in the Region. Environmental exposures that are associated with a high overall burden of disease among children and adolescents in the Region include poor indoor and outdoor air quality, inadequate water, sanitation and hygiene, mobility and transport patterns, hazardous chemicals, noise and the combined effects of climate change.
- Road traffic injuries are among the leading causes of death among children and young adults aged 5–19 years in the Region and the morbidity burden is many times higher. The leading causes of death due to unintentional injury are road crashes (39%), drowning (14%), poisoning (7%) and fires and falls (4% each). Unintentional injuries cause around 42 000 deaths in 0–19-year-olds.

6. Beyond the health burdens, European societies are changing. Children and adolescents are leading increasingly digital lives, in which much of their behaviour, choices, education, social networking and entertainment pursuits are accessed electronically. While this presents new opportunities for reaching children and adolescents with innovative public health messages (many examples of which already exist in countries), it also raises challenges in relation to exposure to cyber-bullying and pornography and Internet addiction, which have been the focus of much media discussion. Perhaps more importantly, the digital trail that children and adolescents leave is being exploited commercially to target them and influence their behaviour; this aspect of their lives is largely escaping scrutiny. Furthermore, current European legal provisions make it difficult or impossible for public health policy-makers to access or use this rich source of relevant data. Within the period of this strategy, the health sector begin to engage with this new determinant of well-being in childhood and adolescence and harness new sources of data and the new media to promote and protect health in innovative ways.

Impact of the previous strategy³

7. A survey carried out three years after the strategy's launch showed that application of high-priority methods such as intersectoral and life-course approaches to child and adolescent health by national and regional governments and ministries of health was one of its main strengths. Follow up of the survey in several countries that are renewing the mandates of national child and adolescent health strategies demonstrates clearly that the principles of the European strategy are being used in national policy development. Experience with implementation of action plans, however, shows that in most countries the intention of implementing intersectoral national policies has not been translated into concrete action and that national plans have tended to focus on improving access to and the quality of maternal, newborn and child services. Implementation of national action plans has made a direct contribution to reducing mortality in children under five years, supporting the achievement of MDG 4, but measures to implement cross-sectoral prevention and health promotion approaches and to meet the specific needs of adolescents have been very limited.

8. Most countries have experienced difficulty in identifying national health system budgets for this age group when developing national child and adolescent health strategies. Several have reported that the strategy facilitated better overview of expenditure in child and adolescent health, but that the allocations are mainly for the health sector.

³ European strategy for child and adolescent health and development: from resolution to action, 2005–2008. Copenhagen: WHO Regional Office for Europe; 2008 (<http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2008/european-strategy-for-child-and-adolescent-health-and-development-from-resolution-to-action,-20052008>, accessed 24 April 2014).

9. The guiding principles (life-course approach, equity, intersectoral action and participation), goals and objectives remain relevant for the renewed strategy, but the evidence base for action and practice, particularly in relation to early development, rights-based approaches, social determinants of health and health inequalities from conception to the end of adolescence, has expanded significantly with the publication of Health 2020 and its background evidence. The aim of this renewed strategy is to build on the successes of and lessons learnt from its predecessor, reflecting current evidence, epidemiology, policy and social trends to improve country approaches to child and adolescent health.

10. This strategy is scheduled to run from 2015 to 2020.

Aims and objectives

11. The aims of the renewed strategy are to:

- enable children and adolescents in the WHO European Region to realize their full potential for health, development and well-being; and
- reduce their burden of avoidable disease and mortality.

12. Countries will set their own objectives to meet their specific needs. The general objectives are to:

- promote governance, partnerships and intersectoral action at all levels of society;
- strengthen people-centred health systems and public health capacity to improve child and adolescent health and development; and
- address social determinants of health and the equality gap for children, adolescents, parents and caregivers.

Guiding principles

13. It is recommended that countries that are revising and developing child and adolescent health strategies include the following guiding principles in their formulations:

- adopting a life-course approach
- adopting an evidence-informed approach
- promoting strong partnerships and intersectoral collaboration
- adopting a rights-based approach.

Adopting a life-course approach

14. A life-course approach is not simply taking a longitudinal view. It is based on the recognition that adult health and illness are rooted in health and experiences in previous stages of the life-course and it systematically reflects economic, social, environmental, biomedical and other relevant factors that influence health.

15. Targeted efforts to break or disrupt negative intergenerational cycles that are created by or contribute to health inequities, such as no exclusive breastfeeding, poor early childhood development, poor health of parents and inadequate parenting skills, will promote the development of young people who are healthy, confident, socially competent and secure in their

relationships and who in turn create the conditions for similarly healthy future generations as parents, grandparents and caregivers.

Adopting an evidence-informed approach

16. The strategy is based on available evidence for the development of policy responses and prioritization of population groups and actions. Significant new evidence on issues such as life-course epidemiology, child and adolescent health and inequalities is reflected, in relation to:

- prenatal development, directly linked to parents' health, behaviour and environments;
- supporting early childhood development, giving prominence but not exclusive focus to children aged 0–3 years;
- the health-related capability, capacity, competence and confidence of children, adolescents and families;
- early prevention of maltreatment and adversity;
- use of pre-schools and schools as target settings for health promotion and education through whole-of-school approaches;
- vulnerable groups, such as orphaned children, Roma and migrants; and
- orientation of health services towards promotion, protection and prevention.

17. Evidence on effective health promotion, health protection and disease prevention activities is a particular focus. The economic impact of diseases is a serious constraint to health systems in all countries. Evidence shows clearly that many costs can be avoided by investing in promotion, protection and prevention. Evidence on the costs of not investing effectively in child and adolescent health, tackling existing inequalities and addressing the impact of austerity measures on children and adolescents is also crucial to the development of comprehensive child and adolescent health policies.

18. The focus of generating and strengthening the evidence base for action on child and adolescent health, development and well-being is on interventions to prevent early mortality and/or later morbidity during early life stages.

Promoting strong partnerships and intersectoral collaboration

19. Health is a multifaceted issue that is frequently determined by factors beyond the immediate purview of the health sector. While the health sector has a pivotal role in direct provision and cross-sectoral coordination, it cannot be successful on its own.

20. All governments use legislative and regulatory measures to protect their citizens and public health is affected by many of these measures. Food and agricultural policy, for example, plays an important role in determining food supply. Food production, fortification and preparation techniques affect the levels of fat, sugar, salt and micronutrients in diets. Transport policy influences vehicle design, emissions and environmental impacts, even by default. Enhanced safety regulations in the manufacturing sector and city and town planning combine to prevent accidents. School education policy has a key role in reinforcing social norms, citizenship and the development of young people's knowledge and skills. Fiscal policy can result in application of subsidies, incentives, penalties and levies in ways that benefit children's and adolescents' health and development. Policies on environmental factors such as water supplies and hazardous chemicals influence the health of children and adolescents.

21. Intersectoral collaboration is required at all levels. This should also be reflected in ongoing education for professionals.

22. Local partnerships are key for facilitating changes in communities that lead to changes in societies.

Adopting a rights-based approach

23. As human rights become better respected, they become more effective in helping governments to strengthen their health systems, deliver health care for all and improve health.

24. Experience has shown that the participation of children and adolescents is crucial to the successful development and implementation of strategies, policies and services. Participation must be genuine, not tokenistic, with true engagement. Mechanisms exist for soliciting children's and adolescents' views and securing their involvement, including members of hard-to-reach and disadvantaged groups.

25. Countries can use their child and adolescent health and development strategies to promote systematic application of human rights standards, including the United Nations *Convention on the Rights of the Child*. This will ensure a more conducive, enabling legal and policy environment for child and adolescent health and secure more equitable access to good-quality health services for children, adolescents and their families.

Vision

26. Overall, the aspiration is that all children and adolescents born and/or growing up in the WHO European Region should:

- be visible to policy-makers, decision-makers and carers;
- be wanted children born to healthy mothers within nurturing families and communities;
- grow up free from poverty and deprivation;
- bond quickly and effectively with their mother, father, siblings and other important caregivers;
- be breastfed for the first six months and well nourished thereafter;
- receive the full programme of effective vaccination and health checks;
- be free of avoidable diseases and have full access to good-quality health services, including mental health services;
- receive good, high-quality parenting;
- attend appropriate pre-schools and schools and become literate and numerate;
- have access to regular opportunities to take part in physical activity;
- have access to age- and gender-appropriate health and sexuality information and support;
- remain free from harm from tobacco, alcohol and other substances;
- have access to a healthy, safe environment in communities, homes, pre-schools and schools;
- develop the confidence and skills to make informed choices and decisions and develop positive relationships;

- be empowered to participate in decisions about their health and well-being; and
- move into adulthood equipped with the necessary skills and competence to make positive contributions and enjoy a productive, healthy, happy life.

Priorities

Making children's lives visible

27. Children and adolescents have a right to be seen and heard. Current information systems across Europe are not adequate for discerning their experience between the ages of five years and adolescence. This situation blinds policy-makers to the burden of illness in young people, to the dangers that they face and to the inequities. Children are considered in many information systems as add-ons to a household and their health experience before the time they can vote is difficult to discern. Children growing up in institutional care are particularly invisible and vulnerable. Children, therefore, often “fall through the cracks” of policy deliberations and resource allocations.

28. The WHO European strategy will provide the means of ensuring that:

- All births and all lives are registered and counted. Europe has a strong record in vital statistics, but in a number of countries and for certain population groups the basic right of registration is denied to children. The next decade should see the end of such denial.
- The threats to the health of children and adolescents, beyond life and death, are recorded routinely, including monitoring their exposure to behavioural, social and environmental risks and these data are used to discern and act on the social determinants of child health. The Region is in a reasonably strong position with regard to data on adolescents, obtained through the Health Behaviour in School-aged Children study, which is an important resource for informing development and monitoring approaches at regional, subregional and national levels.
- The laws of Europe make record linkage and its application to policy-making possible. Record linkage is a powerful tool for discerning inequities and identifying their social and environmental causes.
- Public health agencies acquire the mandate, legal backing and support to use these data for health promotion and protection.

29. A better focus on systematic rights-based maternal, child and adolescent law, policy and programme assessments and assessments of the quality of care based on child rights at all levels will contribute to a stronger focus on children and their health and well-being.

30. Countries must develop better monitoring and accountability for child and adolescent health by collecting data disaggregated by age, gender and socioeconomic status and developing the legal frameworks and the capacity to promote more data-driven policy-making in this area. A research agenda focusing on child and adolescent health should also be in place.

Addressing the unfinished agenda of preventable death and infectious disease

31. Countries that are not yet on course to achieve the MDG targets on maternal, infant and childhood mortality require support to do so, as do those that have achieved the goals but must still ensure that health improvement applies to the whole population, including people who are

hard to reach. Antenatal care consultations should be provided, so that mothers can increase their children's chance of survival and good health. Other protective factors would be vaccinating mothers against tetanus and mothers avoiding smoking and alcohol. More than half of deaths among children under five years are due to diseases that are preventable and treatable through simple, affordable, evidence-based interventions. Action is needed to strengthen people-centred health systems to ensure universal access to high-quality maternal and child health services, particularly for vulnerable groups such as Roma and migrants.

32. Vaccination is one of the most effective public interventions. Great advances have been made with the development and introduction of new vaccines and by expanding the reach of immunization programmes to reduce mortality and morbidity. The introduction of new vaccines is considered an opportunity to reinforce and scale-up existing interventions of proven efficacy through comprehensive approaches to the prevention of pneumonia, cervical cancer and diarrhoea.

Transforming the governance of child and adolescent health

Supporting early childhood development

33. Both positive and negative factors that influence early child development, including infancy, have effects throughout the life-course. Knowledge, behaviour and beliefs established early in life are likely to persist into adulthood. Maternal health and parenting capability and capacity (and that of other members of the family and other caregivers) is central to determining the health and well-being of children and adolescents from preconception on. Support for ensuring this requires action beyond the health sector and integrated services, with intensive contributions from sectors such as health, education, community development, welfare and finance, are crucial. A particular focus should be on including children in migrant or minority ethnic groups and children with disabilities.

Supporting growth during adolescence

34. The determinants of adolescent health are now much better understood. The social values and norms of the immediate family, peer groups and school environments may expose adolescents to risk, as well as protect them. Health literacy must be promoted from childhood through adolescence, so that future citizens of Europe have the skills to make informed decisions. The challenge for policy is to balance risk and protection in favour of well-being and away from behaviour that may undermine health.

35. Risky behaviour, including use of alcohol, tobacco and other substances, has long-term negative effects and increases the risks for noncommunicable diseases in later life. Unprotected sex can lead to sexually transmitted diseases and/or unwanted pregnancies. The Region has some experience in health promotion strategies (for example, health-promoting schools, youth-friendly health services, social marketing) to address such risks, but much more needs to be done.

36. Increasingly, children and adolescents are suffering from a range of long-term chronic diseases, from childhood cancers to earlier onset of diseases previously seen almost exclusively in adults. European health systems should include provision for the care of children and adolescents with chronic, long-term illness.

Reducing exposure to violence and shifting societal approaches from criminal justice to preventive and therapeutic services

37. Violence can be prevented in a public health approach. Children living in homes where there is violence are more vulnerable to physical and emotional abuse and are at greater risk for health problems throughout the life-course. Responses to child maltreatment and interpersonal violence in adolescence have tended to be the purview of the criminal justice system, with a focus on dealing with consequences, and little attention has been paid to prevention. Evidence suggests that investment in safe, nurturing relationships, welfare support and supportive environments can prevent maltreatment and violence and is cost effective.

Protecting health and reducing risk

Achieving a tobacco-free millennial generation

38. This European generation is the first that can realistically aspire to freedom from tobacco. The trends in smoking in the adult population of much of Europe are downwards, even in some countries that are net exporters of tobacco. The trends show a decrease among adolescents in western Europe, especially for girls, while those in eastern Europe show an increase. As countries work towards achieving the global goal of a 30% reduction in tobacco use by 2025, the WHO European Region can look beyond and aspire that all children born in or after 2000 will grow into non-smoking adults and reach middle age on a continent where tobacco is a rarity and where children grow up free of direct or indirect exposure to tobacco smoke.

39. Increasing the price of tobacco by applying higher taxes is the single most effective way of decreasing consumption and is especially important in deterring tobacco use by adolescents. Large graphic pictures on warning labels and plain packaging reduce the attractiveness of packs, particularly to adolescents and girls. Smoke-free public places protect children from exposure to tobacco smoke and help to de-normalize tobacco use.

Promoting healthy nutrition and physical activity throughout the life-course

40. WHO recommendations on exclusive breastfeeding for the first six months of life and supplemental feeding thereafter are supported by a very strong evidence base and should be the basis for strategic approaches to infant and childhood nutrition at country level. Overweight and obesity are some of the fastest growing health issues for children and adolescents, creating potential health and well-being problems in later life and an economic burden on health systems and societies. Actions will include intersectoral collaboration to facilitate healthier food choices throughout the life-course as envisaged in the European childhood obesity plan and in line with the *Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020*.

Tackling depression and other mental health problems in adolescence

41. Accumulated evidence shows that strengthening protective factors in schools, homes and local communities and improving the quality of mental health care for children and adolescents can make important contributions, not only to improving the developmental outcomes of vulnerable young people but also to enhancing countries' social capital. Specific attention should be paid to streamlining and improving the quality of mental health interventions in health service provision in primary and community-based care and ensuring continuity, confidentiality and patient-centred care. Mental well-being is fundamental to a good quality of life; exposure to adversity at a young age is a preventable risk factor for mental disorders. The mental health issue is dealt with in detail in the "European Mental Health Action Plan".

Protecting children and adolescents from environmental risks

42. Environmental determinants strongly affect child and adolescent health. The strategy calls for country measures to ensure that children and adolescents live in safe, healthy communities with access to safe environments in which to play and take part in physical activity; live in areas in which the air quality is monitored and measures are enacted to reduce levels of pollutants; have access in homes, pre-schools and schools to a regular supply of safe drinking-water, good sanitation and hygiene facilities; live in adequate housing with good cooking and food storage facilities; have access to good, affordable public transport; and benefit from measures to promote road safety and ensure car drivers' competence and fitness to drive.

43. A range of cost-effective interventions specific for the prevention of injury is available. The best approaches ensure that safe, sustainable environments are developed through, for instance, a combination of legislative engineering for safer products and social marketing to reduce risk-taking behaviour.

44. Targeted interventions to improve access to safe services and adequate water, sanitation and hygiene in homes, pre-schools and schools can result in major reductions in diarrhoeal disease.

Strategy development and implementation

45. Developing effective national strategies and policies on child and adolescent health and setting up mechanisms for their implementation and monitoring require the active involvement of all sections of government, guided by ministries of health.

46. The starting point for action must be a shared recognition by all sectors of government and society of the need for an integrated approach to child and adolescent health and development, embodied in a comprehensive national strategy that addresses the most important priorities, provides clear direction and clarifies the contributions to be made by different social and economic sectors. The establishment of an intersectoral body that includes key ministries, agencies and nongovernmental and professional organizations to develop the strategy will help ensure shared ownership of priorities, plans and monitoring. Member States should consider taking the following steps to ensure successful outcomes.

- Review, develop or update national child and adolescent health strategies and plans in line with the latest evidence.
- Ensure inclusion of clear objectives, targets, measures and indicators of their implementation.
- Promote multisectoral approaches to child and adolescent health, including involvement of nongovernmental organizations and communities.
- Engage children and adolescents in planning and development.
- Ensure equity and gender sensitivity in planning and implementation.
- Fully cost and fund intersectoral action plans.
- Ensure that relevant monitoring systems are in place.

47. The strategy provides practical help through a set of tools designed to support Member States in formulating their own national strategies by:

- identifying key issues in child and adolescent development;
- guiding policy-makers and planners towards evidence-based solutions;

- enabling decision-makers to build the necessary capacity to improve the health and lives of children and adolescents in the most efficient, effective way;
- providing a framework for policy-makers and planners at all levels;
- setting out the key challenges to health at each stage of the life-course from birth to 18 years; and
- reflecting country, regional and local diversity by guiding Member States through the essential steps in creating country-specific action plans.

Partners

48. The contributions of partners at national and international levels are vital to ensuring that a common approach is adopted and efforts to improve the health of children and adolescents are optimized. Important partners for Member States include:

- the United Nations Children's Fund, the United Nations Population Fund and other United Nations agencies involved in child and adolescent health;
- the European Union and its institutions;
- the Council of Europe;
- civil society and nongovernmental organizations;
- academic institutions and WHO collaborating centres; and
- professional associations.

49. Each partner has a contribution to make in areas such as legislation, financing, education, science and implementation.

Monitoring and accountability

50. Monitoring and accountability should operate at two levels:

- WHO technical assistance and country support to advance the child and adolescent health agenda; and
- child and adolescent health outcomes at Member State level, including achieving the MDGs.

51. Information is an expensive resource; focused systems are necessary to collect the right data and turn them into relevant, timely information that can be used to monitor child and adolescent health and development at national and subnational levels.

Role of WHO

52. The WHO Regional Office for Europe will continue to support Member States in their endeavours to improve child and adolescent health and development. Ongoing support will include:

- advocating for child and adolescent health at the highest national and international levels, across the whole of society, in a "health in all policies" approach;
- developing standards and guidelines for child and adolescent health policies, strategies, interventions and services;

- providing technical support in reviewing and developing comprehensive child and adolescent health policies and strategies;
- reviewing, developing and implementing sectoral policies and strategies addressing the priority areas of this strategy;
- building capacity for and supporting the implementation of child and adolescent health strategies and integrated intervention packages at national and regional levels;
- improving surveillance, monitoring and evaluation systems; and
- facilitating the development of intersectoral collaboration and structures.

Annex 1. Report on health and well-being of children and adolescents in Europe

At the 70th session of the Regional Committee (RC70) in 2020, a status report on child and adolescent health will be presented to Member States, as requested in the resolution on Investing in children to be adopted at RC64. The report will cover progress made in meeting the priorities in child and adolescent health strategy during its five years of implementation.

The report will document the health “career” from birth to adulthood, including an analysis of data gaps. This documentation will support the vision of the strategy: to make children’s lives visible to policy-makers, decision-makers and carers. In particular, progress will be reported in the following three areas.

1 Addressing the unfinished agenda of preventable death and infectious disease

Policies and actions guided by reaching Millennium Development Goals 4 and 5 and the post-2015 targets are important for eliminating preventable deaths. Progress made towards these targets, including an assessment of inequalities both between and within countries, will be analysed and will include an assessment of implementation of relevant components for children and adolescents in the “European vaccine action plan 2015–2020” to be approved by RC64. Suggestions will be made for tackling any remaining issues.

2 Transforming the governance of child and adolescent health

2.a Supporting early childhood development

The first years of life are critical in terms of growth and development. Many countries have some form of publicly supported education and care for children below compulsory school age and an analysis of these provisions was conducted in five countries as a basis for the child and adolescent health strategy. A state-of-the-art analysis of health, education and social systems for European children in their early years, including infancy, and covering all Member States, will be carried out and progress will be reported.

2.b Supporting growth during adolescence

Adolescence is a period of major physical and psychological change as well as changes in social interactions and relationships. Although most adolescents make the transition into adulthood in good health, some do not. The school setting, including the health services provided, can and should play a major role in supporting growth through adolescence. Health-promoting standards for all schools and comprehensive health education in school curricula are important targets for this purpose. The role of affordable, gender-sensitive, confidential, age-appropriate, user-friendly services and their impact on adolescent health and development will be analysed.

2.c Reducing exposure to violence and shifting societal approaches from criminal justice to preventive and therapeutic services

The causes of maltreatment and violence are multifactorial. Many of the consequences must be dealt with by the health sector, in both the short and the long term. Addressing the causes of maltreatment, however, requires coordinated, sustained efforts in multiple sectors (health, education, employment, welfare, justice, housing, trade and industry, media and communications, nongovernmental organizations). The child maltreatment prevention action plan to be approved at RC64 includes a series of indicators that will form the basis of this part

of the report. The challenges and results of implementation of the action plan will be recorded and analysed.

3 Protecting health and reducing risk

3.a Achieving a tobacco-free millennial generation

This section will include an overview of smoking prevention policies that have been developed and implemented, with a focus on adolescents, and an analysis of the effectiveness of the policies.

Monitoring the ratification of the *WHO Framework Convention on Tobacco Control*, including an analysis of smoking frequencies and the underlying causes of smoking initiation among adolescents, will be discussed.

3.b Promoting healthy nutrition and physical activity throughout the life-course

A good start in life is intrinsically linked to exclusive breastfeeding. The rates of exclusive breastfeeding up to six months are presently low in the European Region. The report will document progress in breastfeeding rates.

Overweight and obesity are highly prevalent among children and adolescents and the children of less educated parents are most affected. One in every four children in the Region may already be overweight or obese and the problem continues to have the greatest impact among the most deprived groups of society.

The food and nutrition action plan to be approved by RC64 includes targets that will be used to document progress in combating the obesity epidemic.

Physical activity has significant benefits for the health of children and adolescents and should have a major role in any intervention for reducing overweight and obesity. Data on the status of physical activity in adolescence will be provided.

This section will also include case studies documenting successes and failures in this area across the Region.

3.c Protecting children and adolescents from environmental risks

The *Parma Declaration on Environment and Health* from the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010) lists a range of environmental determinants of health, particularly in the living, educational and recreational settings of children and adolescents. It also includes specific, time-bound commitments of Member States to achieve child health related targets by 2015 and 2020. These targets will be used as the basis for this section, with a focus on:

- improved hygiene practices and better access to safe water and sanitation for pre-schools and schools; and
- the status of interventions against road traffic injury among children and adolescents.

Annex 2. Reference materials and relevant WHO policies, strategies and action plans

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