Health 2020, the WHO policy framework for health and well-being in Europe, identifies that most children and adolescents in the WHO European Region have a high standard of health and well-being, but also highlights that despite substantial progress in recent decades, disparities in child health between and within countries, and population groups, persist. While select countries in the Region have infant and child mortality rates that are among the lowest in the world, mortality rates for children under five in other countries within the Region are 25 times higher than those with the lowest rate (1). Thus, even in affluent societies, improvement of health and well-being of children and adolescents will require a shift towards a whole-of-government approach and the introduction of comprehensive policies, often involving significant systemic changes, to ensure equitable distribution of health and well-being for this population group.

The WHO European child and adolescent health strategy, adopted by the 53 Member States of the European Region in 2005, focuses on inequalities, life-course approaches, cross-sector collaboration and participation of young people and the public in developing policies for children and young people (2). While these principles remain valid, since 2005 a richer evidence base has been developed and greater focus has been placed on child rights approaches, as well as on growing inequalities, especially within countries. This combined with greater focus on the life-course approach, the growing burden of noncommunicable disease and the decrease in well-being among adolescents are all factors which contributed to the need for a new WHO European strategy for child and adolescent health.

A snapshot of the health and well-being of children and adolescents in Europe

The Region has some of the highest prevalence rates of tobacco use among boys and (particularly) girls. 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 (3). 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 (3).

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, drowning, poisoning and fires and falls. Unintentional injuries cause 42 000 deaths in 0–19-year-olds (3).

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 (3). 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 (3).

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 (3). Major depressive disorders are the most frequent conditions in children and adolescents, followed by anxiety disorders, behaviour (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 (3).

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 infections (STIs) and unintended pregnancies (see Figure 1) (3).

A renewed promise – investing in children and adolescents

In developing a new child and adolescent health strategy four guiding principles were followed:

1) adopting a life-course approach;
2) using an evidence-informed approach;
3) promoting strong partnerships and intersectoral collaboration; and
4) adopting a rights-based approach.

While it is still important to address the unfinished agenda of preventable death and infectious disease, attention is also directed at supporting growth though adolescence. The new strategy offers the opportunity for decision makers to introduce a stronger focus on health promotion policies and interventions.

The vision for the new strategy 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.

The lifecourse approach and adolescent health
WHO promotes good health at key stages of life, taking into account the need to address social determinants of health and gender, equity and human rights. Adolescence is such a key stage in life where major physical and mental changes are happening, as well as a period where other factors, such as entering into secondary education systems, have a major impact.

The lifecourse approach considers how health later in life is shaped by earlier experiences. This means not only considering the biomedical roots of adult health and illness during previous stages of the life course, but also the economic and social factors across the lifecourse that influence health. Present knowledge also reveals that investment in children and adolescents yields economic and social benefits beyond improved health outcomes. The more we provide young people with opportunities to experience and accumulate the positive effects of protective factors the more likely they are to achieve and sustain health and well-being in later life.

Referring to the strategy vision: “all children and adolescents should have access to age- and gender-appropriate health and sexuality information and support”.

It is essential that this age group has access to relevant information, as well as, confidential consultation to be able to avoid STIs and unwanted pregnancies. With this in mind, the WHO Regional Office for Europe has been working with various WHO Collaborating Centres and other partners to help develop sexuality education and implementation guidelines, as well as, youth friendly health services for school settings. A growing number of countries are already making use of these standards in their efforts to re-orient their health services for adolescents to promote health and well-being; involve adolescents in decision making; and involve other relevant sectors in service provision. The new European child and adolescent health strategy will offer additional inspiration for this process.

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