



EUROPE

European strategy for
child and adolescent
health and development

Action tool

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Action Tool

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health and development

Working document

Acknowledgement

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Scope and objectives

The tool provides guidance to national and local health ministries and authorities, as well as to governments and international and national NGOs, in reviewing or developing their strategies and work plans. It includes eight tables that were developed taking into account:

1. the 7 priority areas identified by WHO at global level for Child and Adolescent Health and Development (CAHD)
2. the official documents and guidelines developed by WHO and other international agencies
3. suggestions made by Member States, international agencies and NGOs, during the pilot assessments of the Strategy.

The tables include actions (legislation, regulations, policies, interventions, etc.) that have been officially recommended by WHO and other international agencies/entities. The extent to and level at which such actions are appropriate and applicable in different countries depends on the epidemiological profile, as well as on the institutional context and the development and financing of the health system. As a consequence, the tables should not be viewed as a set of recommendations, but as a menu of policies and interventions from which national and local authorities can select the most appropriate combination for inclusion in their strategies and plans. Moreover, the tables are expected to be periodically reviewed in the light of new scientific evidence and of the experience gained from countries.

Structure

The tables address the seven priority areas identified by the Strategy (maternal and newborn health, nutrition, communicable diseases, physical environment, adolescent health, injuries and violence, psychosocial and mental health). A table for chronic disease and disability has been added to cover an area of increasing importance in the European Region.

The actions are grouped by the above eight areas, then by main objectives within each area. This allows Member States the flexibility to assess and revise their current strategies and policies and decide which priorities and objectives need attention first,

Since for each area a complete set of suggested actions is provided, the same actions may be proposed for more than one area: for example, some of the actions proposed for area n.2 (nutrition) are also included in area 1 (mothers and newborns), and some of the actions to address area n. 5 (injuries and violence) are also included when addressing the issues of area 6 (adolescent health), etc.

For each priority area, actions are framed according to a three-tiered structure which recognizes that action needs to be taken at three different levels:

1. The level of cross sectoral policies, to ensure that some of social determinants of health and disease are addressed by appropriate legislation, policies and programmes.
2. The level of the health system, to ensure that the preconditions for effective delivery of interventions, such as access to quality services, provision of competent staff, drugs and supplies, are guaranteed.
3. The level of health services, to ensure that the relevant health interventions and programmes are delivered according to international guidelines and scientific evidence.

This framework will make it easier to identify roles and responsibilities in developing and implementing a national strategy for children and adolescents. Particularly at the cross sector level, most of the suggested policies are under the responsibility of national and local authorities other than those responsible for health. In these cases the role of health authorities and of other actors such as NGOs is essentially one of advocacy and promotion of cross sector collaboration.

References

For each priority area, the tool provides a number of key references, most of which to documents produced by WHO, that will be helpful to find more detailed information, advocacy materials and technical guidelines for the development or implementation of specific policies or programmes. This will allow the identification of the source and the download of the relevant materials. As mentioned before, given the evolving nature of the evidence, experience and policy development process, this annex will continuously be updated and the new revised versions put periodically on the WHO Regional Office for Europe, Child and Adolescent Health website.

Priority	Cross Sector Action	Health System Action	Health Services Action	References
1. Mothers and Neonates				
Prevent pre-term delivery, intrauterine growth retardation and congenital anomalies	<ul style="list-style-type: none"> Improve and implement legislation to support working women during pregnancy Set up food fortification programs of iron, folic, iodine Revise and adjust legislation to allow termination of pregnancy in selected cases Set up IEC1 programs on healthy motherhood and prevention of congenital anomalies 	<ul style="list-style-type: none"> Provide adequate provision and equitable access to ANC² services Set up national guidelines for quality ANC Ensure quality improvement and continuous education of ANC staff Provide the relevant technologies for pre-natal diagnosis and genetic counselling at appropriate level. 	<ul style="list-style-type: none"> Provide advice on nutrition during ANC visits Prevent micro-nutrient deficiencies (Fe, Folic acid, Iodine, etc) through supplements when food fortification is not ensured Provide advice on tobacco and alcohol use during pregnancy Ensure universal screening and management of locally prevalent infectious diseases (HIV,³ Syphilis, CMV,⁴HBV,⁵ etc) Make genetic counselling available and affordable for the most prevalent genetic diseases 	1,4,6, 7, 8, 9,11,15
Ensure safe delivery to all women and the right place of birth in at risk cases		<ul style="list-style-type: none"> Identify and implement an appropriate referral system for at risk pregnancies and deliveries. Ensure transportation for obstetric emergencies to maternities. 	<ul style="list-style-type: none"> Prepare and book for birth at appropriate level of care according to risk Apply principles and methods for essential care of pregnancy and childbirth 	5,6,7,8,10,11
Provide essential newborn care to all babies	<ul style="list-style-type: none"> Ensure immediate and proper birth registration for all new born babies 	<ul style="list-style-type: none"> Ensure that professionals involved in obstetric and neonatal care are properly trained in evidence based practices and humanised holistic birth care 	<ul style="list-style-type: none"> Ensure essential newborn care to all babies, including resuscitation, thermal control, early bonding and initiation of breast feeding Provide mother and baby friendly environment and practices in maternities 	2,3,5,7,8

¹ Information Education and Communication

² Ante Natal Care

³ Human Immunodeficiency Virus

⁴ Cytomegalovirus

⁵ Hepatitis B Virus

Manage pre-term and LBW ⁶ infants		<ul style="list-style-type: none"> • Identify and implement an appropriate referral system for at risk babies • Ensure appropriate transport for sick newborns to referral centres whenever in utero transportation is not possible. 	<ul style="list-style-type: none"> • Apply principles and methods of essential care for pregnancy and childbirth, and particularly evidence-based neonatal care • Ensure medical follow up and care for at risk infants (VLBW,⁷ congenital anomalies) 	3,5,8,10
Ensure appropriate monitoring and evaluation of maternal and new-born health services	<ul style="list-style-type: none"> • Ensure that the statistical system provides complete and prompt coverage of vital statistics, including breakdown of information by relevant subgroups 	<ul style="list-style-type: none"> • Ensure that the HIS⁸ provides regularly information on perinatal care indicators • Identify and monitor essential indicators for perinatal care (PNMR,⁹ NMR,¹⁰ LBW,¹¹ BF¹²) 	<ul style="list-style-type: none"> • Perform periodically an equity audit on maternal services by assessing indicators by socioeconomic status, geographical location, ethnic group, etc. 	9,15

⁶ Low Birth Weight

⁷ Very Low Birth Weight

⁸ Health Information System

⁹ Perinatal Mortality Rate

¹⁰ Neonatal Mortality Rate

¹¹ Low Birth Weight

¹² Breast Feeding

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http://www.who.int/reproductive-health/publications/MSM_96_13/MSM_96_13_table_of_contents_en.html
4. First Action Plan for Food and Nutrition Policy WHO European Region 2000-2005 (WHO- Regional Office for Europe 2001)
<http://www.euro.who.int/Document/E72199.pdf>
5. Integrated Management of Pregnancy and Childbirth (WHO)
http://www.euro.who.int/pregnancy/manuals/20030129_7
6. Making pregnancy Safer (WHO- Regional Office for Europe)
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7. Mother Baby Package: Implementing safe motherhood in countries (WHO, 1996)
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8. Promoting effective Perinatal Care in the European Region (WHO- Regional Office for Europe, 2000)
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<http://www.euro.who.int/document/E73519.pdf>
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<http://www.euro.who.int/document/e67133.pdf>
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15. What is the efficacy/effectiveness of antenatal care (WHO Regional Office for Europe, 2003)
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Priority	Cross Sector Action	Health System Action	Health Services Action	References
2. Nutrition				
Ensure adequate nutrition of pregnant women and mothers	<ul style="list-style-type: none"> Set up food fortification programs of iron, folic, iodine 	<ul style="list-style-type: none"> Provide adequate provision and equitable access to ANC¹ services Ensure that quality improvement and continuous education of ANC staff includes nutritional advice 	<ul style="list-style-type: none"> Ensure proper advice on nutrition during ANC visits Prevent micro-nutrient deficiencies (iron, folic acid, iodine, etc) through supplements when food fortification is not ensured 	10,11,18
Protect, promote and support exclusive breastfeeding	<ul style="list-style-type: none"> Improve and apply legislation to protect breastfeeding in working mothers Stimulate the media to represent breastfeeding as the norm 	<ul style="list-style-type: none"> Train health professionals and peer counsellors to detect and manage early and late problems in breastfeeding mothers Incorporate training on breastfeeding in the curricula of all relevant health professionals. Apply the International Code on Breast milk substitutes and WHA² Resolutions 	<ul style="list-style-type: none"> Implement the Baby-friendly Hospital Initiative Develop and implement appropriate IEC³ on breastfeeding at health facility and community level 	1,8,14,15,16, 20
Prevent malnutrition and micronutrient deficiencies	<ul style="list-style-type: none"> Set up food fortification programs of iron, folic, iodine Ensure healthy meals or adequate food supplements in day care centres, kindergartens and schools for at risk groups 	<ul style="list-style-type: none"> Ensure adequate provision of micronutrients to primary health care services and maternity services. Provide training in nutritional advice and intervention of first line health professionals 	<ul style="list-style-type: none"> Provide nutritional information as part of health advice to parents Provide food and micronutrient supplementation for at risk infants 	5,6,7,8,9,12,14, 17,19

¹ Antenatal Care

² World Health Assembly

³ Information Education and Communication

Prevent overweight and obesity	<ul style="list-style-type: none"> • Enact regulations to avoid distribution of unhealthy snacks and soft drinks in school cafeterias • Incorporate nutritional education in school curricula • Enact legislation to regulate food advertising for children and adolescents in the media • Increase opportunities for physical activities at school. • Ensure suitable and safe provision for play and physical activity in all neighbourhoods. 	<ul style="list-style-type: none"> • Ensure that nutritional advice and interventions are integrated to other health (e.g. immunisations) and non-health day care programs. • Set up national programmes to promote healthy diet and physical activity for children and adolescents. 	<ul style="list-style-type: none"> • Screen for overweight at pre-school and compulsory school age • Provide individualised care and support to overweight and obese children and adolescents. 	2,3,4
Promote oral and dental health	<ul style="list-style-type: none"> • Incorporate oral health education in day care and pre-school. 	<ul style="list-style-type: none"> • Improve training of primary care professional on oral and dental health • Ensure access to second level dental health for children and adolescents 	<ul style="list-style-type: none"> • Promote oral hygiene through primary care professionals • Ensure early detection and management of caries or dental decay and malocclusions 	13
Ensure appropriate monitoring and evaluation of nutritional status.	<ul style="list-style-type: none"> • Ensure that national statistical surveys include monitoring of nutritional status 	<ul style="list-style-type: none"> • Ensure that the HIS⁴ provides information on nutritional status and programs. 	<ul style="list-style-type: none"> • Incorporate the assessments of nutritional status in current child care • Monitor essential nutritional indicators (BF6⁵, weight/age, BMI⁶ at key ages) according to international agreed upon standards 	2, 3,4

⁴ Health Information System

⁵ Breast Feeding at 6 month

⁶ Body Mass Index

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<http://www.euro.who.int/document/E73519.pdf>
19. The Vaccine Preventable Diseases and Immunisation Program (WHO- Regional Office for Europe)
<http://www.euro.who.int/vaccine>
20. Global Action Plan for Infant and Child Feeding (WHO, 2003)
http://www.who.int/nut/documents/ga_infant_feeding_text_eng.pdf

Priority	Cross Sector Action	Health System Action	Health Services Action	References
3. Communicable Diseases				
Provide immunisation for vaccine-preventable diseases	<ul style="list-style-type: none"> Enact Legislation to make the provision of recommended immunisation mandatory and free for all children 	<ul style="list-style-type: none"> Ensure procurement and quality control of vaccines 	<ul style="list-style-type: none"> Provide rubella and tetanus immunisation of child bearing age women Ensure the full universal coverage of recommended child Immunisation 	6,8
Prevent hospital acquired infections		<ul style="list-style-type: none"> Enact legislation/ regulations to ensure hygienic standards in Health facilities Enact legislation/ regulations to ensure safe blood transfusions and haemoderivates 	<ul style="list-style-type: none"> Ensure infection control practices at every level of the health system Reduce unnecessary hospitalisation 	2
Management of the most common infant and child infectious diseases		<ul style="list-style-type: none"> Ensure that drugs and supplies for management of childhood diseases are included in insurance/ health packages Ensure the planning, distribution and provision to all health facilities of the essential drugs and supplies Provide training in Evidence-based child care including IMCI¹ where appropriate, to health professionals involved in the management of children 	<ul style="list-style-type: none"> Implement locally adapted guidelines based on international standards, included IMCI where appropriate, for the management of the most common infectious diseases 	3,4

¹ Integrated Management of Childhood Illness

Control HIV ² / AIDS ³ and STIs ⁴	<ul style="list-style-type: none"> • Enact reproductive rights legislation, which includes access to service and information by adolescents • Include information on HIV/AIDS and STI's in school curricula • Provide adequate information on prevention for HIV/AIDS and STI s for the general public and particularly for at risk groups • Ensure easy and free access to condoms in all places attended by adolescents 	<ul style="list-style-type: none"> • Ensure the provision of PMTCT⁵ and ARV⁶ drugs • Expand HIV/AIDS treatment centres; train Health Professionals, supply lab equipment, reagents, ARV s and other drugs for HIV/AIDS and STIs 	<ul style="list-style-type: none"> • Ensure that primary care services are youth friendly and train health professionals including family doctors in youth friendly approaches • Ensure access to confidential management and follow up for HIV/AIDS and STIs • Use harm reduction strategies (e.g. distribution of condoms) to high risk groups • Promote screening and management of STIs at PHC level 	5,7
Control TB ⁷	<ul style="list-style-type: none"> • Provide adequate information on prevention of TB particularly for at risk groups 	<ul style="list-style-type: none"> • Expand knowledge and competence of health professionals on DOTS⁸ strategy; • Ensure that the essential drugs for TB are available 	<ul style="list-style-type: none"> • 	1

³ Acquired Immunodeficiency Syndrome

⁴ Sexually Transmitted Infections

⁵ Prevention of Mother to Child Transmission

⁶ AntiRetroviral

⁷ Tuberculosis

⁸ Directly Observed Therapy Short-course

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4. Integrated Management of Pregnancy and Childbirth (WHO)
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Priority	Cross Sector Action	Health System Action	Health Services Action	References
4. Physical Environment (from the Children, Environment and Health Action Plan for Europe, Budapest 2004)				
Prevent and reduce the morbidity and mortality arising from poor water supply and inadequate sanitation	<ul style="list-style-type: none"> • Improve children's and adolescent's access to sufficient quantities of safe and good quality water • Ensure the setting of child specific targets within national measures to implement the Protocol on Water and Health • Improve access to safe and sufficient water and basic sanitation infrastructure of all private homes and public buildings where and adolescents spend their time • Ensure disposal of wastewater away from play areas, schools, recreational areas and public beaches 	<ul style="list-style-type: none"> • Ensure adequate services for the control of water & sanitation • Train health professionals in children's and adolescents environmental health, including the prevention and diagnosis of the most common environment-related diseases, and in preventive advice for care takers and communities 	<ul style="list-style-type: none"> • Improve awareness of children, adolescents and caregivers about the importance of water quality for health and appropriate hygienic practices including hand washing 	2,4,5,6,9
Prevent and reduce respiratory diseases due to indoor and outdoor air pollution	<ul style="list-style-type: none"> • Prevent and reduce pregnant woman's, children's and adolescents' exposure to IAP¹ • Prevent and reduce exposure to OAP² • Phasing out of lead in petrol and protection from exposure to other neurotoxicants (Methylmercury, Polychlorobiphenyls) 	<ul style="list-style-type: none"> • Train health professionals in children's and adolescents environmental health, including the prevention and diagnosis of the most common environment related diseases, and in preventive advice for care takers and communities 	<ul style="list-style-type: none"> • Educate caregivers, health care providers and school personnel on ways to prevent or reduce children's and adolescents exposure to IAP 	4,5,6, ,9,10,11

¹ Indoor Air Pollution

² Outdoor Air Pollution

<p>Reduce the risk of diseases and disabilities arising from exposure to hazardous chemicals, physical agents and biological agents</p>	<ul style="list-style-type: none"> • Protect adults in the reproductive period from exposure to hazardous chemicals and physical agents • Protect children and adolescents from exposure to hazardous chemicals at home, school and playgrounds • Prevent and reduce exposure to hazardous and disruptive noise, and noise injuries • Avoid exposure of children and adolescents to hazardous working conditions • Reduce exposure to ionising radiation, to radon, ultraviolet radiation and electromagnetic fields • Ensure safe collection, storage and transportation, recovery, disposal and destruction of non-hazardous and hazardous waste, with particular attention to toxic waste. 	<ul style="list-style-type: none"> • Train health professionals in children's and adolescents environmental health, including the prevention and diagnosis of the most common environment related diseases, and in preventive advice for care takers and communities 	<ul style="list-style-type: none"> • Incorporate advice on environmental health to parents in well-child visits • Carry out biomonitoring of lead, Polychlorobiphenyls and organochlorine pesticides in at risk infants and mothers 	<p>3,4,5,6</p>
<p>Prevent food-borne infections and disease</p>	<ul style="list-style-type: none"> • Develop programs and databases to monitor microbiological and chemical contamination of foods, for risk assessment purposes • Enact and enforce legislation to ensure that Hazard Critical Control Point (HACCP) system is applied to foods produced for infants and young children • Incorporate principles of food safety into school curricula 	<ul style="list-style-type: none"> • Ensure adequate services for the control of agricultural practice, food production and handling 	<ul style="list-style-type: none"> • Educate food handlers and family members, particularly children and adolescents, about the principles of food safety 	<p>5,6,7</p>
<p>Prevent child exploitation and hazardous child labour</p>	<ul style="list-style-type: none"> • Enact and enforce legislation to protect children and adolescents from HCL³ (ILO⁴ Convention n182) • Promote awareness among employers about HCL • Promote awareness among children and adolescents about HCL 	<ul style="list-style-type: none"> • Ensure regular controls in working places regarding the enforcement of legislation • Train health professionals to consider hazardous working conditions when visiting children and adolescents 		<p>1,5,6,8</p>

³ Hazardous Child Labour

⁴ International Labour Organisation

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Priority	Cross Sector Action	Health System Action	Health Services Action	References
5. Adolescent Health				
Promote health and wellbeing of adolescents	<ul style="list-style-type: none"> • Develop policies to promote health and wellbeing of adolescents and young people at government as well as community level • Allocate resources to youth centres and empower youth organizations • Promote youth forums to stimulate the involvement of youth organizations and NGO's¹ in decisions about youth policies. • Provide opportunities for life skills training • Include relevant, gender specific and culturally sensitive health information and education in health promoting school programs. • Disseminate relevant, gender specific and culturally sensitive health messages in the media • Promote exchange programs for students 	<ul style="list-style-type: none"> • Adopt standards for quality services for adolescents including the definition of health benefit packages at various points of delivery • Ensure access to confidential youth friendly services free at the point of use • Ensure health financing to enable universal and equitable access of quality services for adolescents if possible free of the point of use • Ensure appropriate training for all health professionals in contact with adolescents including family doctors 	<ul style="list-style-type: none"> • Ensure youth friendly health services through: • Widening the knowledge of all health professionals about adolescent development and changing needs, including their need for confidentiality • Promotion of peer to peer services in school and communities • Set up community outreach programmes for adolescents who are not attending school 	2,7,10,24,28,31
Prevent unwanted pregnancies among adolescents and ensure appropriate support to adolescent mothers	<ul style="list-style-type: none"> • Ensure completion of compulsory education for both girls and boys • Provide opportunities for vocational training for those who drop-out from school • Develop and implement IEC² on safe contraception among adolescents • Promote collaboration among sectors and with non-profit organizations to ensure free contraceptive services 	<ul style="list-style-type: none"> • Implement policies to ensure access to contraceptive advice and contraceptive services for adolescents and young people 	<ul style="list-style-type: none"> • Provide contraceptive advice and ensure access to contraceptive services for adolescents and young people • Provide counselling, medical and psychological support for girls with unplanned pregnancy • Consider specific social and psychological support to adolescent mothers in particular when family and community environments is inadequate 	2,10,11,15,16,19,26,32

¹ Non Governmental Organizations

² Information Education Communication

Prevent and manage HIV ^{3/} AIDS ⁴ and STIs ⁵ among adolescents	<ul style="list-style-type: none"> • Enact reproductive rights legislation, which includes access to service and information by adolescents • Include information on HIV/AIDS and STIs in school curricula • Provide adequate information on prevention for HIV/AIDS and STIs for the general public and particularly for at risk groups • Ensure easy and free access to condoms in all places attended by adolescents 	<ul style="list-style-type: none"> • Ensure that primary care services are youth friendly and train health professionals including family doctors in youth friendly approaches • Ensure the provision of PMTCT⁶ and ARV⁷ drugs • Expand HIV/AIDS treatment centres; train Health Professionals, supply lab equipment, reagents, ARVs and other drugs for HIV/AIDS and STIs 	<ul style="list-style-type: none"> • Provide counselling and confidential ways of HIV/STI testing • Promote screening and management of STIs • Ensure access to confidential management and follow up for HIV/AIDS and STIs in adolescents • Use harm reduction strategies (e.g. Distribution of condoms) to high risk groups 	2,10,11,20,21,22,23,25,32,37
Ensure appropriate management and support to adolescents with chronic diseases and disabilities (CD&D)	<ul style="list-style-type: none"> • Enact legislation to allocate psychosocial and financial support to families of children and adolescents with CD&D • Promote integration of adolescents with CD&D in community activities 	<ul style="list-style-type: none"> • Consider specific legislation to facilitate access to essential services and drugs for adolescents affect by CD&D⁸ • Train Health Professionals and particularly chronic disease and disability specialists in dealing with the special needs of adolescents 	<ul style="list-style-type: none"> • Promote integrated work among specialists and primary care health professionals for the management of adolescents with CD&D • Promote physical activity including sports for adolescents with chronic diseases and disabilities 	5,6,11,17,29,30,35
Prevent substance misuse and abuse	<ul style="list-style-type: none"> • Enact legislation on smoking in public places • Use taxation and legislation to reduce tobacco and alcohol use • Prohibit advertisements and promotion of alcohol and tobacco in the media • Promote legislation and enact control strategies to eradicate illegal drug trafficking • Include in school curricula information on substance misuse and abuse 	<ul style="list-style-type: none"> • Set up specific integrated health services to manage adolescents with substance abuse problems, including harm reduction strategies 	<ul style="list-style-type: none"> • Ensure that adequate information on the effects of substance misuse (i.e. pain relief and anti-inflammatory drugs) and abuse (tobacco, alcohol, illicit drugs) is provided by primary care professionals 	3,5,10,13,27,28,33

³ Human Immunodeficiency Virus

⁴ Acquired Immunodeficiency Syndrome

⁵ Sexually Transmitted Infections

⁶ Prevention of Mother to Child Transmission

⁷ AntiRetroviral

⁸ Chronic Disease and Disability

Prevent overweight and obesity	<ul style="list-style-type: none"> • Enact regulations to avoid distribution of unhealthy snacks and soft drinks in school cafeterias • Incorporate nutritional education in school curricula • Enact legislation to regulate food advertising for children and adolescents in the media • Increase opportunities for physical activities at school. • Ensure suitable and safe provision for play and physical activity in all neighbourhoods. 	<ul style="list-style-type: none"> • Ensure that nutritional advice and interventions are integrated to other health (e.g. immunisations) and non-health day care programs. • Set up national programmes to promote healthy diet and physical activity for adolescents. 	<ul style="list-style-type: none"> • Screen for overweight at pre-school and compulsory school age • Provide individualised care and support to overweight and obese adolescents. 	2,4,7,8,9,10
Prevent bullying and violent behaviour among adolescents	<ul style="list-style-type: none"> • Promote programs to reduce bullying and violence in schools and communities 		<ul style="list-style-type: none"> • Offer psychological support to adolescents that have been heavily exposed to violent environments. 	5,24,34,36
Prevent and manage eating disorders	<ul style="list-style-type: none"> • Promote the diffusion through the media and advertising of realistic female and male body images 	<ul style="list-style-type: none"> • Ensure proper training of professionals from different disciplines and sectors in the early detection and integrated management of eating disorders 	<ul style="list-style-type: none"> • Ensure management of eating disorders through individualised and integrated care 	1,12,18

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Priority	Cross Sector Action	Health System Action	Health Services Action	References
6. Injuries and Violence				
Prevent home related unintentional injuries	<ul style="list-style-type: none"> Promote child resistant packaging legislation Promote safety product design/technologies legislation Promote supply of safety equipment to poor households 	<ul style="list-style-type: none"> Institute Poison Centres and improve knowledge on existing Poison Centres 	<ul style="list-style-type: none"> Promote parent education on hazard reduction (individual counselling and public health campaigns) 	1,2,3
Prevent road traffic injuries	<ul style="list-style-type: none"> Promote or improve child restrains and helmet (cycle and motor cycle) legislation Promote and enforce legislation to reduce speed limits Promote or improve drink drive control legislation Promote road safety measures Promote safe walking/ cycling to school Promote parent education on the use of safety seats, safety belts, helmet (cycle and motor cycle) and on pedestrian injuries 		<ul style="list-style-type: none"> Ensure the active involvement of child health professionals in parent education on the use of safety seats, safety belts, helmet (cycle and motor cycle) and on pedestrian injuries 	13
Prevent drowning	<ul style="list-style-type: none"> Develop a standard water safety signage Promote swimming tuition and the development of rescue and resuscitation skills among general public and user groups 		<ul style="list-style-type: none"> Promote parent and child education on recreational water-related hazards and safe behaviours 	8
Prevent bullying and violent behaviour among children and adolescents	<ul style="list-style-type: none"> Promote programs to reduce bullying and violence in schools and communities 		<ul style="list-style-type: none"> Offer psychological support to children and adolescents that have been heavily exposed to violent environments. 	5,15

Reduce the incidence and the consequences of intra-familial violence	<ul style="list-style-type: none"> • Promote awareness campaigns on intra-familial violence in schools and community centres • Encourage community based programs that provide opportunities for positive youth socialisation 		<ul style="list-style-type: none"> • Ensure the incorporation by health professionals of intra-familial violence assessment methods • Ensure integrated holistic approach in the management of children and adolescents suffering from the consequences of intra-familial violence 	6,12,14,17
Prevent child abuse and neglect	<ul style="list-style-type: none"> • Promote specific child protection and psychosocial support programs for children and adolescents in situations of high vulnerability (conflict, marginal communities, etc) • Set up anti intra-familial violence campaigns • Enact comprehensive legislation on child abuse and neglect (child protection),paedophilia and child trafficking 	<ul style="list-style-type: none"> • Ensure home visiting for all mothers and newborns and integrated follow up for those with special needs/at risk • Ensure that all professionals including family doctors and hospital emergency departments are trained in the detection and management of intra-familial violence child abuse and neglect. 	<ul style="list-style-type: none"> • Set up community based pre and post natal support in at risk families and communities • Promote bonding (BFHI¹ and other baby friendly practices) at birth and during the stay in maternity 	6,12,17
Prevent child trafficking and sexual exploitation	<ul style="list-style-type: none"> • Enact and enforce legislation and promote intelligence and police measures to control illegal trafficking and child exploitation 		<ul style="list-style-type: none"> • Encourage detection and prompt reporting of cases of child exploitation by health professionals 	4,9
Reduce the effect of conflict and post-conflict contexts on the physical and mental health of children and adolescents	<ul style="list-style-type: none"> • Adopt and apply the principles of international conventions on Children and adolescents in war contexts 	<ul style="list-style-type: none"> • Ensure that special needs of children are appropriately reflected in emergency situations by developing specific guidelines and training programs 	<ul style="list-style-type: none"> • Provide early detection and support for post- traumatic disorders 	4,10

¹ Baby Friendly Hospital Initiative

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Priority	Cross Sector Action	Health System Action	Health Services Action	References
7. Psychosocial development and mental health				
Promote psychosocial development and mental well being of children	<ul style="list-style-type: none"> Promote early child cognitive and psychosocial stimulation program with specific attention paid to disadvantaged and minority groups 	<ul style="list-style-type: none"> Provide training to first line child health professionals in cognitive and psychosocial stimulation (i.e. early reading to infants and young children) 	<ul style="list-style-type: none"> Include advice to parents on psycho cognitive and psychosocial stimulation in primary child care 	1, 4,6,16
Ensure early detection diagnosis and management of mild mental retardation and developmental disabilities	<ul style="list-style-type: none"> Provide support programs for families of children and adolescents affected by mild mental retardation and developmental disabilities 	<ul style="list-style-type: none"> Training of HPs¹ and day care professionals in early detection and diagnosis of mild mental retardation and developmental disabilities Establish guidelines for the management of mild mental retardation and development disabilities including criteria for diagnosis and referral 	<ul style="list-style-type: none"> Ensure appropriate rehabilitation and support programs for mild mental retardation and developmental disabilities 	1,3,16
Provide care for children and adolescents with mental health problems	<ul style="list-style-type: none"> Enact legislation to prohibit re institutionalisation of mental health services. Ensure life skills education, including acceptance and inclusion of differently challenged children and adolescents , at school and at community level Implement policies to include children and adolescents with behaviour and learning problems into normal schools 	<ul style="list-style-type: none"> Provide specific youth friendly counselling and support services Ensure de-institutionalisation of mental health care and provide appropriate alternative community care services. Ensure the existence of trained professionals for the management for adolescent with psychiatric emergencies, including acute depression and suicidal attempts 	<ul style="list-style-type: none"> Set up community care programs for children and adolescents with MH² problems 	2,3,8,9,11,16, 18
Prevent and manage eating disorders	<ul style="list-style-type: none"> Promote the diffusion through the media and advertising of realistic female and male body images 	<ul style="list-style-type: none"> Ensure proper training of professionals from different disciplines and sectors in the early detection and integrated management of eating disorders 	<ul style="list-style-type: none"> Ensure management of eating disorders through individualised and integrated care 	3,11

¹ Health Care Professionals

² Mental Health

Prevent substance misuse and abuse	<ul style="list-style-type: none"> • Enact legislation on smoking in public places • Use taxation and legislation to reduce tobacco and alcohol use • Prohibit advertisements and promotion of alcohol and tobacco in the media • Promote legislation and enact control strategies to eradicate illegal drug trafficking • Include in school curricula information on substance misuse and abuse 	<ul style="list-style-type: none"> • Set up specific integrated health services to manage adolescents with substance abuse problems, including harm reduction strategies 	<ul style="list-style-type: none"> • Ensure adequate information on the effects of substance misuse (i.e. pain relief and anti-inflammatory drugs) and abuse (tobacco, alcohol, illicit drugs) 	5,10,14,15,17
Prevent child abandonment and reduce its consequences	<ul style="list-style-type: none"> • Enact legislation to support parents in extreme poverty or with special health needs • Set up alternative programs to institutionalisation of orphans and abandoned children (i.e. foster care, adoption) 	<ul style="list-style-type: none"> • Ensure home visiting programmes for all mothers and new-borns, with adequate follow up and support to at risk cases • Ensure appropriate links between health and social services to support at risk parents 	<ul style="list-style-type: none"> • Include information on social support services and opportunities in ANC³ and maternity services 	1,12,13,19
Prevent child abuse and neglect	<ul style="list-style-type: none"> • Promote specific child protection and psychosocial support programs for children and adolescents in situations of high vulnerability (conflict, marginal communities, etc) • Set up anti intra familial violence campaigns) • Enact comprehensive legislation on child abuse and neglect (child protection) ,paedophilia and child trafficking 	<ul style="list-style-type: none"> • Ensure home visiting programmes for all mothers and new-borns, with adequate follow-up and support to at risk cases • Ensure that all professionals including family doctors and hospital emergency departments are trained in the detection and treatment of child abuse, family violence and neglect. 	<ul style="list-style-type: none"> • Promote community based prenatal and postnatal support groups in at risk families and communities • Promote early bonding practices at birth and during the stay in maternity 	1,12,13,19

³ Antenatal Care

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Priority	Cross Sector Action	Health System Action	Health Services Action	References
Management and care of children with chronic diseases and disabilities (CD&D)				
Provide effective management of chronic disease and disabilities	<ul style="list-style-type: none"> Enact legislation to allocate psychosocial and financial support to families of children and adolescents with CD&D¹ Promote integration of adolescents with CD&D in community activities 	<ul style="list-style-type: none"> Ensure a network of tertiary care centres with appropriate knowledge, skills and equipment to take care of children and adolescents with CD&D Give priority and provide adequate resources to day care and home care services whenever possible Ensure appropriate integration of social educational and health services through ad hoc mechanisms 	<ul style="list-style-type: none"> Adapt and Implement international guidelines on management of chronic diseases Provide psychosocial support to families and to adolescents affected by CD&D Ensure basic knowledge and skills at secondary and primary level to provide adequate support to families and adolescents with CD&D Ensure community, parental and youth participation in the management of children and adolescents with chronic diseases. 	5,6,7,9
Provide rehabilitation and support services for children and adolescents with physical disabilities	<ul style="list-style-type: none"> Pass and enact legislation to promote and facilitate access to a range of educational services and placement opportunities for disabled children and adolescents Ensure appropriate links and integration between health and educational services to assure adequate support during school activities to children and adolescents with chronic diseases and disabilities Enact legislation to eliminate barriers to mobility and access to services (including transport) Provide specific vocational training for disabled adolescents to promote their inclusion in productive activities 	<ul style="list-style-type: none"> Provide rehabilitation facilities with full access for parents 	<ul style="list-style-type: none"> Train health professionals in rehabilitation and ensure parent involvement in rehabilitation programs Ensure community, parental and youth participation in the management of children and adolescents with physical disabilities. 	3,4,6,8,10,11,13

¹ Chronic Disease and Disability

<p>Ensure early detection diagnosis and management of mild mental retardation and developmental disabilities (DDs)</p>	<ul style="list-style-type: none"> • Provide support programs for families of children and adolescents affected by mild mental retardation and developmental disabilities • Provide specific vocational training for disabled adolescents to promote their inclusion in productive activities 	<ul style="list-style-type: none"> • Ensure training of health professional and day care professionals early detection and diagnosis of mild mental retardation and DDs² • Establish guidelines for the management of mild mental retardation and development disabilities including criteria for diagnosis and referral 	<ul style="list-style-type: none"> • Ensure appropriate rehabilitation and support programs for mild mental retardation and developmental disabilities 	<p>1,2,12</p>
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² Developmental Disabilities

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