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The health of children and adolescents in WHO's European Region

The health of children and adolescents in Europe leaves much scope for improvement. Although some progress has been made, children across Europe fall a long way short of achieving their full health potential. This results in significant social, economic and human costs. There are wide variations in young people's health in every Member State within the European Region. An investment in the early stages of development reaps dividends in later life and benefits the entire population.

This document for the Regional Committee is part of a three-stage process. It will be followed by a more detailed description of the health of children and adolescents in Europe. A health map of the Region will be included, together with evidence about how best to improve the situation. Based on this evidence, a strategy will be proposed to improve the health of Europe's children and adolescents from birth to the age of eighteen years.

A draft resolution is attached for consideration by the Regional Committee.

WORLD HEALTH ORGANIZATION • REGIONAL OFFICE FOR EUROPE
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Telephone: +45 39 17 17 17 Telefax: +45 39 17 18 18 Telex: 12000 who dk
Electronic mail: postmaster@euro.who.int World Wide Web address: http://www.euro.who.int

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Introduction

1. The health of children and adolescents in Europe leaves much scope for improvement. Although some progress has been made, children across Europe fall a long way short of achieving their full health potential. This results in significant social, economic and human costs. There are wide variations in young people's health in every Member State within the European Region. It is a universal problem. The health profile of Europe would be profoundly different if only the 20% most disadvantaged in each country could attain the level of health of the 20% most fortunate. Health is a life-course issue. An investment in the early stages of development reaps dividends in later life and benefits the entire population.

2. This paper sets out the reasons why children and adolescents should be a major health priority for all Member States, perhaps even the priority. It has been developed in parallel with the preparations for the Fourth Ministerial Conference on Environment and Health, to be held in Budapest next year. The conference will focus on "The future for our children".

3. This document for the Regional Committee is part of a three-stage process. It will be followed by a more detailed description of the health of children and adolescents in Europe. That second document will also form the core of a special chapter in the 2005 European Health Report on children and adolescents. A health map of the Region will be included, together with evidence about how best to improve the situation. Based on this evidence, a strategy will be proposed to improve the health of Europe's children and adolescents from birth to the age of eighteen years.

Background

4. It is not surprising that so many recent high-level conferences around the world have focused on children and adolescents. Young people are our human capital for the future. Healthy people are not only more economically productive; they also make fewer demands on the health and welfare system. It will be the current generation of young people who will create the necessary economic activity to support the growing older population in so many European countries. International agencies and Member States increasingly view this commitment to child and adolescent health as an investment, not as a cost. Such an investment now will bring economic and social dividends to every country, as well as to the European Region as a whole. Health is clearly an economic good with benefits not just to the individual, but to the wider community.

"Approximately half the economic growth achieved by the United Kingdom and a number of other western countries between 1790 and 1980…has been attributed to better nutrition and improved health and sanitation conditions…" (1)

5. Children and adolescents are also citizens in their own right. They are entitled to expect that their health will be promoted and protected. The opportunity for our children to grow and develop in a social and physical environment that is conducive to good health should be a fundamental policy objective for all civilized countries. The United Nations Convention on the Rights of the Child enshrines every child's right to enjoy the "highest attainable standard of health". Within the context of sustainable development, children's health must be a top priority for all governments and international agencies.

6. Child and adolescent health has attracted considerable political and professional attention in recent years. At the World Summit for Children in 1991, leaders from across the globe issued an urgent appeal to give every child a better future. Since then some advances have been made. However, there is still much to be done. Progress has been uneven and many obstacles remain. Ten years after the Summit, WHO's analysis was that "the balance sheet is mixed". Outcomes range from relative success to outright failure. There is still enormous scope for improving the health and development opportunities of children and adolescents.

"We reaffirm our commitment to complete the unfinished agenda of the World Summit for Children" (2)

7. The need for action so clearly extolled at the Summit was endorsed by the World Bank in 1993. The Bank highlighted the risks to health posed by poverty. Following the Fifty-first World Health Assembly, the Regional Office for Europe published *HEALTH21: health for all in the 21st century*.[1] This laid out a vision to improve the health of the 870 million people living the European Region. HEALTH21 pointed out that average life expectancy in the Region had declined for the first time since the Second World War. Moreover, the health gap between rich and poor had increased in virtually all Member States. The document laid out targets for health improvement by the year 2020.

8. The Third Ministerial Conference on Environment and Health placed children's health at the top of the political agenda. The Children's Environment and Health Action Plan for Europe (CEHAPE) sets out steps for various sectors that are designed to decrease exposure to a number of environmental hazards. This Action Plan will be a key platform for the forthcoming Fourth Ministerial Conference.

9. By way of further endorsement, the United Nations Millennium Summit of world leaders, held in September 2000, highlighted development as being at the heart of the global agenda. The resulting eight Millennium Development Goals constitute an ambitious project designed to enhance the human condition by 2015. The goals include clear targets for reducing poverty, hunger, disease, environmental degradation, and discrimination against women. A set of indicators has been established for each goal and these will be used to track progress.

The Millennium Development Goals

GOAL 1	Eradicate extreme poverty and hunger
GOAL 2	Achieve universal primary education
GOAL 3	Promote gender equality and empower women
GOAL 4	Reduce child mortality
GOAL 5	Improve maternal health
GOAL 6	Combat HIV/AIDS, malaria and other diseases
GOAL 7	Ensure environmental stability
GOAL 8	Develop a global partnership for development

10. In March 2002, more than 300 experts convened in Stockholm to attend the Global Consultation on Child and Adolescent Health and Development. This confirmed the need for more investment in those interventions known to have the greatest impact. This commitment to child and adolescent health has been reaffirmed on numerous occasions by the international community. Despite the plethora of supportive resolutions and declarations, however, criticism has been voiced about the lack of practical action. This paper for the Regional Committee represents a **call to action**, and Member States are well placed at this point in time to take such action. A number of key events are helping to focus sustained interest in child and adolescent health within the European Region:

- The Lancet has published a series of articles on child health.
- The Health Behaviour in School Children (HBSC) survey, carried out in over 30 European countries, has just completed its most recent study. The report is scheduled to be issued later in 2003.
- The Fourth European Ministerial Conference on Environment and Health: The future for our children is to take place from 23 to 25 June 2004.

[1] *HEALTH21: the health for all policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series, No. 6).

11. Further initiatives on child and adolescent health are planned in the aftermath of Budapest, including a ministerial conference on mental health scheduled for 2005.

12. The younger generation is facing new challenges to their health in a world of rapidly changing social, economic and technological circumstances. Nevertheless, they remain Europe's most valuable resource. There is now a real opportunity to consolidate all the initiatives that relate to children and adolescents, and this is reflected in the wording of the draft resolution (EUR/RC53/Conf.Doc./6).

13. A strategy has now been formulated by WHO headquarters that will aid Member States in developing their own country-based initiatives. *Strategic directions for improving the health and development of children and adolescents*[2] sets out seven priority areas for action. These priority areas document are closely interrelated. Health is indivisible, requiring holistic approaches throughout the individual's life. What happens in pregnancy and the very early stages of childhood will have a profound impact on child and adolescent development. This will be carried through into adulthood and old age. Health must be nurtured and reinforced at every stage in the life-course. An investment early on will result in a lifetime of economic, social and personal benefits.

The physical environment

14. We do not grow and develop in a vacuum. Our health is determined to a very considerable extent by the environment in which we live. In particular, the younger generation pays a heavy price for environmental neglect. The air we breathe, the water we drink, the food we eat and the built environment all exact their toll in the absence of careful planning and regulation. Over 40% of the global burden of disease is attributed to environmental risks that affect children under five, although this age group only accounts for 10% of the world's population. Inappropriate farming and food production methods also cause ecological degradation. Young children are particularly susceptible to environmental threats because of the rapid development of their immune, respiratory and nervous systems. They experience greater exposure to any toxicants in the soil than adults, and they absorb higher concentrations of contaminants in foods. Their ability to excrete toxic substances is also less well developed.

The social environment

15. It is not just the physical environment, however, that impacts upon health. The social circumstances in which children and adolescents grow to maturity are also of paramount importance. For better or for worse, peer pressure, family values, mass communication, the school environment, and social and gender norms all exert a considerable influence on lifestyle. Over the past decade, countries in the eastern part of the Region have experienced rapid socio-political change, economic hardship, increased insecurity, conflict and war. The health-related behaviour of adolescents is a function of all these pressures; young people are not merely a product of their biological inheritance. Tobacco use, alcohol consumption, other substance misuse, diet and physical activity are all determined in large measure by the social environment, to say nothing of the young person's self-esteem and self-perception. The young of all European countries are affected, not least because of the globalization of the mass media and youth culture. Children from an early age are bombarded with social messages, both explicit and subliminal. These have a formative influence on health-related behaviour, particularly at a time of experimentation in the early teenage years. Violent behaviour by adolescents, often directed at other young people, is one of the most visible forms of violence in our society.

16. Differences in the health experience of boys and girls are apparent in every country in Europe. Some of these are associated with the lower socioeconomic status of women; some are related to differences in biology. Social behaviours and gender norms are also important influences. Accident rates,

[2] *Strategic directions for improving the health and development of children and adolescents.* Geneva, World Health Organization, 2003 (document WHO/FCH/CAH/02.21, http://www.who.int/child-adolescent-health/New_Publications/Overview/CAH_Strategy/CAH_strategy_EN.pdf, accessed 27 June 2003).

the prevalence of interpersonal violence and health-related lifestyle are all examples of these differences between young women and men. Gender considerations should be central to the planning and delivery of all services and programmes, to ensure that they reflect the needs of girls and boys.

Health and wealth

17. Every European country exhibits a social gradient for health. This is even more noticeable in some of the countries of western Europe than it is in the east of the Region. These variations contribute to social injustice, in addition to placing an economic burden on the country's resources. In every country, women are over-represented among the poor, while their income is on average only 70% of that of men. If we could only narrow the gap in health-related lifestyle, skills, opportunities, and access to services between the most disadvantaged in each Member State and the most privileged, then we could dramatically change the health map of Europe. Improving the health of our children is not "rocket science"; we know what to do!

18. Poverty is a major determinant of health. This was recognized by the Regional Committee in 2002, when Member States were urged to accelerate action to combat its harmful effects. Poverty is now widespread in some of the countries of central and eastern Europe. There is little doubt that this deterioration in economic circumstances has contributed to the decline in health status among children and young people. Reductions in public expenditure on education, social welfare provision and health have a disproportionately serious impact on mothers and children.

19. The Johannesburg Declaration on Sustainable Development in 2002 underlined the need to eradicate poverty and engage in sustainable development. This was set firmly in the context of an overt understanding of the need to create a better future for all of today's children. Young people's health and the environment are at the heart of sustainable development. Because of children's particular vulnerability, they provide the most sensitive human indicator of our environmental status.

20. Relative poverty within individual Member States may be even more important than absolute poverty. Relative poverty is growing at a more rapid rate in Europe and central Asia than anywhere in the world. It is an issue for every Member State. According to the European Anti-Poverty Network, some of the highest rates are in western Europe, with as many as 26% of children living in relative poverty.

21. These inequities affect both physical and mental health. Poor children grow up in less healthy environments and are more likely to suffer the effects of pollution. Overcrowded housing is invariably associated with a lack of safe areas for play. Accidents and crime are more prevalent; a poor diet and lack of physical activity are more likely. Poverty places maternal and newborn health at risk and has a deleterious impact on mental health. It is a universal risk factor for all seven of the priorities identified in the WHO strategy. In addition to the huge social and economic costs, both now and in the future, such circumstances clearly breach the United Nations Convention on the Rights of the Child. What is more, they contravene the aspirations set out in the Millennium Development Goals.

"The European Region has the fastest growing inequalities in wealth in the world." (3)

From birth to eighteen: the factors that influence health in Europe

22. Sound nutrition is one of the foundation stones supporting health. The right start provides a springboard for development into healthy adolescence, and healthy infants are more resistant to communicable diseases. Moreover, the emotional and psychological growth of young people is rooted in their early development, thereby affecting their susceptibility to mental health problems.

Maternal and newborn health

23. A healthy start to life is essential. Numerous reports have highlighted the importance of maternal health. The health of children is inextricably linked to the well-being of their mothers. Maternal mortality varies enormously across the Region, ranging from 6 per 100 000 live births in Switzerland to 41 per 100 000 in some of the newly independent states (NIS). A balanced diet that provides optimum nutrition, together with a clean water supply, are crucial to every stage of development from pre-conception through to later life. Poor nutrition is associated with a reduced resistance to disease, impaired physical and psychological development, and infant morbidity and mortality. Access to timely and responsive health services, including skilled birth attendants at the time of delivery, is essential.

24. Sound maternal health is undoubtedly an asset for the next generation. However, mothers can also be the vectors for transmitting communicable diseases to their babies. Although the absolute numbers remain relatively small, mother-to-child transmission of HIV has increased dramatically in central and eastern Europe and the central Asian Republics. In the Ukraine, for example, infection rates in pregnant women rose from 0.005 per 10 000 in 1996 to 17 per 10 000 only four years later. HIV does not acknowledge national boundaries, and there is the potential for this spread of infection to have an impact across the wider Europe.

25. The scope for reducing unnecessary disability and ill health is also considerable, through the application of interventions that are already known to be effective. Vaccination against rubella (which causes birth defects in 90% of children if contracted early in pregnancy), avoiding alcohol and stopping smoking all have beneficial effects on the unborn child. One measure of success will be a decrease in the number of low birth weight babies (below 2500 grams).

"No nation can be healthier than the women who bear its children." (4)

26. The starting point in the life-course of health and development is that every baby should be a wanted baby. This implies effective contraceptive advice and availability as young people approach puberty and during their reproductive years. Unplanned, unwanted pregnancies detract from psychological well-being and increase the likelihood of abortion being used as a means of birth control. This in itself presents an added risk to women, often during their teenage years, and limits their social and economic development.

27. Inadequate nutrition in the very early stages of development can frequently have an enduring impact throughout an individual's life. The current poor nutritional status of a significant proportion of young people in all Member States will have a lasting health and economic impact for decades to come. Obesity, cardiovascular disease and certain cancers are but some of the consequences, often appearing in early to middle age. In many Member States, micronutrient deficiency diseases co-exist with disorders of energy excess that result from a lack of fruit and vegetable intake. Inappropriate nutrition is a major cause of poor health outcomes. Even mild malnutrition increases the risk of mortality in young children. The concern about children's nutrition in recent years has been so great that WHO drafted a *Global strategy for infant and young child feeding* in 2002.[3]

Poor nutrition should be of urgent concern to every Member State in the Region.

28. Child survival in the first month is not dependent on expensive medical facilities, although access to basic health care is crucial. Neonatal health is largely a product of socioeconomic circumstances, access to appropriate services at the time of delivery as well as during the antenatal period, and parental education. Breastfeeding is an effective means of improving neonatal and infant health. Despite the fact

[3] *Infant and young child nutrition. Global strategy on infant and young child feeding. Report by the Secretariat.* Geneva, World Health Organization, 2002 (document A55/15, http://www.who.int/gb/EB-WHA/PDF/WHA55/ea5515.pdf, accessed 27 June 2003).

that it is “low cost”, exclusive breastfeeding until about six months is adopted by too few mothers in all Member States. Ironically, those who would benefit most are often the least likely to be breastfed.

Up to five years of age

29. Young children under five years of age face a plethora of health challenges, including respiratory infections, diarrhoeal illnesses and communicable diseases in general. The major causes of death are related to pneumonia, diarrhoea and fever. It is essential not only to minimize the risk of communicable illness but also to provide a stimulating environment for psychosocial development.

30. Food plays an essential role in promoting and protecting health. In recognition of this, all Member States in the European Region unanimously endorsed the *First Action Plan for Food and Nutrition Policy*.[4] An inadequate diet can lead to deficiency disorders. In the European Region these mainly take the form of iodine deficiency and iron deficiency. Excessive consumption of fat, sugar and salt can result in obesity, cardiovascular diseases, tooth decay, cancer and diabetes. Access to adequate food supplies is unevenly distributed across the European Region and within individual countries. Some people in Europe have unlimited opportunities to buy a variety of foods such as vegetables and fruit. Fortuitously, goals for a nutritionally balanced diet are also conducive to more ecologically sustainable food production. In countries with plentiful food provision, however, the cheapest form of food energy comes regrettably from fats, oils and sugar. These energy-dense foods are consumed to a much greater extent by lower income groups, resulting in a social gradient of growth outcomes. In the United Kingdom, for example, the children of wealthier families are on average 10 cm taller than those from poorer backgrounds. Wide variations in the prevalence of stunted growth among preschool children are also visible between the countries of central and eastern Europe and the NIS.

“There is a 55-fold variation in the prevalence of stunted growth among preschool children in the CCEE and NIS.” (5)

31. The incidence of foodborne diseases continues to increase throughout Europe, with the main burden falling on children under 10 years. Infants aged between 6 to 12 months are at greatest risk as the protection from breast-milk declines and the potential hazards from weaning foods increase. Ironically, the mechanized farming methods of the more economically prosperous countries in the Region have led to a greater likelihood of infection from foodborne pathogens.

32. Many of the scourges of childhood communicable illnesses can be avoided through the efficient organization and management of vaccination and immunization programmes. These are tried and tested, relatively low-cost mechanisms for avoiding unnecessary disability and death.

33. Child abuse and neglect manifest themselves in every European country during the first years of life. The Forty-ninth 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 identify. It is clear, however, that the health consequences can be either physical, sexual and reproductive, psychological and behavioural, or lead to long-term, chronic disease. There are also significant implications for the wider community. The economic costs affect not just health care but also the criminal justice system, social welfare, education and the employment sector.

“Sixty percent of children in Europe and central Asia say they face violent or aggressive behaviour at home.” (6)

34. Accidents and unintentional injuries also become more prevalent as the child increasingly starts to explore his or her environment, often without the necessary coordination or awareness of hazards.

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[4] *The First Action Plan for Food and Nutrition Policy. WHO European Region 2000–2005.* Copenhagen, WHO Regional Office for Europe, 2001 (document EUR/01/5026013, http://www.euro.who.int/Document/E72199.pdf, accessed 27 June 2003.

Drowning, falls, fires, accidental poisoning and traffic accidents account for some of the disability and deaths in this age group. This is a priority for all Member States.

35. 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 as well as a long-term impact resulting from prolonged exposure. Above all else, poverty is a major predictor of ill health for this age group. It is closely associated with poor nutrition, an unhealthy physical environment, accidents and injury, and health-damaging lifestyles.

From five to eighteen years

36. 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 is often targeted at this age group.

37. Adolescence is of crucial developmental importance and family support continues to be of significance. As young people struggle towards independent adulthood in an increasingly violent world, they are faced with major decisions about their sexual and personal lives. It is at this stage that they experience rapid development of their social skills and establish their self-image. The breakdown of traditional systems of social and family support is having a noticeable effect on many adolescents. Growing independence is associated with increased risk-taking. One consequence of this is that accidents are the leading cause of death among adolescents across the European Region, with mortality rates for this age group being almost double for boys than for girls. There is an urgent need to create safer and more supportive environments within which young people can develop. Adult role models, positive peer influence and initiatives such as Health Promoting Schools all have an important part to play in healthy adolescent development.

38. With adolescence comes reproductive maturity. Preventing teenage pregnancy in the Region is a concern for every country. The rates in most western European countries mostly range between 13 and 25 per 1000 young women aged 15 to 19 years; highest figure is approximately 50 per 1000. Some of the countries of central and eastern Europe also fall within the western European range. A number of other countries have rates that are two to four times higher, reaching a peak of over 100 per 1000 girls in the Ukraine. Unwanted pregnancies can lead to serious health consequences for young women, including the risks associated with dangerous or illegal abortions. Young mothers under the age of 20 years are more likely to deliver a low birth weight baby than mothers who are older, thereby completing the loop between adolescence and maternal health. Low birth weight is associated with reduced health prospects for the child. Many Member States have seen an increase in low birth weight babies (below 2500 grams) over the last decade.

Young mothers have more low birth weight babies.

39. An estimated 1.56 million people are now living with HIV/AIDS in the European Region. In some parts of Europe, the HIV epidemic is growing faster 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. Eighty-four percent of new cases in the eastern half of the Region are under 30 years of age, compared to 31% in the west. Three quarters of these young people are injecting drug users. A lack of awareness and knowledge about HIV prevention measures, especially among young people, accompanies high rates of injecting and sexual risk behaviour. Rapid socio-political change, economic hardship and added insecurity have contributed to the increased vulnerability of young people to HIV infection. This risk is exacerbated by poor access to information, education and youth friendly prevention services. There are also very high rates of syphilis and other sexually transmitted infections,

particularly in eastern Europe, where rates are up to 100 times greater than the western European average. Changes in the sexual behaviour of young people are clearly occurring. There is now evidence of high rates of unsafe sex practices, earlier initiation of sexual activity, low rates of condom use, and multiple partners. An understanding of the differences in risk behaviour between boys and girls is key to the success of health promotion initiatives. The Madrid Statement, issued by participants from 28 countries in a seminar organized by WHO in 2001, recognizes that gender inequities have consequences for health and calls for the systematic use of gender analysis where sex-differentiated data show significant differences.

40. Adolescence is also a period of experimentation and rebellion against authority. This is the age when the use of tobacco, alcohol and drugs can become established habits. Smoking among young people has increased over the past decade in Europe. Strikingly, there is an increase in tobacco experimentation across all age groups, all countries surveyed, and both sexes. Between 60% and 70% of young people have tried cigarettes by the age of 15 years. Only half of the Member States have a national tobacco control action plan, despite the fact that the European Ministerial Conference for a Tobacco–free Europe urged all countries to work towards a set of integrated tobacco control measures.

41. Violence is of growing concern across the Region. Patterns of violent behaviour start at an early age. Despite an increasing number of initiatives aimed at young people, only a small number specifically address the problem of violence in intimate relationships.

42. Experimentation with alcohol seems to be occurring at an increasingly early age. Over half the 11-year-olds in most countries report having tasted alcohol, although rates vary considerably. At 13 years of age, more boys than girls have consumed alcohol, although the rates are virtually identical by the time they reach 15 years. The rates of reported drunkenness are worrying, with up to 67% of 15 year-olds saying that they have been drunk on at least two occasions. In the countries surveyed, boys report more frequent drunkenness at all ages than girls. Alcohol abuse can be both a symptom and a cause of mental health problems. It is frequently associated with youth violence, contributing to family and community stress. As a drug, it can have damaging effects upon the unborn child. Alcohol is often associated with unplanned sex and is a factor in the increase in sexually transmitted infections.

“Alcohol is associated with the deaths of 55 000 adolescents each year in the European Region.” (7)

43. Despite the fact that Member States endorsed a forward-looking European Charter on Alcohol[5] in 1995, one in four deaths among adolescents in the Region is nevertheless attributed to alcohol.

44. Evidence from some countries indicates that injecting drug use is also taking place at an earlier age. The average age at first injection in eastern Europe and central Asia is between 16 and 19 years, although some adolescents start injecting before the age of 15. It is estimated that up to 1% of the population in some countries of the Region (and up to 5% in some cities in eastern Europe) are injecting drugs, many of whom are young.

45. Sound nutrition remains a foundation stone for good health as the child progresses towards adulthood. However, overweight and obesity in children and adolescents is increasing, often co-existing with micronutrient deficiencies. The Health Behaviour in School-aged Children survey shows a clear correlation between socioeconomic status and diet: the higher the status, the better the diet. At the age of 15 years, more than half the girls say that they are dieting or feel they should be. This is true particularly for the countries of western and central Europe. Type II diabetes, previously a disease of middle age, is now increasingly being reported among young people in many Member States.

46. Just as with adults, children and adolescents can often experience distressing and disabling emotions. These are sometimes part of normal development, but they can also herald a mental illness. Adolescence is a particularly vulnerable age, with noticeable increases in suicide and self-harm. The use

[5] *European Charter on Alcohol.* Copenhagen, WHO Regional Office for Europe, 1996 (http://www.euro.who.int/AboutWHO/Policy/20010927_7, accessed 27 June 2003).

and abuse of illegal drugs, tobacco and alcohol become a significant issue for this age group. The past 50 years have seen a rise in psychosocial ill health among young people in western Europe, including eating disorders, depression, drug and alcohol abuse, suicide, self-harm and criminal behaviour. Studies show that the rate of mental health disorders is significantly higher among young people living in poverty.

"Five of the ten leading causes of disability are now mental disorders." (7)

47. Children and adolescents with mental health problems exist in every country and every culture. Untreated mental illness at this stage can have lifelong consequences. Unresolved mental ill health in young people is a clear predictor of problems later in life. Fortunately, many mental health problems are preventable, and all can be helped by either psychotherapeutic or pharmacological interventions.

48. The European Region as a whole is experiencing an unremitting increase in psychological ill health and mortality. Stress, depression and dependence are all taking their toll. The breakdown of traditional social and family structures, particularly in those communities experiencing significant societal, political and economic change, is leading to high levels of mental illness. Some 10% to 20% of children have one or more mental or behavioural problem. The burden of mental disorders and distress, ranging from stress, depression and neurosis to major psychosis, is generally underestimated. Despite this, over a quarter of Member States have no specific mental health budget.

"33.4 million people in the European Region are suffering from major depression." (8)

49. Mental health problems in adolescence are often associated with aggression, violence or self-harm. Self-directed violence can take the form of either suicide or self-mutilation. Historically, suicide rates tend to increase with age. However, some countries have recently shown a secondary peak in the age group 15–24 years. Suicide is frequently associated with depression and, among young people, depression is often linked to poor educational attainment, antisocial behaviour, alcohol or drug abuse, and severe eating disorders. Ethnic background, religion, social isolation, economic stability and cultural norms play a role. There are also gender differences; younger men are more prone to suicide than women, while women are more often diagnosed with depression. European countries experience some of the highest rates of suicide in the world, although there are significant variations on a country-by-country comparison.

Improving the health of children and adolescents – What works?

50. We know enough to take action today! The cost of not doing so will be measured in the avoidable death and disability of children and adolescents in the years to come. The significant inequalities in health between different groups in each country show us the way forward. These cannot be explained by biological inheritance; other personal and environmental factors are clearly at play. We must strengthen our efforts to provide those who suffer the worst health outcomes with the same opportunities as those who experience the best. Narrowing health inequalities in each Member State will bring significant health gains, which in turn will contribute to social justice and economic growth.

51. It will be for each country to determine its own priorities, but WHO's strategic directions (see paragraph 13) provide a solid foundation upon which to build:

- Maternal and newborn health
- Nutrition
- Communicable diseases
- Injuries and violence
- Physical environment
- Adolescent health
- Psychosocial development and mental health.

52. Given the interdependence of most health issues, an integrated action plan for each country is essential. Moreover, the underlying determinants of health are universal. A medical emphasis on planning focused just on the health care system is inappropriate. An integrated social model for policy development that addresses the underlying determinants will be much more effective in achieving health gains in children and adolescents. This will require governments to work across traditional ministerial boundaries. A mechanism for cross-government coordination will have to be established in each country.

53. Many evidence-based strategies and programmes already exist. These provide a planning and delivery framework for Member States. Much has been learned, for example, from various disease control programmes over the past two decades. These lessons have been incorporated in WHO's strategy for the integrated management of childhood illnesses (IMCI).[6] We know that programmes to improve maternal and neonatal health must empower parents with the knowledge and skills to take more control over their lives. In addition, community- and home-based services will improve access, and help the early detection of preventable conditions. This will be of particular benefit to the most disadvantaged. Skilled nursing and midwifery care, based on a holistic approach to pregnancy and childbirth, should be complemented by ready access to specialized services when needed. To assist Member States, the Making Pregnancy Safer (MPS) programme was introduced by WHO in the European Region in 2001, with the objective of reducing maternal and perinatal mortality. The programme provides specific tools for use by health professionals, and there are clear indicators for measuring success. Guidance is available across the range of priorities identified by WHO. With reference to HIV/AIDS, for example, the Fifty-sixth World Health Assembly (in resolution WHA56.30) exhorts Member States to adopt and implement the Global Health Sector Strategy for HIV/AIDS 2003–2007. The strategy stresses the urgent need for youth-friendly information and services.

54. We have a proven range of interventions at the older end of the young people's age spectrum. Health promoting schools, for example, aim to improve health by working with the total school environment. From small beginnings in 1991, health promoting schools now cover well over a million European children. Implementation has been successful in large part because of the attention paid to management and organizational development. Herein lies a message for other public health initiatives. We know that programmes designed to improve young people's life skills can be highly effective, especially when set within a context of prevention-oriented, youth-friendly health services. In addition, there are many examples of peer education approaches that have been shown to have positive outcomes. These capitalize on the normal developmental experience of peer pressure in adolescence.

55. Action plans, good practice guidelines and case studies are readily available for most of the priority areas identified by WHO. They cover a wide variety of factors involved in improving child and adolescent health. In the area of infant nutrition, for example, WHO and UNICEF have collaborated to provide guidelines on the feeding and nutrition of infants and young children.

Next Steps

56. Although we know how to improve the health of our young people and enhance the prosperity of future generations, there is a considerable gap between our understanding of what needs to be done and our ability (or willingness) to put it into practice. Implementation has been far from satisfactory. The Global Consultation on Child and Adolescent Health and Development argued that the pace of progress has been too slow. In the words of the report, *A healthy start in life*.[7]

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[6] *Improving child health. IMCI: the integrated approach.* Geneva, World Health Organization, 1997 (document WHO/CHD/97.12 Rev.2, http://www.who.int/child-adolescent-health/publications/IMCI/WHO_CHD97.12.htm, accessed 27 June 2003).

[7] *A healthy start in life. Report on the Global Consultation on Child and Adolescent Health and Development.* Geneva, World Health Organization, 2002 (document WHO/FCH/CAH/02.15, http://www.who.int/consultation-child-adolescent/Documents/hsl_web.pdf, accessed 27 June 2003).

> As daunting as the challenge may appear, it is attainable. Cost-effective interventions to reach every child are available. Unfortunately, today they are reaching too few. This tragedy is preventable. The world has the resources and the knowledge to transform the lives and prospects of children and adolescents.

57. Fortunately we are not beginning at point zero. Every Member State has made a start, and many have made significant progress in some areas. There is a plethora of strategies and action plans, together with guidance based on the evidence of "what works". There is certainly a need for more research, but we know enough already to take comprehensive action.

58. Growing up is a hazardous business, and it is more hazardous than it needs to be in every country within the European Region. In an increasingly global world, it is in our common interest to improve health in every Member State. Following the enlargement of the European Union, the Budapest Conference provides a unique opportunity for the European Region as a whole to take collective action and expand cooperation. Such a concerted effort would move the countries of Europe substantially towards achieving the Millennium Development Goals set out at the United Nations Summit of World Leaders in 2000.

The Millennium Development Goals are the foundation stones for a public health strategy.

59. The current investment and political commitment must be continued and enhanced. It is for individual Member States to order the seven WHO priority areas according to their own populations' needs and circumstances.

60. The circumstances in which we live determine whether the health battle is won or lost. Our physical environment, education, income, civic society, and social and cultural norms are all major determinants of health and well-being. In turn, good health is a prerequisite for developmental and educational progress. Although important, the health services on their own cannot cure the social ills that lead to poor health, such as poverty and unemployment. Improving health is a multisectoral endeavour. Essential primary health care services, agriculture, housing, education, manufacturing industry, the mass media and marketing sectors, transport and retailers all have a part to play. Governments at the local, regional and national levels are in a position to use their powers as legislators, planners and regulators to ensure that all sections of society fulfil their social responsibilities. Health ministries have a pivotal role in stimulating and coordinating action across all socioeconomic sectors.

Our children are our human capital. They are our investment in tomorrow's society. It behoves us to nurture that investment so as to ensure the greatest possible dividend. In so doing, we will also fulfil our obligations under the United Nations Convention on the Rights of the Child.

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