EUROPE

European strategy for child and adolescent health and development

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ABSTRACT

Children are our investment in tomorrow's society. Their health and the way in which we nurture them through adolescence into adulthood will affect the prosperity and stability of countries in the European Region over the coming decades.

Keywords

CHILD HEALTH SERVICES
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Introduction

Why children and adolescents?

1. Children are our investment in tomorrow's society. Their health and the way in which we nurture them through adolescence into adulthood will affect the prosperity and stability of countries in the European Region over the coming decades.

2. Good health from prenatal life to adolescence is a resource for social and economic development. The converse is also true. The burden of ill health and impaired development in children has a multitude of effects. Unwell children make additional demands upon their parents and can have an impact upon the family's earning potential. This can lead to detrimental consequences for their siblings. There is also a cost to the health and welfare systems, sometimes stretching well into adult life. Poor cognitive and social development can create a lifetime of disadvantage, the legacy of which is frequently transferred to future generations.

3. The rationale for investing in children and adolescents is threefold.

- We have a moral and legal obligation to protect and promote the rights of children and adolescents as embodied in the Convention on the Rights of the Child.
- Such investment will lead to the establishment of a healthier society in future years, along with the consequent social, community and individual benefits. This complements the global commitment to achieving the Millennium Development Goals.
- It will promote economic development and sustainability, as interventions will be targeted at the most appropriate stages in the development of the child. This life-course approach will lead to the most efficient and effective use of resources.

4. In general, children in the European Region today benefit from better nutrition, health and development than ever before. Infant and child mortality rates in some European countries are the lowest in the world. However, there are striking inequalities across the 52 countries in the Region in health status and in access to health services, with over ten-fold differences in infant and child mortality rates. Inequalities are also growing within countries. This can be seen in particular in the number of families with children for whom access to quality health services, information, education, decent housing and adequate nutrition continues to be problematic. Women and children are over-represented among the poor in every country. Disadvantaged and marginalized groups are particularly at risk. Inequities in health and in access to health care between different groups are socially divisive and contribute to social instability.

5. Emerging threats during late childhood and adolescence, such as obesity, and psychosocial and mental health problems, coexist in the Region with malnutrition, perinatal problems and infectious diseases. The incidence of HIV/AIDS among young people is increasing in several countries, and injuries and violence pose a threat to children and adolescents in all countries. There is growing concern about the short- and long-term consequences of polluted and unsafe environments, as well as of unhealthy lifestyles.

6. Member States need to commit themselves to taking more sustained action to improve the health of their young people and to reduce inequalities. In so doing, governments will fulfil their obligations under the Convention on the Rights of the Child. Since the health and development of children and adolescents is relevant to all the Millennium Development Goals (MDGs), improving the health of young people will help the countries in the European Region meet their MDG obligations.

Background and context

7. This document is central to a number of initiatives currently being implemented by the WHO Regional Office for Europe. At its fifty-third session in 2003, the WHO Regional Committee for Europe established child and adolescent health and development as a top priority. The Regional Office was charged with developing a European strategy on the issue to be presented at the fifty-fifth Session of the Regional Committee, and the Regional Director was asked to support Member States in their endeavours to improve the health of children and adolescents.

8. The Regional Committee also acknowledged the importance of environmental issues and requested that the conclusions of the Fourth Ministerial Conference on Environment and Health (Budapest, June 2004) should be taken into account in formulating the strategy. In addition, the *European health report 2005* includes a special focus on children and adolescents, and a regional strategy on strengthening national immunization systems will be discussed at the fifty-fifth session of the Regional Committee within the framework of child and adolescent health. The emphasis on child and adolescent health reflects priorities at the global level, following publication by WHO of *Strategic Directions for Improving the Health and Development of Children and Adolescents*.

9. This document also provides an umbrella strategy for the large number of existing, evidence-based initiatives currently being promoted by the Regional Office to support the health and development of children and adolescents.

10. World leaders from almost two hundred countries adopted the United Nations Millennium Declaration and associated eight Millennium Development Goals at the start of the new millennium. These documents establish poverty reduction and human development as the cornerstones for sustaining social and economic progress. The heads of state pledged to:

- reduce the number of people suffering from hunger by half (MDG 1)
- reduce child mortality by two thirds (MDG 4)
- reduce maternal mortality by three quarters (MDG 5)
- combat HIV/AIDS, malaria and other diseases (MDG 6).

11. Poverty, or at least pockets of poverty, and disadvantage exist in all Member States. As such, the Millennium Development Goals are relevant to all nations in the European Region. Improving the health of children and adolescents will help the countries meet their MDG obligations. The MDGs are aimed at tackling poverty in all its forms. Collectively, they provide a comprehensive and mutually reinforcing approach designed to break the circle of poverty and ill-health. Better health is strongly correlated with improved educational attainment, which in turn leads to better health. Both education and health are resources for improved income, which in turn allows access to better education, health care and a more health-enhancing environment. The cycle is complete. All the MDGs are therefore relevant to the health, welfare and development of children and adolescents.

12. The goals and targets adopted during the United Nations General Assembly Special Session on Children, as reflected in the outcome document, *A world fit for children*, further specify milestones for children and adolescents that are relevant to the achievement of the MDGs.

Goal and objectives

13. The purpose of this strategy is to assist Member States in formulating their own policies and programmes. It identifies the main challenges to child and adolescent health and development and, most importantly, provides guidance based on evidence and the experience gathered over recent years. A toolkit will also be made available to accompany the strategy, providing resources to assist countries in developing their own proposals for child and adolescent health and development. The strategy and associated tools will enable Member States to determine any gaps in their plans and clarify their

priorities for future investment. Circumstances will vary from one country to another, however, and it is for the individual countries in the European Region to decide on their own priorities. Member States will wish to set their own targets in the light of their specific situation and resources. The concept of "one strategy fits all" does not apply in such a complex and diverse Region. Nevertheless, the principles and approaches that underpin child and adolescent health and development are universal, although their application may vary from country to country.

14. Overall, the goal is to enable children and adolescents in the European Region to realize their full potential for health and development and to reduce the burden of avoidable disease and mortality. The intention is to encourage healthy growth and development and to reduce illness and mortality, not only among children and adolescents now, but also among the adults of the future. An investment in the healthy development of young people today will, by definition, contribute to economic prosperity tomorrow. In working towards the objectives of this strategy, Member States will be helping to fulfil their commitment to achieving the MDGs.

OBJECTIVES

The strategy for child and adolescent health and development is designed to help Member States achieve the following objectives:

1. to develop a framework for an evidence-based review and improvement of national child and adolescent health and development policies, programmes and action plans, from a life-course perspective;
2. to promote multisectoral action to address the main health issues related to child and adolescent health;
3. to identify the role of the health sector in the development and coordination of policies and in delivering services that meet the health needs of children and adolescents.

How policy-makers can use this document

15. The strategy is designed to be of practical help to Member States in formulating their own national strategies. Not only does it identify key issues in child and adolescent development, it also guides policy-makers and planners towards evidence-based answers. It will enable decision-makers to build the necessary capacity to improve the health and lives of young people in the most efficient and effective way. The strategy is also aimed at sectors other than only the health sector. All sectors have an important part to play in improving the life chances of today's children and adolescents. The accompanying toolkit will assist policy-makers and planners in identifying the most important factors for the development and implementation of a national strategy for child and adolescent health.

16. The document provides a framework for policy-makers and planners at all levels. It sets out the key challenges to health at each stage of the life-course from conception to the age of nineteen. The relative importance of these challenges varies from one part of the Region to another, and local priorities will naturally reflect these differences. Resources, epidemiology, institutions and infrastructure differ from country to country. This diversity is reflected in the strategy and the accompanying toolkit, which have been devised to guide Member States through the essential steps from situation to country-specific action plans.

17. We know "what works" to improve child and adolescent health. If we were able to replicate the socioeconomic conditions of the most privileged across the entire Region, we would see a dramatic transformation in the health status of our young people. And within individual countries, we know that if we could provide the same conditions to the 20% most disadvantaged families as those enjoyed by

the 20% most privileged, then we would see a phenomenal improvement in health outcomes. The socioeconomic gradient is clear.

Principles and priorities

Guiding principles

18. Four guiding principles informed the development of this strategy.

- **Life-course approach**. Policies and programmes should address the health challenges at each stage of development from prenatal life to adolescence.
- **Equity**. The needs of the most disadvantaged should be taken into account explicitly when assessing health status and formulating policy and planning services.
- **Intersectoral action**. An intersectoral, public health approach that addresses the fundamental determinants of health should be adopted when devising policies and plans to improve the health of children and adolescents.
- **Participation**. The public and young people themselves should be involved in the planning, delivery and monitoring of policies and services.

19. These principles derive from the commitments already made by Member States in 2003 and reflect the underlying principles adopted in the WHO document, *Strategic directions for improving the health and development of children and adolescents*.

20. Risks and opportunities are present at all developmental stages of life from conception to adolescence. The life-course approach not only recognizes the different phases along the age span from conception to 19 years of age, it also acknowledges that each phase lays the basis for health and health-related behaviours during later stages of development. It provides both a framework and the criteria for making decisions about investments for health throughout this age span. Applying the life-course approach to childhood and adolescence also acknowledges the intergenerational link that occurs when young people become parents themselves.

21. Health is a fundamental human right for every child and adolescent in the Region. The right to enjoy the "highest attainable standard of health" is enshrined in the Convention on the Rights of the Child and is the moral and legal basis for striving towards an equitable distribution of health. The opportunity for our children and adolescents to grow and develop in a family setting and a social and physical environment that provide equitable access to health should be a fundamental policy objective for all countries.

22. It is well recognized that many factors determine the health and development of children and adolescents. Although the health sector has a crucial role to play in health promotion, prevention and care, the actions of other sectors, such as education, social welfare and finance, to name but a few, are crucial in influencing the fundamental determinants of health. Improving and maintaining the health of children and adolescents is a multisectoral endeavour. The health sector and the health ministry in particular, have a pivotal role in stimulating action across all sectors.

23. Decisions about public health must involve the public. Action to improve the health prospects of Europe's young people will, by definition, involve changes in services, facilities and the wider physical and cultural environment. Children and adolescents are citizens in their own right and should be actively engaged in the planning and monitoring of any national strategy to improve their health. Young people are experts on their peers. Their involvement will help to ensure that educational initiatives and service developments are sensitive to their needs and concerns.

Priority areas for action

24. *Strategic directions for improving the health and development of children and adolescents* sets forth seven priorities for WHO's global work in child and adolescent health. Two of these relate to specific stages in the life-course, namely maternal and newborn health, and adolescent health. Maternal health and that of the young infant will of course have an impact on the future well-being of the developing child. Similarly, adolescent health and development will lay the foundations for health in later life and contribute to the health status of the next generation. The remaining five priority areas are cross-cutting themes that influence health and development at all stages of the life cycle. Although intended to provide direction for WHO itself, these priorities reflect existing as well as emerging threats in all Member States.

25. WHO's seven priority areas for action in the European context are outlined below.

- **Maternal and newborn health**. The health and development of the child is inextricably linked with the health of the mother, her nutritional status and the reproductive health care she receives. Antenatal care, as well as care at birth and during the first week of life, is crucial for optimal development from infancy into adolescence and adult life. Although mothers and newborns enjoy very high standards of care in many countries of the European Region, much is yet to be done to improve health care for mothers and babies in the poorest countries of the Region, as well as the most vulnerable groups in the richer countries.
- **Nutrition**. Good nutrition is fundamental for healthy development. Poor nutrition leads to ill-health, and ill-health causes a further deterioration in nutritional status. The effects of malnutrition are limited primarily to infants and young children in the poorest countries and the main manifestation is stunting: a chronic reduction in height for age. Unhealthy diets are an increasing concern in almost all European countries. They can lead to obesity in school-aged children and increase the risk of cardiovascular and other system diseases later in life. The growing obesity epidemic is one of the most worrying emerging health concerns in many European countries.
- **Communicable diseases**. Acute respiratory infections, diarrhoea and tuberculosis are all largely preventable and curable causes of death and ill-health in childhood. Nevertheless, they still represent important causes of mortality in several countries of the Region. Vaccine-preventable diseases are generally well controlled, but vaccination coverage for some, particularly measles, is still inadequate in many countries, including in western Europe. Sexually transmitted infections (STIs) are increasing in many Member States. The growing incidence and prevalence of HIV is a cause for concern. The eastern part of the Region is facing the most rapidly increasing HIV epidemic in the world, mostly due to injected drug use. Although young men are still more affected, the number of HIV-infected women is growing, and mother-to-child transmission is steadily rising as a consequence. Preventing paediatric cases is far less costly than caring for children with HIV/AIDS.
- **Injuries and violence**. Often the result of a combination of multiple environmental factors, particularly in vulnerable groups, injuries and violence represent an important burden on child and adolescent health in almost all countries of the Region. Injuries in childhood and adolescence carry a high risk of long-term physical consequences, as well as psychosocial damage. The burden of road injuries and of domestic violence is particularly high, but too little is done by way of effective prevention management and rehabilitation.
- **Physical environment**. Children are often particularly susceptible as well as more exposed to a lack of adequate supplies of clean water, hygiene and sanitation, to indoor and outdoor air pollution and to a variety of chemical and physical agents. Women of reproductive age are also uniquely susceptible to certain physical and chemical agents. Member States have recently committed themselves to taking action in this area through the adoption of the Children's Environment and Health Action Plan for Europe, which now needs to be implemented.
- **Adolescent health**. Adolescence is the age of exploratory, sometimes risky, behaviours. During this developmental stage, lifestyles are established that may affect health for the entire life. Few

countries have adopted strategies that deal comprehensively with adolescent health and provide youth-friendly health services. Adolescents are still often viewed as a problem. They should be viewed as a resource to solve problems and contribute to their own health. In so doing, they will also be contributing to the health of future generations.

- **Psychosocial development and mental health**. Attention to health has traditionally focused on physical health, despite clear signs of increasing psychosocial and mental ill-health. This is a growing area of concern all over Europe. Psychological well-being throughout the life-course will benefit from an early investment in child and adolescent development, but very little is currently done, other than a few pioneering programmes to support parenting skills designed to improve the psychological prospects of our young generations. Mental health problems in adolescence are often associated with aggression, violence or self-harm. Suicide accounts for many thousands of deaths each year and is frequently associated with depression. Among young people, depressive illness is often linked to poor educational attainment, antisocial behaviour, alcohol or drug abuse, and severe eating disorders. Its prevalence appears to be increasing.

26. The *European health report 2005* provides a health map of Europe. It highlights the key challenges to health across the European Region and pays special attention to the needs of children and adolescents. The overall picture reflects substantial differences throughout the European Region. Health status indicators for children and adolescents vary from among the world's best to some still worrying figures. The prevailing health problems in different countries also differ substantially, which is not surprising, given the different socioeconomic circumstances. Problems such as maternal and newborn mortality due to infections, vaccine-preventable disease and malnutrition coexist with emerging health issues, many of which are common to all countries. Developmental disorders and disabilities are also important considerations within the European Region and will no doubt feature in the strategies and plans of all Member States.

Key issues and interventions throughout the life course

27. A life-course approach focuses on optimal physical and psychological development from conception to adulthood. The support provided to children in the early years of life confers health benefits throughout the life course, as well as the more immediate and obvious pay-off. A child should be able to grow and develop into a healthy, socially responsible and productive young person during the first two decades of life. Research has demonstrated a strong correlation between the quality of life during the early stages of development, including the perinatal period, and later health status in adulthood.

28. The following sections illustrate the key issues at each stage of the child's development. The examples provided are indicative and not intended to be all-embracing. Priorities will, of course, vary from country to country.

Before and around the time of birth

29. The basis for good health is established even before conception. Much can be done to reduce unnecessary disability and ill-health through the application of interventions already known to be effective. For example, vaccination against rubella (which causes birth defects in 90% of children if contracted early in pregnancy), avoidance of alcohol, smoking cessation and supplementation of folic acid around conception all have beneficial effects upon the unborn child.

30. Every child should be a wanted child, every pregnancy a planned pregnancy. An unwanted pregnancy is a significant risk factor for perinatal and infant mortality. The same is true of teenage pregnancies. Young mothers have a greater tendency to produce low-birth-weight babies. Low birth weight increases the risk of ill-health in the newly born child and in later life. The figures show a four-fold variation across the Region, clearly indicating the scope for improvement in those counties with relatively high numbers of low-birth-weight infants. Low birth weight may be an indication of inadequate maternal nutrition, although other factors play a part. Intrauterine growth retardation and

low birth weight are more frequent among mothers who smoke. Maternal malaria, anaemia, and HIV seropositivity all increase the risk of a low-birth-weight baby.

31. There is no doubt that the neonatal period is critical in the life of the young infant. Ready access to essential obstetric and newborn care is vital, particularly where there are complications of pregnancy, labour and delivery. However, improvements in the socioeconomic circumstances for those at greatest risk, together with health promotion and preventive measures, are critical. The Regional Office's Making pregnancy safer/Promotion of effective perinatal care programme offers Member States tools to help reduce maternal and perinatal deaths.

32. Breastfeeding is a highly effective means of improving infant well-being. Despite the fact that it is "low-cost", exclusive breastfeeding until the infant is about six months old is adopted by too few mothers in virtually all Member States. Ironically, those who would benefit most are often the least likely to be breastfed.

33. Policies, programmes and health systems should be in place to work towards the following targets:

- pre-conception and pregnancy
  - planned and well-spaced pregnancies
  - folic acid supplementation
  - genetic counselling and advice
  - pregnancy free from tobacco, alcohol or drug misuse and abuse
  - adequate nutrition, including micronutrients
  - tetanus and rubella immunizations
  - preparation for parenthood
  - early confirmation of pregnancy
  - prevention of HIV infections and STIs;
- during pregnancy
  - access to quality antenatal care
  - prevention, detection and management of anaemia
  - prevention and treatment of infections, such as STIs
  - protection from exposure to hazardous substances
  - early detection and treatment of maternal complications and intra-uterine growth retardation
  - labour preparation;
- during delivery
  - safe delivery by a skilled birth attendant
  - early detection and management of fetal complications
  - essential newborn care and resuscitation
  - obstetric care for complications
  - early mother-to-baby contact and breastfeeding initiation
  - special care and management for low-birth-weight and sick newborn babies
  - prevention of mother-to-child HIV transmission;

- during the first four weeks of life
  - continued exclusive breastfeeding
  - prompt detection and management of diseases in newborn infants
  - bonding with primary carer
  - immunization
  - prevention, detection, care and support for mothers with postpartum depression
  - prevention of mother-to-child transmission of HIV.

The first year of life: healthy growth and development through the most vulnerable period

34. Nutrition remains of paramount importance at all stages of development. Poor feeding practices can lead to diarrhoeal diseases and anaemia in infants and young children. Following six months of exclusive breastfeeding, infants should be progressively weaned on to appropriate complementary food. Iron deficiency is a public health problem in many countries and can lead to impaired brain development in children. Any infestation with parasites, as a result of poor hygiene or impure water, amplifies the problem through malabsorption and intestinal blood loss. Other micronutrient deficiencies of public health importance in the Region include iodine deficiency disorders; multidisciplinary approaches for iodine deficiency elimination are suggested.

35. In countries of the Region with higher infant mortality rates, infectious diseases such as acute respiratory infections, diarrhoea and other communicable diseases remain responsible for the major part of the burden of disease. Most of these conditions can be managed through effective, low-cost interventions, as described in the WHO strategy for the integrated management of childhood illnesses.

36. Although the Region is better off than most other parts of the world, many of its children are exposed to unsafe or unhealthy environments. An assessment of the environment-related burden of disease in the European Region reveals that poor air quality, contaminated water supply, inadequate sanitation, lead exposure and injuries account for considerable mortality – over one third of the total – and much of the burden of disease in children under five. This burden rests more heavily on poorer countries in the Region.

37. Passive tobacco smoke is a real and substantial threat to child health. Such exposure causes a wide variety of adverse health effects in children, including lower respiratory tract infections such as pneumonia and bronchitis, coughing and wheezing, worsening of asthma and middle ear disease. Exposure to cigarette smoke at this age may also contribute to cardiovascular disease in adulthood and to neurobehavioural impairment.

38. Immunization remains of paramount importance. It is, moreover, one of the most cost-effective public health interventions available. Strengthening and improving access to routine immunization services will help protect the most vulnerable children from the severe consequences of pertussis and the risk of poliomyelitis.

39. Early stimulation through interaction with primary carers and play is of vital importance in ensuring appropriate development of the cognitive potential of the child's brain and improving the child's social skills thereafter.

40. Policies, programmes and health systems should be in place to work towards the following targets:

- continued breastfeeding combined with appropriate complementary feeding from the age of six months;
- stimulation through play, communication and social interaction;
- early establishment of healthy eating habits;

- access to safe food and clean water;
- protection from indoor and outdoor pollutants;
- full immunization against the major childhood diseases;
- prevention, early detection and management of the main communicable diseases;
- prevention, detection and treatment of parasitic infections and infestations; and
- detection and management of vision and hearing disabilities.

Early childhood: getting ready to enter school

41. Poor feeding practices at this age can be a major cause of undernutrition, leading to poor physical growth and impaired cognitive performance. Conversely, an unhealthy hypercaloric diet can lead to overweight and obesity, and may establish unhealthy eating patterns for life. The attitudes and behaviour patterns of a lifetime are often determined in the preschool years and it is essential to lay down the right foundation stones at this early stage rather than take corrective action later. Parental lifestyle continues to have an impact as the young child develops. Attitudes to health-related behaviours such as smoking and physical activity are formed, and eating patterns become established. Secondary tobacco smoke can have both an immediate effect on the young child's respiratory health, and a long-term impact resulting from prolonged exposure.

42. Environmental conditions clearly influence the health and development of young children. Those at greatest risk are among the most disadvantaged in their countries. Poverty is closely associated with environmental degradation. Exposure to lead, substandard housing, poor air quality and undernutrition are all characteristics of disadvantaged communities. Children from poor families are more likely to suffer injuries from road accidents or in the home. Drowning and fire-related deaths predominate in younger, housebound children. This is a priority issue for all Member States.

43. Child abuse and neglect during the first years of life manifest themselves in every country in the European Region. In 1996, the World Health Assembly declared violence in the family and community to be a growing health problem. This remains the case. Accurate and meaningful data on child abuse are not always easy to obtain. It is clear that the consequences of child abuse and neglect can be physical, psychological and behavioural, and can be irreversible. Child abuse and neglect can lead to long-term mental health problems, such as depression and low self-esteem. There are also significant implications for the wider community. Sometimes alternative care is needed for abused, neglected or abandoned children and in those cases, alternative family-based care arrangements, such as with relatives and foster families are preferable to residential care institutions, which may be harmful to the development of young children. The economic costs of child abuse and neglect affect health care, the criminal justice system, social welfare, education and the employment sector.

44. Policies, programmes and health systems should be in place to work towards the following targets:

- continued stimulation through play, communication and social interaction;
- appropriate complementary feeding with continued breastfeeding for up to two years, leading to adequate varied diets with sufficient micronutrients;
- early establishment of healthy eating habits;
- access to safe food and clean water;
- protection from indoor and outdoor pollutants;
- full immunization against major childhood diseases;
- prevention, early detection and management of main communicable diseases;
- prevention, detection and treatment of parasitic infections and infestations;

- detection and management of vision and hearing disabilities;
- detection of and attention to developmental difficulties and learning disabilities;
- oral and personal hygiene;
- avoidance of passive smoke;
- prevention of child abuse and neglect; and
- safe home and neighbourhood environment.

Late childhood: healthy development in the approach to puberty

45. New health challenges emerge as children become increasingly exposed to the wider physical and social environment. As social interaction beyond the family develops, the school environment, peer pressure and the mass media become increasingly influential in establishing the young person's values, attitudes and behaviour patterns. Physical and emotional development accelerates with the arrival of puberty, and the young adolescent becomes ever more subject to cultural influences, perceived social norms and pressure from friends. Aggressive marketing and advertising are often targeted at this age group.

46. Nutrition remains a major health and development issue for this group. Children of this age increasingly express their own food preferences and start to act independently with regard to their diet. Poor dietary habits become reinforced, thereby establishing eating patterns that will last well into adulthood.

47. Environmental conditions continue to be important. Improving the infrastructure and environmental circumstances of impoverished neighbourhoods would undoubtedly result in major health gains, and contribute to the sustainable development of the nations in the European Region.

48. Increased experimentation is a characteristic of children as they approach puberty. This can take the form of early substance abuse, usually cigarette smoking, or other risk-taking behaviours that can lead to accidents and injury. Young people of this age experience increasing sexual awareness, and education and information programmes are particularly appropriate. This is a time when attitudes and beliefs that will influence health-related behaviour for a lifetime become established.

49. Policies, programmes and health systems should be in place to work towards the following targets:

- healthy lifestyles – regular exercise, good oral and personal hygiene, varied diet with adequate micronutrients;
- prevention, early recognition and management of mental health problems;
- detection and therapeutic management of sensory and learning disabilities;
- opportunities to learn, play and socialize in a child-friendly environment;
- protection from risky behaviours, including tobacco, alcohol and drug abuse, and unprotected sexual activity;
- protection from passive smoking;
- protection from exploitation and hazardous child labour;
- prevention of child abuse and neglect;
- promotion of healthy school environments that facilitate physical and psychosocial well-being;
- safe home and community environment; and
- control of inappropriate child-centred marketing.

Adolescence: a healthy adolescent prepared to enter adulthood

50. Adolescence, in particular puberty, is a period of rapid developmental changes. While the family continues to be important for young people, they gradually experience increased independence while they establish their own identity. During this transition from childhood to adulthood, adolescents experiment with taking on adult roles, relationships and responsibilities. This experimentation implies first-time behaviours and can be associated with increased risk and risk-taking. The environment in which adolescents grow up, their families, schools and communities, however, determine their vulnerability to adverse health effects. At this stage of life, while parents remain important, peer groups, initiatives such as health-promoting schools, and societal norm conveyed, for instance, through the mass media, exert a powerful influence on adolescents.

51. Key health challenges during adolescence are injuries, sexual and reproductive health, unhealthy behaviours linked to the use of substances and to diet and physical activity, and mental health. Injuries, in particular those related to road traffic, are the leading cause of death among adolescents across the European Region, with mortality rates among boys in this age group being almost double those for girls. This issue needs to be addressed with a policy mix that covers various sectors.

52. Tobacco use among adolescents is fortunately decreasing in many countries in the western part of the Region, although still at much higher levels in the eastern countries, and is increasingly prevalent among girls. Because few people take up smoking after adolescence, this period provides the key window of opportunity for prevention. It is increasingly clear that success depends on the use of the full range of policy instruments available to governments, including taxation, smoking controls in public places, gender-specific education and skills-building programmes, mass media campaigns and advertising controls, and cessation programmes.

53. Excessive alcohol consumption among adolescents is associated with road traffic accidents, unprotected sexual activity and a range of risks to health later in life. The evidence suggests that a mix of policy initiatives is required to bring about real change. These may include taxation, legal age limits on purchase or consumption, restrictions on advertising, and controls on drinking in public places, together with media advocacy and education.

54. While there are variations between countries, most young people become sexually active before the age of 19. Sexual activity is accompanied by the risks of contracting STIs, including HIV and hepatitis B, and pregnancy. The prevention of pregnancy in adolescents is an important policy issue in most countries in the Region. Unwanted pregnancies can lead to serious health consequences for young women and their babies, including the risks associated with unsafe abortions.

55. The HIV epidemic is growing faster in some parts of Europe than anywhere else in the world. No Member State can afford to be complacent. Adolescents and young adults account for a large and increasing proportion of new HIV diagnoses. The risks can be ameliorated through condom provision, sex education and programmes to reduce or control injecting drug use.

56. Promoting good health, however, is not just about curtailing unhealthy behaviour. Our investment in the next generation is also a matter of encouraging healthy lifestyles. Sufficient physical activity and a nutritionally balanced diet are foundation stones for good health. Interventions to achieve this will be essential to curb the growing overweight epidemic that is affecting 30% of the young population in some countries of the Region.

57. The European Region as a whole is experiencing an increase in mental ill-health and mortality. Between 10% and 20% of adolescents are estimated to have one or more mental or behavioural problems and the burden of mental disorders and distress is generally underestimated. Adolescence is a particularly vulnerable time, with noticeable increases in suicide and self-harm. Countries in the European Region experience some of the highest rates of suicide among young people in the world,

although there are significant variations across the Region. Unresolved mental ill-health in young people is associated with mental health problems later in life.

58. Policies, programmes and health systems should be in place to work towards the following targets:

- healthy lifestyle development – adequate diet, physical activity, oral hygiene;
- prevention of risky behaviours – tobacco, alcohol or other substance misuse, unsafe sex;
- youth-friendly health services for reproductive health, including contraception, prevention of unwanted pregnancies, and prevention and care of STIs, HIV and other infectious diseases;
- youth-friendly counselling and health services for other health problems – violence and abuse, bullying and mental ill-health;
- protection from exploitation and hazardous labour practices;
- prevention of sexual, physical or mental abuse;
- healthy school environments that facilitate physical and psychosocial well-being;
- supportive home and community environments;
- control of inappropriate adolescent-centred marketing;
- full immunization (e.g. rubella, measles, hepatitis B);
- injury prevention; and
- relationship and parenthood education.

Strategy development and implementation: the challenges

59. The social and economic value of investing in the early stages of the life-course has not always been appreciated. The first part of this document provided a number of sound arguments for stronger action in the area of child and adolescent development and stressed the importance of a life-course approach in ensuring the most efficient and effective use of resources.

60. A number of lessons have been learned from the experience of countries where difficulties have been encountered in developing comprehensive policies for child and adolescent development or in their successful implementation. Other countries have been effective in improving children's health overall, but may have failed to reduce inequities.

61. Critical success factors include:

- the establishment of equity and equality of health outcomes as explicit objectives for health systems and government policy as a whole;
- the strengthening of information systems as a key element of strategic development;
- the importance of multisectoral action and the need for coordination across government ministries, nongovernmental organizations (NGOs), and the private sector; and
- the involvement of young people, families and communities in the planning, delivery and evaluation of plans to improve child and adolescent health.

62. These issues represent some of the main challenges for successful policy development and implementation. The following sections address these issues in more detail and provide some additional guidance to Member States.

Promoting equity in child and adolescent health

63. Countries with the greatest degree of social inequality are invariably those with the greatest inequalities in health between rich and poor. Effective action on inequities in health requires a combination of pro-poor policies in all sectors. However, health sector policies on health financing and the provision of quality health services can play an important role in counteracting the effects of societal inequity. Investments made during pregnancy, at birth and during the neonatal period have the greatest potential to reduce inequalities in health outcomes. Prioritizing the health of mothers and babies can make a key contribution to breaking the cycle of disease and poverty.

64. Policy-makers and health professionals can take a few key steps, as shown below, to effectively address the equity issue in child and adolescent health policies.

- Analyse the distribution of child and adolescent health outcomes across population groups.
- Address the main and underlying determinants of unfavourable health outcomes in children (such as poor nutrition or bad housing).
- Give priority to the periods of greatest vulnerability along the life course (pregnancy, infancy and adolescence).
- Invest in the prevention and control of diseases that disproportionately affect poor children.
- Invest in the most vulnerable households.
- Improve the quality of primary and hospital care for children and adolescents.
- Identify appropriate equity indicators and targets.

65. Different social dimensions can be used to analyse disparities in child and adolescent health outcomes – income level (rich/poor), location (urban/rural), gender (women/men), ethnolinguistic group, etc. Indicators of health status and access to health services are correlated with household wealth. This information makes it possible to assess the gap in health status or service use between more affluent groups and the most disadvantaged. Indicators that measure equity are essential in the monitoring and evaluation of health services.

66. Poor people are prone to some specific diseases or conditions. Targeting these diseases with specific programs should form part of a comprehensive strategy to improve the health of the poor, thereby improving equity. The term “diseases of poverty” is currently used when referring to HIV/AIDS, tuberculosis and malaria. Globally, they are among the biggest killers of poor people. However, perinatal problems, infectious diseases and malnutrition still contribute more to the burden of disease among poor people in the poorest countries in the European Region.

67. Targeting poor households and families is probably the most direct way of improving the health of poor children. Free access to services, transport or food vouchers can make an important contribution to equity programmes for the most disadvantaged. Area-based programs can be employed when vulnerable groups are geographically concentrated.

68. A financing system that ensures the fair distribution and provision of quality health services is essential for the promotion of equity in health. All too often, the mere provision of services has been considered synonymous with access to care, and universal coverage regarded as implying effective health protection. However, striking disparities in access to quality care are among the most important proximal determinants of disparities in health outcomes, since there can be no health gains without the delivery of effective interventions. Unfortunately, too many health services provide care of poor quality, sometimes so poor that little or no health gain can be expected. Indeed, it may well be that patients incur costs without receiving any real benefits, possibly exposing themselves to hospital-acquired infections or hazardous treatments and procedures in the process. Educated and well-informed users will be better equipped to demand quality from the service or to choose services that offer better quality. Equity in child health will never be achieved in the absence of clear commitment

and explicit objectives. Specific targets and indicators should be adopted that recognize the need to reduce the gap in health status between the children of the rich and those of poor families.

Strengthening information for decision-making

69. All planning, delivery and monitoring of policies and interventions should be based upon solid and reliable information. Without such data, there is inevitably a lack of the information necessary to build the road to better child and adolescent health. Good local information is needed to determine the starting point for action, to plan the best and most cost-effective route forward, to monitor progress along that route, and to show when the destination has been reached. However, despite living in an age of increasingly sophisticated information technology, data on child and adolescent health are still surprisingly difficult to obtain, and existing child health data are often incomplete, inaccurate or inconsistent. The methods, definitions and calculations used vary considerably from country to country, adding to the complexity of meaningful comparative analysis. A more comprehensive and standardized approach would not only improve the confidence of policy-makers, but would also assist in strengthening the evidence base for actions to support child and adolescent health and development.

70. Thus, action is required to improve data collection and dissemination, and information provision. There are two key facets to information. Appropriate local data, collected and collated consistently and reliably over a period of time, will make it possible to assess needs, resources, activities and outcomes. Trend analysis will show the direction and pace of change. Comparative analysis between locations will demonstrate respective needs and opportunities, whilst international comparisons on the basis of a common format will allow benchmarking against similar countries. The second aspect of information is evidence, which should identify the most appropriate interventions for specific needs and population groups. Such evidence should assist in translating "what can work" into "programmes that do work" in practice, and the setting of realistic targets against which progress can be measured so that any necessary adjustments can be made.

71. A calculated assessment is needed to determine the infrastructure, staff and training necessary for the development of an effective information system. Although this may require new data capture activities, it frequently involves the collation and quality control of data already in existence. There are a number of dimensions to any purposeful information system:

- **demographic and behavioural data** will form the basis of needs analyses;
- **morbidity and mortality data** will measure adverse health outcomes;
- **data on financial, human and physical resources and social capital** will identify the resources and inputs available;
- **health determinant and protective factor data** will allow preventive or upstream action to be taken;
- **policy data** will show which policies exist, and the issues they address;
- **environmental data** will examine the physical and social environments, with the threats and opportunities they contain;
- **activity data** will measure what is happening as a result of programmes;
- **output data** will show the results of interventions; and
- **outcome data** will measure the effect of interventions.

72. A sound information strategy will help ensure effective but minimal data collection, wherever possible using routinely captured data in operational settings. The data will have to be disaggregated by locality and special population groups to allow reliable targeting to take place.

73. In some countries, the prime consideration may be the strengthening and quality improvement of basic demographic data, including birth and death registration. Other countries in the Region are strong in these respects, but nevertheless lack good data on health behaviour, condition-based

morbidity data, or data from monitoring of health determinant patterns. Some precedents and data definitions for these already exist, including the European Union's Child Health Indicators of Life and Development project, the European Commission's PERISTAT project on indicators of perinatal health and care, the European Home and Leisure Accident Surveillance System, and the European Environment Agency's environmental health indicators. WHO has some European reference sources, such as the Health Behaviour in School-aged Children (HBSC) triennial study and the Health for All database.

74. The toolkit that accompanies the strategy provides additional guidance on information and indicators.

Stimulating concerted action and collaboration across sectors

75. The starting point for action must be a shared recognition among 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. Such a strategy, endorsed by the government and parliament, can provide clear direction for the health of the nation and clarify the contributions to be made by different social and economic sectors. The establishment of an intersectoral body, including key ministries, agencies, NGOs and professional organizations, to develop the strategy will help ensure shared ownership of priorities, plans and monitoring.

76. All sectors have a role to play in child and adolescent health. The finance ministry has a particularly important function. This is not only because of the longer-term economic benefits of investing in young people's health, but also because this ministry, above all others, is in a position to take an overview of the government's contribution to public health as a whole. It often takes several years of sustained investment before the health dividend becomes obvious. But investment is not just about money. All governments employ legislative and regulatory measures to protect their citizens in different areas, and public health is affected by many of these. Food and agricultural policy, for example, plays an important role in determining food supply. Land usage, carcass grading, and food fortification and preparation techniques all affect the levels of fat, sugar, salt and micronutrients in our diets. Transport policy influences vehicle design, emissions control, and environmental impact, even by default. Manufacturing requirements and enhanced safety regulations, together with changes in city and town planning, could prevent many accidents. School education policy has a key role in reinforcing social norms, citizenship and the development of young people's knowledge and skills. And fiscal policy can apply subsidies, incentives, penalties and levies in a way that will benefit the health and development of children and adolescents.

77. Health is a multifaceted issue, frequently determined by factors beyond the immediate domain of the health sector. Whilst the health sector has a pivotal role, both in direct provision and through cross-sectoral coordination, it cannot be successful on its own. The table below gives examples of the other sectors which can and must have beneficial effects on child and adolescent health and development. Moreover, the impact is significantly more effective if all these sectors and their actions are harmonized.

SECTOR	***POSSIBLE CONTRIBUTIONS***
Finance	*Fiscal policy – taxation and subsidies* *Redistribution of government resources*
Education (schools)	*Curriculum development* *School environment* *Provision of extracurricular child- and adolescent-friendly services* *Provision of school meals*

SECTOR	*POSSIBLE CONTRIBUTIONS*
Voluntary	*Physical activity* *Sports* *Purposeful leisure activities*
Media	*Generation of awareness* *Public engagement and consultation* *Advice and information* *Accountability of decision-makers*
Social welfare	*Psychosocial support* *Targeted benefits* *Housing standards* *Home safety*
Legal and justice	*Child protection* *Provision of safe environment* *Family support*
Environment	*Standards for the built environment* *Town and city planning* *Water and sanitation regulations* *Environmental monitoring*
Agriculture and the food industry	*Primary production* *Food standards and composition* *Food fortification and supplementation* *Marketing* *Pricing policy* *Consumer education*
Transport	*Road design* *Vehicle specifications* *Safety legislation*

78. However, the need for concerted collaboration extends beyond structured sectors. For instance, the telecommunications and information industries have exploded over the past decade. Young people are not only exposed to a wealth of messages and images, they are often deliberately targeted. The mass media can be a force for good or ill; regrettably the latter is often the case. Values, attitudes and beliefs can all be influenced by mass communication. At their very best, the media can represent public opinion and also create a climate of opinion that is conducive to change. However, the health sector has a duty to act where the influence of the media could be detrimental to health.

79. Many countries have an ombudsman with overall responsibility for children's welfare. The ombudsman is ideally placed to monitor the extent of intersectoral collaboration and make recommendations for improvement.

80. Strengthening families and the communities within which they live is at the heart of child health and development. Families operate within the context of their communities and the wider environment. A range of factors determines each family's access to health-related products and services: the family's time, finance, transport, knowledge and skills, and the availability of the products and services, to name but a few. Families are limited in the actions they can take by the resources available to them. Poverty, education, unemployment and the material conditions of life are crucial to a family's ability to maintain and improve its health status. The most disadvantaged families are those in need of greatest support. Any investment in better housing, improved educational opportunities or better nutrition will enhance the life chances of children in poor families.

81. The voluntary sector and community organizations also have much to offer. They provide a network of support for young people, from pre-school age to late adolescence, and their parents. Youth groups and organizations, and sports clubs are resources committed to the health and development of young people. Government policies that are designed to strengthen community-based organizations and family life are likely to translate into better child and adolescent health.

Ensuring the participation of young people, families and communities

82. People and the communities within which they live are themselves resources for better health. They possess knowledge, skills, time and networks that can be harnessed as part of a wider national health endeavour. These assets can be mapped and deployed to help deliver local initiatives designed to improve young people's health.

83. Young people have a genuine interest in issues related to their health and well-being. According to the Convention on the Rights of the Child, children also have the right to a voice in decisions that have an influence on their health. Experience has shown that the participation of children and adolescents is crucial to the successful development and implementation of strategies, policies and services focussed on this population group. Participation needs to be more than lip service; it requires the genuine engagement of young people. Adolescents are invariably the experts on youth culture and, as such, are well placed to help in the design and running of youth-friendly services. Tried and tested mechanisms now exist for soliciting the views and involvement of young people, including members of hard-to-reach and disadvantaged groups. Although younger children may not have the skills to be directly involved in policy-making and planning, it is, nevertheless, still possible to include advocates on their behalf, such as adults with particular expertise in and understanding of young children's needs.

84. Lifestyle-focussed interventions aimed at children and adolescents are likely to have a more significant impact if they are sustained, long-term and developed with the involvement of young people. Indeed, recent evidence from the Health Behaviour in School-aged Children study shows that children and adolescents who are involved in decision-making in their schools also report better health.

The role of the health sector

85. It is clear that the health sector has a pivotal role to play, not only as a provider of essential services, but also in stimulating action across wider government. It can act as a champion for health, harnessing all those forces that are in a position to support the health and development of children and adolescents.

86. The health sector can and should be a catalyst for change across all sectors of government. The health ministry has an important role in drawing the attention of other ministries to the impact that their policies may have on child and adolescent health. An understanding of the health impact of all government policy will help focus attention on those measures likely to contribute to the health and well-being of future generations.

87. A wide range of policy instruments is available for policy-makers: legislative action, regulation, organizational change, professional development, curriculum development, public education, fiscal measures, budget allocation and performance-related funding, welfare policy, environmental protection and research amongst others. Policy-makers often focus only on organizational change, public education, professional development and research. The systematic identification and use of a wider range of instruments may contribute to the achievement of real progress in the shortest possible time and the most cost-effective manner. Increased tobacco taxation, for example, has been shown to be highly effective in reducing cigarette consumption in a number of countries. The use of legislation and regulatory measures to enforce seatbelt use has contributed significantly to the reduction in road traffic injuries in many Member States. Despite these obvious successes, decision-makers frequently fail to use the full range of policy instruments available to them in formulating wider health policy.

88. Policy-makers and health planners must also ensure that the health sector itself has an adequate focus on the needs of children and adolescents. Appropriate health care is not just concerned with achieving intervention coverage and the material provision of services; it is also about the quality of those interventions and services. The importance of having suitably trained staff cannot be overstated.

In the absence of the necessary human resource capacity and capability, quality will be compromised and children disadvantaged.

89. Public health authorities with a genuine commitment to investing in child and adolescent health and development will ensure that:

- a comprehensive strategy for child and adolescent health is adopted, either as a stand-alone or as part of other strategies (e.g. health or children);
- the health sector has clear arrangements in place for engaging other sectors (e.g. education, social welfare, agriculture) in action on child and adolescent health and development;
- the contribution to child and adolescent health is identified in all aspects of health services delivery;
- child and adolescent health improvement should be an explicit aspect of the performance and review mechanisms for the health sector;
- an "equity audit" is undertaken to ensure that the most vulnerable children and adolescents in society are not disadvantaged as a consequence of health sector planning and delivery arrangements (e.g. access to child- and adolescent-health-friendly services); and
- the public, and young people in particular, are consulted in the drafting of the strategy.

The role of WHO

90. The WHO Regional Office for Europe has recognized child and adolescent health as a major priority. WHO will support Member States in their endeavours to improve child and adolescent health and development. This will include advocacy at the highest level, both internationally and nationally. The Regional Office will build on existing international partnerships with the European Union, United Nations agencies, such as the United Nations Children's Fund, the United Nations Population Fund, the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS, the Organisation for Economic Co-operation and Development and the World Bank, and encourage intersectoral cooperation at national level. It will also work closely with NGOs to promote a coordinated approach to child and adolescent health.

91. By way of technical assistance, the Regional Office has produced a toolkit of resources for use by Member States. The toolkit includes guidance on the assessment and review of existing policies and strategies. It highlights the essential elements in promoting child and adolescent health and directs decision-makers to technical advice and evidence-based action plans, which will assist in developing country-specific strategies. The Regional Office has already conducted a considerable amount of work on the individual components of child and adolescent health and this is readily available to Member States. WHO also manages a very efficient information and surveillance system that can be used to assist Member States in identifying current and emerging priorities.

92. Specifically, the WHO Regional Office for Europe will endeavour to support Member States in the following areas:

- reviewing and developing comprehensive child and adolescent health policies and strategies;
- building capacity for and supporting the implementation of child and adolescent health strategies and integrated intervention packages at national and regional levels;
- developing and providing standards and guidelines for child and adolescent health policies, strategies, interventions and services;
- providing technical support in surveillance, monitoring and evaluation;
- facilitating the development of intersectoral collaboration and structures.

Conclusion

93. This strategy document highlights the issues surrounding and opportunities for promoting our most valuable asset - health - for the most important members of society - children and adolescents. Each parent, each family, each community, each organization and each Member State has the opportunity to maximize the health of the next generation, or to default on this responsibility. The investment is long-term and should transcend personal preference or political positioning, for each community and each nation will gain or lose as a direct result of its vision and commitment. Success will only be obvious after the event; failure will be conspicuous only after it is too late to reverse the damage. It is a heavy responsibility, but the potential reward is beyond price. This document seeks to contribute to the effort by highlighting the challenging issues for Member States in the European Region and the formal and informal resources available to them, and by outlining the best approaches and knowledge to be drawn upon.

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