



## Health at key stages of life – the life-course approach to public health



**WHO STRATEGIC OBJECTIVE 4:** “To reduce morbidity and mortality and improve health during key stages of life including pregnancy, childhood and adolescence and improve sexual and reproductive health and promote active and healthy ageing for all individuals”



## WHO/Europe addresses four life-course health issues:

- » MATERNAL AND NEWBORN HEALTH
- » CHILD AND ADOLESCENT HEALTH
- » SEXUAL AND REPRODUCTIVE HEALTH
- » HEALTHY AGEING

GENDER ISSUES ARE MAINSTREAMED THROUGH ALL THE ABOVE.

*“Successful improvement of health at key life stages requires a continuum of interventions across the life-course, combined with efforts to strengthen health delivery systems and address the broader social and economic determinants of health.”*

Zsuzsanna Jakab, WHO Regional Director for Europe

## Introduction

Key stages in people’s lives have particular relevance for their health. The life-course approach is about recognizing the importance of these stages, and WHO/Europe addresses them in four programmes: Maternal and newborn health, Child and adolescent health, Sexual and reproductive health, and Healthy ageing. The Gender programme works across all others, applying a cross-cutting analysis to the impact of gender differences and inequalities on the health of both women and men.

WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, it focuses not only on reducing mortality and morbidity, but on the impact of health determinants, the economic, environmental and social conditions, on health and well-being at various stages in life.

The place where all policies meet is the child or the adult. This is why WHO/Europe helps countries to deliver integrated, effective care in a continuum, rather than through separate and sometimes fragmented policies. WHO/Europe works with governments and ministries of health in the 53 Member States in the Region to reform their health systems to improve and sustain the health of different population groups, with special attention given to countries with the highest burden of mortality and disease.

WHO/Europe also supports countries in reaching the Millennium Development Goals (MDGs) particularly MDGs 3, 4 and 5, which aim to reduce gender inequities and child mortality and improve maternal health by 2015. Our focus is on measurable results and designing and implementing evidence-based policies.

## *Executive summary*

**The Maternal and newborn health programme** works to make pregnancy safer, improving the health of and care for mothers and babies through a holistic multidisciplinary approach. Many of the main causes of deaths can be avoided through basic, effective and low-cost interventions: an estimated two-thirds of newborn deaths could be prevented with appropriate care during pregnancy and childbirth.

**The Child and adolescent health programme** is acutely aware that although child health is high on the political agendas of most countries in the Region, such prioritization is not reflected in budget allocations. Investing in the health of adolescents can help prevent the estimated 120 000 deaths that occur in the European Region every year due to road traffic injuries, violence, suicide, HIV and pregnancy-related causes.

**The Sexual and reproductive health programme** advocates for people to have the information and the right to decide whether and when they have children. It advocates for safe, effective, affordable and acceptable services in pregnancy and childbirth, to provide the best chance of having healthy infants. This is challenged by an increasing incidence of sexually transmitted infections, especially among young people, and high rates of unsafe abortion.

**The Healthy ageing programme** promotes the health of the fastest-growing age group, the world's elderly. New integrated models of care for the chronically ill, and better coordination between health and social care can combine with interventions that support active ageing, to enable the elderly to maintain their independence where possible and to support them where necessary.

**Gender** is a cross-cutting issue. Women and men differ in biology, roles and the responsibilities that society assigns to them: this affects the risks they take, their vulnerability, their efforts to improve their health, and the ways in which health systems respond to their needs. WHO's Gender Strategy, endorsed in 2007, promotes the use of sex disaggregated data and gender analysis as well as gender-responsive actions to address the inequities.



# Maternal and newborn health



While in most cases having a baby is a positive experience, pregnancy and childbirth can cause suffering, ill health or even death. Every year, women and newborn babies die from complications related to childbirth.

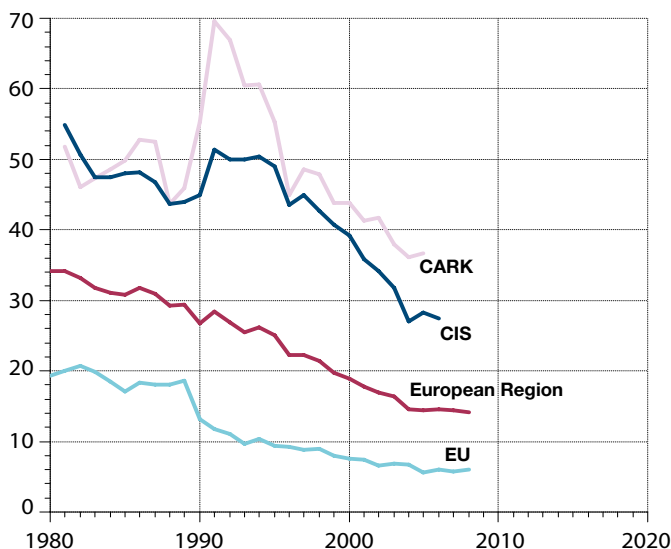
The interventions and approaches that help save the lives of mothers and babies are well documented. They can work even where resources are poor. Using this evidence, WHO/Europe provides guidance, training and technical support to governments and their partner agencies to ensure that health systems provide women and their newborn babies with the skilled care they need.

The European strategic approach for making pregnancy safer, developed by WHO/Europe in a consultative process, provides guidance to countries in developing or updating their policies and strategies, laws, regulations and guidelines. It promotes a holistic multidisciplinary approach and highlights the importance of coordinated efforts at all levels – involving families, communities, health workers and policy-makers, as well as other sectors.

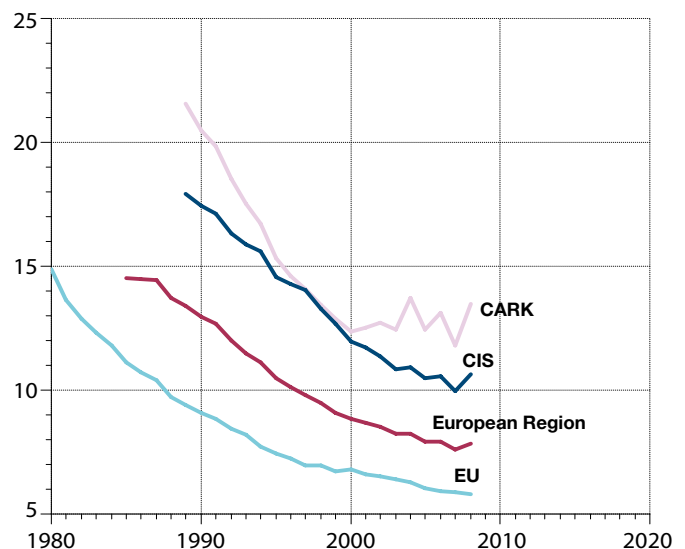
The programme is active in the countries with the most needs, particularly the newly independent states and the Balkan countries. There is a special focus on capacity building, using the strategies, tools and training material that WHO has developed, much of which is now freely available online. Dissemination and capacity building is central. Experience gained over the years shows which interventions work, and provides useful examples of success stories.

The aims of the Making Pregnancy Safer initiative are simple: to improve the health of mothers and babies and their care. It works through rationalization of perinatal care; training in cost-effective family-centered practices supported by scientific evidence; and providing tools for assessment of hospital care in order to make it available, accessible, appropriate and safe.

**Maternal deaths per 100000 live births**



**Perinatal deaths per 1000 births**



Source: Health for All database

## Challenges

The main causes of maternal death are obstetric haemorrhage, hypertension and infection, much of which can be prevented by evidence-based, basic, and cost-effective interventions. It is also clear that the level of education and the socioeconomic status of women impact on maternal mortality. This highlights the importance of addressing gender and other social determinants of health in policies and interventions.

Maternal mortality is decreasing in the WHO European Region overall, so progress is being made but is uneven among and within countries. There are huge differences both in access to quality care and in maternal mortality between countries in the Region – the latter ranging from 5 to 81 deaths per 100 000 live births, the highest being 16 times greater than the lowest. The differences between population groups within countries are also striking.

It is estimated that two-thirds of newborn deaths could be prevented with appropriate care during pregnancy and childbirth. Perinatal mortality has been decreasing in recent years but there are still significant differences among and within countries. Prematurity and low-birth-weight, infections, asphyxia, birth trauma and congenital abnormalities account for nearly 80% of deaths in this age group.

There is also continuing concern about violence during pregnancy, which is associated with higher levels of placental abruption, spontaneous abortion and stillbirth, foetal bruising and haematomas, preterm delivery and low birth weight.

## What the WHO Regional Office for Europe is doing

WHO supports countries in developing and updating gender-responsive national policies, laws, regulations and guidelines for better quality of maternal and perinatal care, as well as through capacity building activities. Experience has shown which interventions work and provides examples of successful implementation.

*In October 2009, health services were regionalized in southern Kazakhstan. The consequent improvement in health outcomes persuaded the Ministry of Health to extend the process to several other provinces by 2011.*





*“When there was a case with complications in the past, I used to let the doctor take over. Now I feel confident enough to follow our guidelines and provide the necessary first-aid interventions myself. Nowadays I recognize that I’m a member of a team and as responsible as anyone else for providing care.”*

Midwife Nargiza Akhmedjanova, The Republican Perinatal Centre, Tashkent, Uzbekistan

## **>>** *What additional progress can be achieved with more resources?*

As well as involving policy-makers, the Maternal and newborn health programme works on the ground with key professionals, and has already made a crucial difference. Building on this work would allow the programme to increase its reach in disseminating and implementing evidence-based interventions. These tools facilitate concrete and direct progress.

- > The Effective Perinatal Care training package encourages evidence-based, cost-effective, family centred practices, and putting an end to harmful and unnecessary procedures. Doctors, midwives and nurses are trained together, and the valuable role of the midwife is particularly emphasized.
- > Training for professionals in evidence-based medicine aims at building capacity to develop and update clinical guidelines.
- > The Beyond the Numbers methodology, for confidential reporting and analysis, supports professional case reviews that can improve the quality and organization of care.
- > The WHO tool for assessment of the quality of hospital care for mothers and newborns provides the hard evidence on which to put improvements in place.
- > The revolutionary “regionalization of care” method rationalizes existing health care services to ensure that each pregnant woman and newborn is cared for in an appropriate facility.

**FOCUS COUNTRIES:** Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Turkmenistan, Turkey, Tajikistan, Ukraine, Uzbekistan.



## *Child and adolescent health*

Most children and adolescents in the WHO European Region enjoy a high standard of health and well-being. However, although the Region includes countries with the lowest infant and child mortality rates in the world, it also includes countries where the rates are 10 times higher.

In 2005, Member States of the WHO European Region adopted the European strategy for child and adolescent health and development. The strategy is accompanied by a toolkit designed to support countries in developing national strategies. The toolkit focuses on assessment of existing policies and actions, available information, proposed evidence-based actions and gender analysis. Two new tools on adolescent health and monitoring of implementation of national policies are being developed. By 2011, 16 countries had developed, or were in the process of developing their own strategies or action plans.

The Child and adolescent health programme addresses the health of children from birth, and the health of adolescents from 10 to 19 years, with a specific focus on school and youth-friendly health services. It takes a gender approach to child and adolescent health which recognizes the differences between boys and girls and men and women from early childhood onwards.

Much of the morbidity and mortality among children and young people is preventable. Low-cost measures that have been shown to work – whether they target road traffic accidents or poverty – could prevent two-thirds of deaths. Children are particularly vulnerable to environmental pollution, and poor environments aggravate socioeconomic disparities in cities. Children and adolescents need clean air, safe housing, nutritious food, clean water and a healthy way of life; they also need friendly services that they can reach and that can reach them.

### Challenges

Although child health is high on the political agenda of most countries in the Region, this is not reflected in budget allocations, which continue to be inadequate in many countries. Children fall through the cracks.

Every year in the WHO European Region, 200 000 children die before their fifth birthday, over half of them in the first month of life. Mortality in children under 5 years of age in the country with the highest rate is 40 times that in the country with the lowest.

The leading causes of death of children under 5 in the WHO European Region are neonatal conditions, undernutrition, pneumonia and diarrhoea. The quality of paediatric hospital care is often suboptimal due to misdiagnosis or mismanagement of conditions such as infant and child neurological disorders and diarrhoea.

Children living in homes where there is violence are more vulnerable to physical and emotional abuse and are at elevated risk of developing health problems across their entire life course.

Adolescent health in particular needs more attention from policy-makers. Every day, more than 300 young people die from largely preventable causes. Almost one in ten 18-year-olds in the European Region suffers from depression. Even in affluent societies, improvements require a shift towards a multidisciplinary approach and joined-up policies, often involving significant systemic changes.

The increase of noncommunicable diseases such as asthma and allergies is causing concern, as is new morbidity from substance abuse, injuries and mental disorders. There are also warning signs of the return of diseases previously under control, such as diphtheria and tuberculosis. Adverse effects on health of children and adolescents are also resulting from increasing socioeconomic inequalities across the Region, the consequences of armed conflict, child labour and sexual exploitation.

## WHO/Europe response

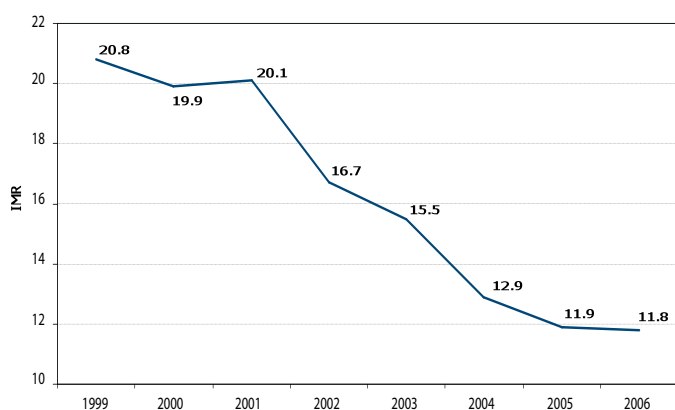
### Child health

WHO/Europe approaches the care of children through the Integrated Management of Childhood Illness (IMCI) strategy, which aims to reduce mortality and morbidity from the most common childhood diseases and promote the healthy growth and development of young children.

The main interventions include:

- o strengthening the skills of health care professionals through clinical training;
- o introducing the IMCI strategy into the medical curriculum to strengthen essential primary health care services and legislative reforms;
- o strengthening the quality of hospital care for children;
- o improving community and family practices including care for early childhood development; and
- o monitoring and evaluating the quality of care.

### Impact of IMCI interventions on infant mortality rate Kazakhstan, Karaganda oblast



Source: Ministry of Health, Kazakhstan



### Adolescent health

A systematic approach, known as the “Five S” approach, has been developed by WHO to support countries as they address adolescent health through developing youth-friendly policies and services. It recognizes the need for:

- o supportive policies based on human rights principles
- o strategic information
- o service delivery modes that are youth friendly
- o sustainable resources for adolescent health programmes
- o cross-sectoral work.

Investing in the health and development of adolescents helps to prevent the estimated 120 000 deaths that occur in the Region every year due to road traffic injuries, violence, suicide, HIV and pregnancy-related causes. Not investing contributes to the vicious cycle of ill health and socioeconomic deprivation.

Boys and girls are affected not only by the socioeconomic circumstances of their community, and their ethnicity, but also gender norms and values. They have differential exposure and vulnerability to health risks such as depressive disorders, accidents, substance abuse, eating disorders, sexually transmitted infections, violence, and self-inflicted injuries including suicide.

WHO works with Member States on comprehensive, multisectoral and evidence-informed adolescent health approaches and supports the critical contribution of the health sector, including health ministries, to influence other sectors.





## »» *What additional progress can be achieved with more resources?*

The evidence tells us what works. Additional resources would result in substantial progress in the following areas.

- > Development of national laws, policies and norms would ensure the availability of services and support their use.
- > Two-thirds of deaths of children under five could be prevented by effective integrated child care interventions and their inclusion in pre-service education for health professionals.
- > Further implementation of the IMCI updated algorithm for infants of 0-2 months, along with measures to improve exclusive breastfeeding, would improve the survival and health of newborn babies.
- > Further implementation of WHO's early childhood development programmes would improve the survival, growth and development of young children.
- > School health and youth-friendly services have enormous potential to improve the health and development of children and adolescents.
- > Cross-sector approaches such as the Schools for Health in Europe network are essential for the introduction of policies and actions which will promote the health and well-being of children and adolescents.
- > High-quality data such as that provided by the Health Behaviour in School-aged Children survey on lifestyles, social determinants for health and inequalities, are crucial to informing appropriate policy and action development.

**FOCUS COUNTRIES:** Albania, Armenia, Azerbaijan, Georgia, Hungary, Ireland, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Slovakia, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan.

## *Sexual and reproductive health*

People are sexual beings all their lives. Sexual health care aims to enhance life and personal relationships, and not merely to provide counselling and care on procreation and sexually transmitted infections. Yet often, because sexual and reproductive health is a private area, and can be protected by cultural sensitivities, it is not addressed.

In some countries in the European Region, sexual and reproductive health care services are inadequate, fragmented and unfriendly. Complications of pregnancy and childbirth, unsafe abortions, reproductive tract infections, sexual violence and women dying from avoidable cancer are just a few of the problems that result.

WHO/Europe assists countries to evaluate their situations and to choose the optimal way to improve them, through technical assistance, capacity building and tailored support. The aim is for men and women to have access to the safe, effective, affordable and acceptable methods of fertility regulation of their choice, and also to appropriate health care services that will enable women to go safely through pregnancy and childbirth, providing couples with the best chance of having healthy infants.

### Challenges

More than 30 000 women every year die in the European Region from cervical cancer. These deaths are entirely preventable.

Unsafe abortion kills. In some countries of the Region, it causes up to 30% of maternal deaths, even where abortion is legal and officially free of charge.

Less than 10% of sexually active women of reproductive age in some countries of central and eastern Europe use modern effective contraception.



High rates of adolescent pregnancy remain a problem throughout the Region. There is an increasing incidence of sexually transmitted diseases in many countries of western Europe, especially among young people.

Health services that address men's sexual and reproductive health needs are scarce.

Violence against women is ubiquitous. European surveys from countries as diverse as Albania, France, Finland, Germany, Sweden, Tajikistan and the United Kingdom show that between 10 and 60% of women have been assaulted by an intimate partner at some point in their lives.

In some countries, the low status of women allows practices such as bride kidnapping, selective abortion and honour killings. Female genital mutilation has been documented among some migrant communities.

## What the WHO Regional Office for Europe is doing

Countries continue to use the WHO European Regional strategy on sexual and reproductive health as guidance in developing and reforming the reproductive health services in their health systems.

WHO/Europe works with countries to improve sexual and reproductive health through:

- o offering technical assistance to develop ways for health systems to address reproductive health;
- o building capacity to improve the quality of reproductive health services;
- o conducting operational research at national and regional levels;
- o strengthening the use of evidence-based, high-quality interventions in primary and specialized health care;
- o promoting sexual and reproductive health and rights in other sectors such as education and social welfare;
- o advocating gender equity in health policies and care in Europe;
- o assisting health services to identify and assist victims of intimate partner violence; and
- o providing technical assistance through WHO country offices and collaborating centres.



## **>>** *What additional progress can be achieved with more resources?*

Together with its partners, WHO/Europe now aims to make further progress in the following areas:

- > curriculum-based sexuality education;
- > provision of accessible, effective contraception and good counselling to prevent unintended pregnancies;
- > integration of family planning and other sexual and reproductive health services into primary health care;
- > availability of safe abortion services in countries where abortion is not against the law;
- > organized screening to reduce cervical cancer incidence and mortality by as much as 80%; and
- > good quality youth-friendly services to assist young people in the prevention and management of the consequences of unsafe sex.

**FOCUS COUNTRIES:** Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Montenegro, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Spain, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

## Healthy Ageing

The elderly form the fastest growing age group, and in many European countries the numbers of very old – those who are 80 or older – are rapidly increasing: by 2040, it is estimated that one-third of the elderly people in the Europe Union will be aged 80 and above. This reflects the success story of health gains over recent decades.

Older people can be a precious resource for their families, communities and national economies. However, for too many, old age brings with it a high risk of social isolation and poverty, with limited access to affordable, good quality health and social services.

### Challenges

Health expenditure increases with age, so keeping the elderly fit and well is a priority, both for them and for society. Effective community-based primary health care is vitally important for promoting health into higher ages and more needs to be done in disease prevention and management of chronic diseases.

Women form the great majority of both the carers and the cared-for in nursing homes and home care, and they particularly outnumber men in the ageing population over



80 in Europe. Recognizing and addressing the different needs of men and women is crucial to ensuring effective and equitable programmes and policies.

There is hardly an area of health and social policy where European countries differ more than in their approach to formal and informal care for older people with physical limitations, and in the scope of publicly funded long-term care, both in the community and in institutions. Yet there are in many cases important potential efficiency gains at the boundary between health and social services that are currently untapped.

WHO has adopted the Active Ageing Policy Framework for policy-makers, based on a multisectoral approach which recognizes that for the elderly to maintain independence, access to work, income, transport, shops or social activities can be as important as health care.



## What the WHO Regional Office for Europe is doing

The Healthy Ageing programme identifies and disseminates advanced approaches by health systems to adequately care for the ageing population, such as integrated models of chronic care, and coordination between health and social care.

We provide guidance in developing healthy ageing profiles used for planning, monitoring and evaluation at community level, particularly in urban areas, and have set up a healthy ageing focus group in the Healthy Cities networks in Europe.

We also provide technical assistance in addressing both home-based care and long-term care for older people, and are developing risk assessment and prevention strategies for injuries and disabilities in old age.



### >> *What additional progress can be achieved with more resources?*

Active and fit citizens aged 50 and above do not drain the economy, they contribute to it, increasingly to higher ages. In view therefore of the difficult financial decisions currently facing governments, and the need to find coherent policies for ageing populations that are efficient and effective, WHO/Europe is committed to step up its work with Member States to develop and promote interventions that support active ageing.

The aim is to allow people to have a long, healthy and active life, not only in the labour market, but also for participating in social, economic, cultural, spiritual and civic affairs as well as to maintain their independence for as long as possible.

The second focus will be on assisting countries with policy exchange and learning from good practice about the ways in which long-term care for people with longstanding functional limitations can be provided and funded.

This will be facilitated through our close work with the Healthy Cities network on the development of concrete pilot schemes and the dissemination of research findings and good practice.

# *Global strategies tailored for the European Region*

WHO European regional strategies are used all over the Region to underpin policy development. While maintaining consistency with global commitments, strategies and frameworks, the regional strategies are tailored to the specific needs of countries in the WHO European Region. For example, the WHO European strategy for child and adolescent health and development contributed to the Global Strategy for Women's and Children's Health launched by WHO in September 2010 and is guided

by the WHO global effort to support countries' efforts to improve maternal and newborn health and reduce maternal, perinatal and newborn mortality. The WHO European Regional strategy for sexual and reproductive health draws upon the WHO Global Reproductive Health Strategy adopted by the World Health Assembly in 2004 and the framework for its implementation, as well as on the WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes.

## *Partnerships for health at key stages of people's lives*

Collaboration with stakeholders is at the heart of WHO/Europe's work. WHO's partnerships add value and maximize support to policies and practice at both Regional and country level. Our programmes addressing key stages of life work in long-standing collaboration with institutions of the European Union, international organizations, other United Nations agencies, nongovernmental organizations and foundations. We continue to explore opportunities for new strategic partnerships based on shared health values and objectives, for the benefit of public health in the European Region.

## *To date, key partnerships include:*

Asian Development Bank/central Asia  
Council of Europe  
European Commission  
European Society of Contraception and Reproductive Health  
International Planned Parenthood Federation  
United Nations Children's Fund (UNICEF)  
United Nations Population Fund (UNFPA)  
United States Agency for International Development (USAID) ZsdravPlus project  
World Bank.

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## WHO's Strategic objectives

With a specific focus on inequalities, social determinants of health and health in all policies, 2020 provides a European platform for achieving the 11 Strategic Objectives which frame the work of WHO in the European Region.

Briefings are available in each of the Strategic Objective areas:

1. Reduce the health, social and economic burden of communicable diseases
2. Combat HIV/AIDS, tuberculosis and malaria
3. Prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment
- 4. Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals**
5. Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
6. Promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex
7. Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches
8. Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health
9. Improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.
10. Improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research
11. Ensure improved access, quality and use of medical products and technologies.

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