A New Child and Adolescent Health and Wellbeing Strategy - a co-creation exercise

Copenhagen, Denmark
2 September 2024

World Health Organization
European Region

Future proofing Europe: Ensuring Health, Equity and Sustainability – A Renewed Focus on Child and Adolescent

Opening remarks

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World Health Organization

European Region

Child and Adolescents' health and wellbeing challenges in the WHO European Region

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World Health Organization
European Region

Child and Adolescents' health and wellbeing challenges in the WHO European Region

Which topic are we talking about?

Instructions

Go to

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Enter the code

4510 9520

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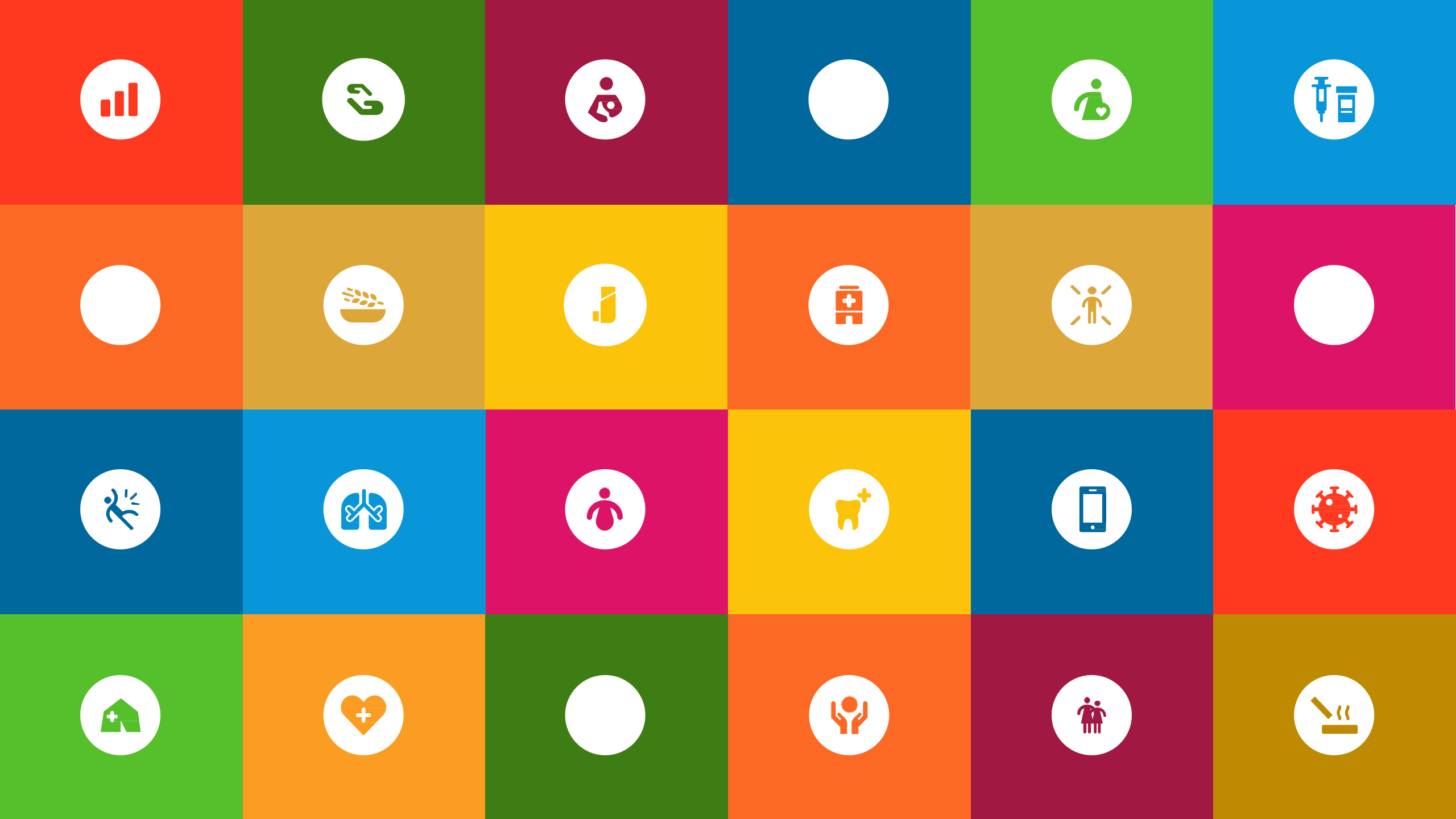
World Health Organization
European Region

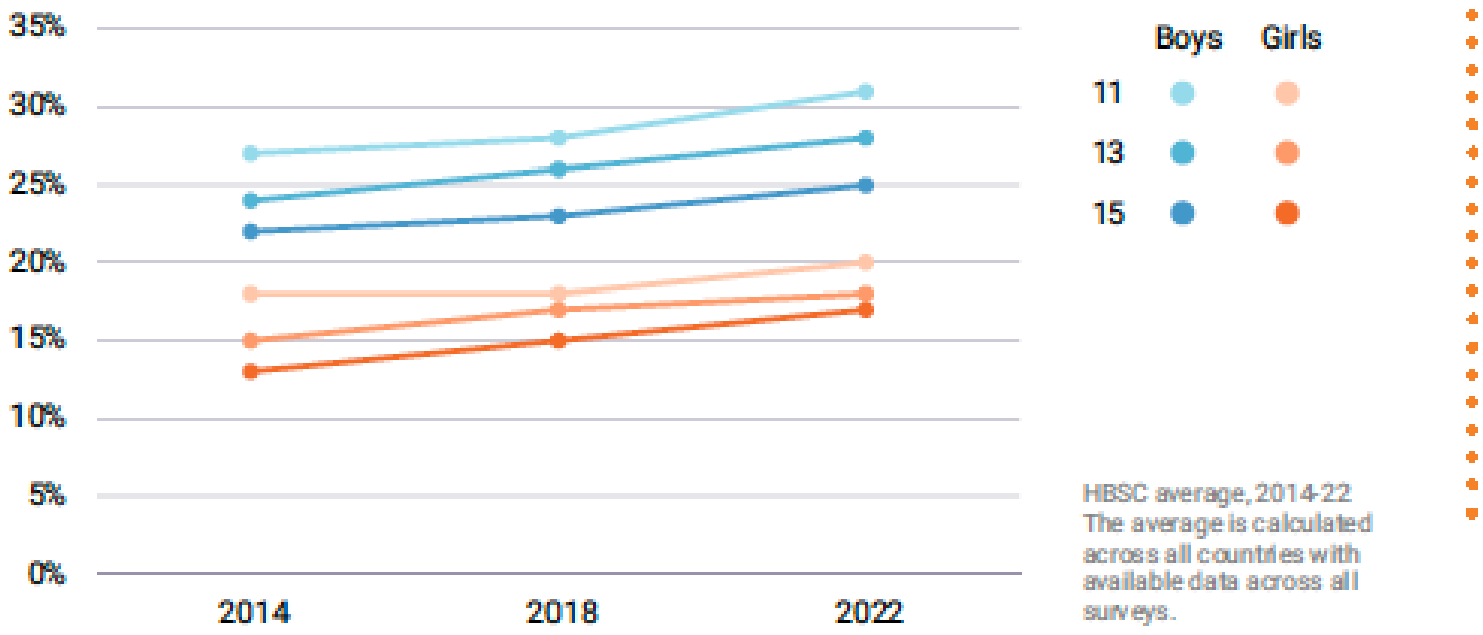


Overweight and obesity

One in three children age 5-9 and one in four adolescents are living with overweight or obesity

INCREASING OVERWEIGHT AND OBESITY AMONG ADOLESCENTS

% of boys and girls who are overweight or obese (based on WHO growth reference)

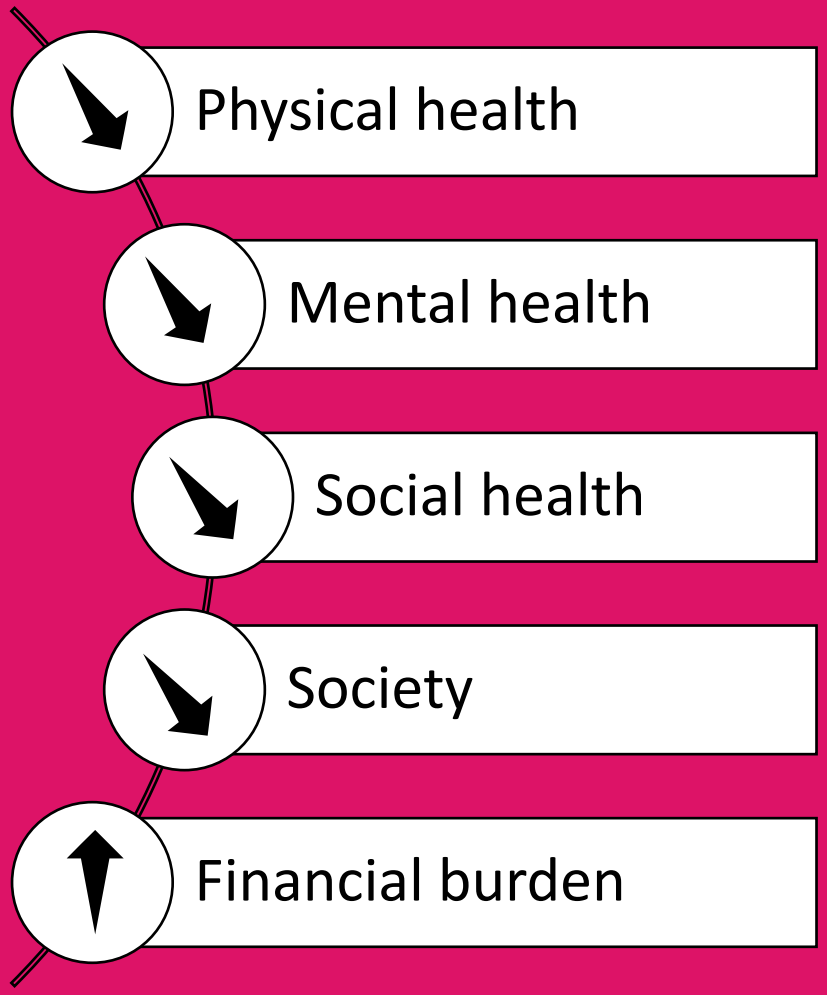


Source: Health Behaviour in School aged Children (HBSC)

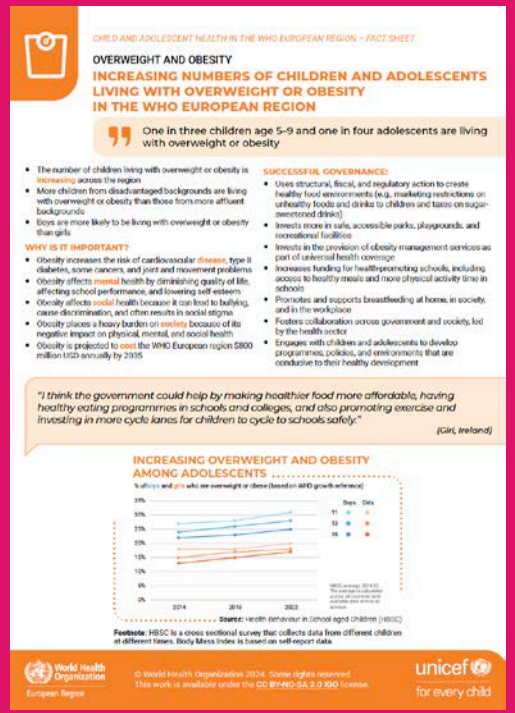
Footnote: HBSC is a cross sectional survey that collects data from different children at different times. Body Mass Index is based on self-report data.

Overweight and obesity

Why is this important?



Overweight and obesity



CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

OVERWEIGHT AND OBESITY

INCREASING NUMBERS OF CHILDREN AND ADOLESCENTS LIVING WITH OVERWEIGHT OR OBESITY IN THE WHO EUROPEAN REGION

One in three children age 5–9 and one in four adolescents are living with overweight or obesity

- The number of children living with overweight or obesity is increasing across the region
- More children from disadvantaged backgrounds are living with overweight or obesity than those from more affluent backgrounds
- Boys are more likely to be living with overweight or obesity than girls

WHY IS IT IMPORTANT?

- Obesity increases the risk of cardiovascular disease, type II diabetes, some cancers, and joint and movement problems
- Obesity affects mental health by diminishing quality of life, affecting school performance, and lowering self-esteem
- Obesity affects social health because it can lead to bullying, cause discrimination, and often results in social stigma
- Obesity places a heavy burden on society because of its negative impact on physical, mental, and social health
- Obesity is projected to cost the WHO European region $800 million USD annually by 2035

SUCCESSFUL GOVERNANCE:

- Uses structural, fiscal, and regulatory action to create healthy food environments (e.g., marketing restrictions on unhealthy foods and drinks to children and taxes on sugar-sweetened drinks)
- Invests more in safe, accessible parks, playgrounds, and recreational facilities
- Invests in the provision of obesity management services as part of universal health coverage
- Increases funding for health-promoting schools, including access to healthy meals and more physical activity time in schools
- Promotes and supports breastfeeding at home, in society, and in the workplace
- Fosters collaboration across government and society, led by the health sector
- Engages with children and adolescents to develop programmes, policies, and environments that are conducive to their healthy development

"I think the government could help by making healthier food more affordable, having healthy eating programmes in schools and colleges, and also promoting exercise and investing in more cycle lanes for children to cycle to schools safely."

(Girl, Ireland)

INCREASING OVERWEIGHT AND OBESITY AMONG ADOLESCENTS

% of boys and girls who are overweight or obese (based on WHO growth reference)

Source: Health Behaviour in School-aged Children (HBSC)

Footnote: HBSC is a cross-sectional survey that collects data from different children at different times. Body Mass Index is based on self-report data.

World Health Organization European Region

unicef for every child

Successful governance:

1. Invests in primary health care and healthy schools
2. Engages with children and adolescents
3. Promotes and supports breastfeeding
4. Implements marketing restrictions on unhealthy foods and drinks to children
5. Imposes taxes on sugar-sweetened drinks

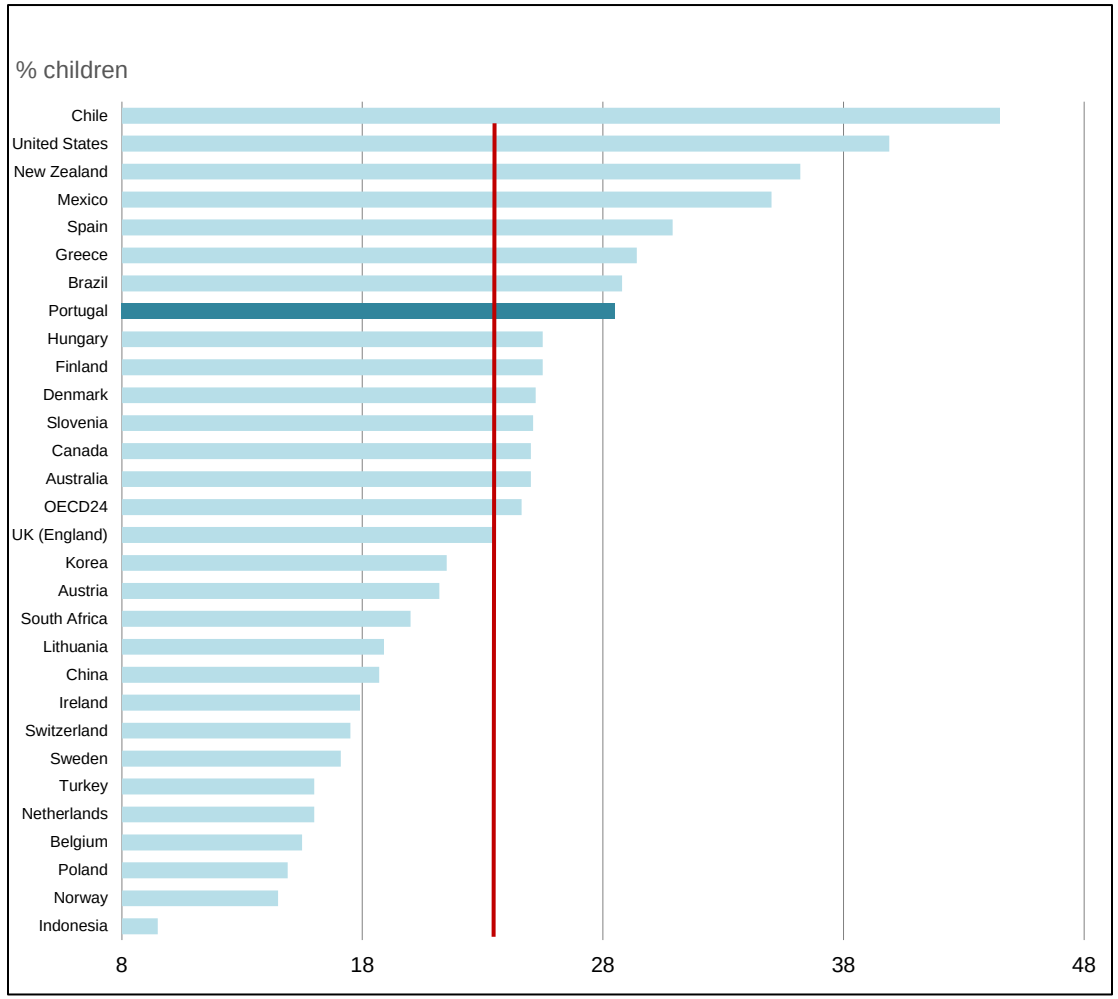
Sugar-sweetened Beverages Taxation

The case of Portugal

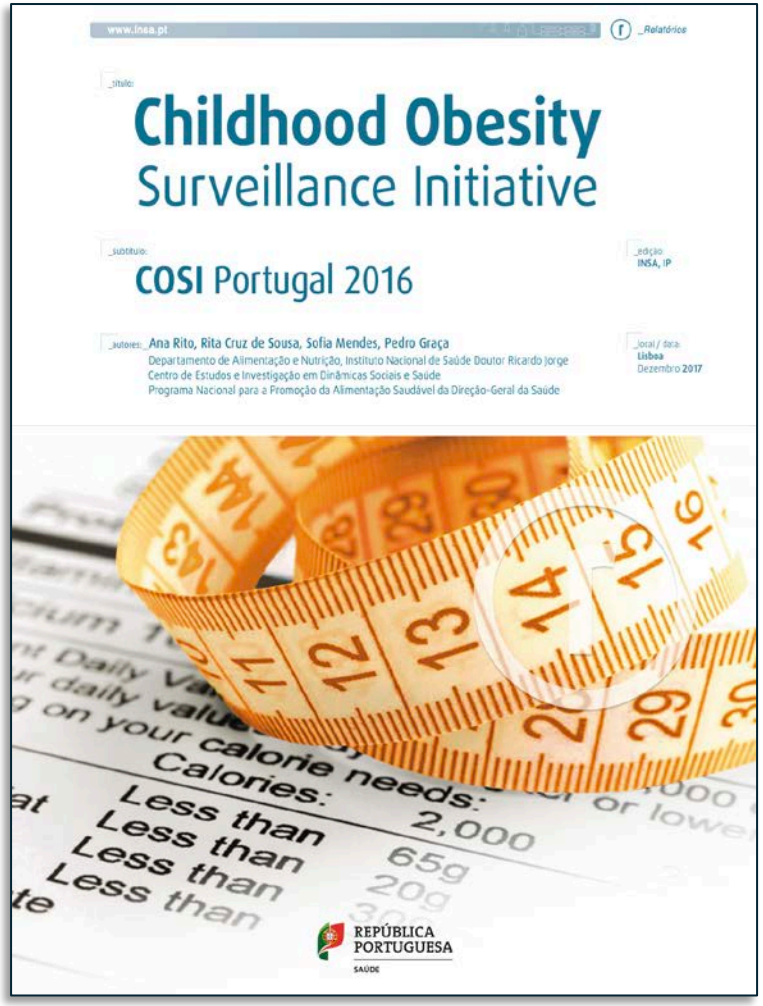
Francisco Goiana-da-Silva MD MSc MiM PhD

THE CHILDHOOD OVERWEGHT EPIDEMIC

Benchmark & Surveillance



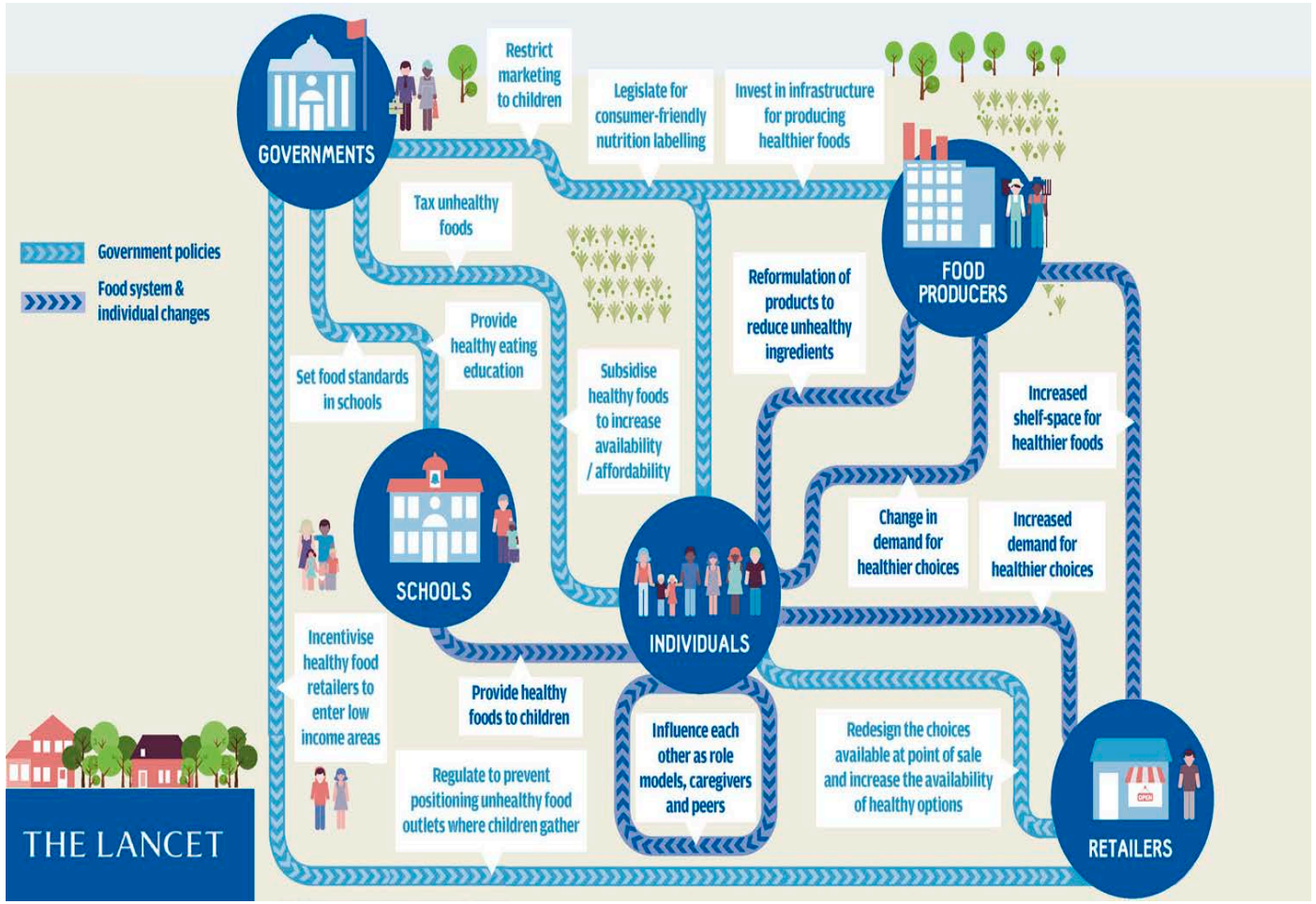
OECD's statistical databases, 2017



Childhood Obesity Surveillance Initiative – Portugal, 2016

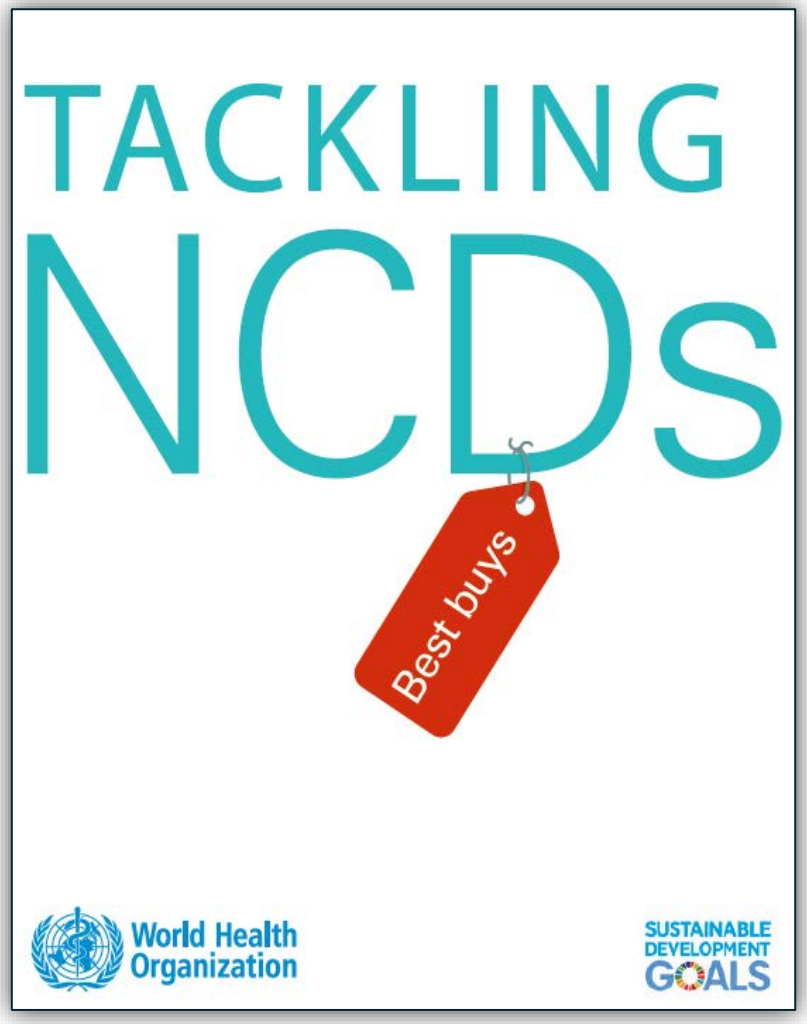
POLICY APPROACH

Where to start?



POLICY APPROACH

WHO Best Buys



REDUCE TOBACCO USE

- Increase excise taxes and prices on tobacco products
- Implement plain packaging and/or large graphic health warnings on all tobacco packages
- Ban tobacco advertising, promotion and sponsorship
- Ban smoking in all indoor workplaces, public places and on public transport
- Warn about the harms of smoking/tobacco use and second-hand smoke through mass media campaigns

- Provide effective and population-wide support for tobacco cessation

REDUCE HARMFUL USE OF ALCOHOL

- Increase excise taxes on alcoholic beverages
- Ban or restrict alcohol advertising
- Restrict the physical availability of retailed alcohol

- Enact and enforce drink-driving laws and blood alcohol concentration limits
- Provide psychosocial intervention for persons with hazardous and harmful alcohol use

PROMOTE HEALTHY DIET

Reduce salt intake by:

- Product reformulation and setting targets for the amount of salt in foods and meals
- Providing lower sodium options in public institutions
- Promoting behaviour change through mass media campaigns
- Implementing front-of-pack labelling

- Ban trans-fats in the food chain
- Raise taxes on sugar-sweetened beverages to reduce sugar consumption

PROMOTE PHYSICAL ACTIVITY

- Promote physical activity with mass media campaigns and other community-based education, motivational and environmental programmes

- Provide physical activity counselling and referral as part of routine primary health care

POLICY APPROACH

Global Integrated Strategy

AXIS 1

Modify the environment where people choose and buy food by modifying the availability of food in certain physical spaces and promoting the reformulation of certain categories of food.

AXIS 2

Improve the quality and accessibility of information available to consumers in order to inform and empower citizens for healthy food choices.

AXIS 3

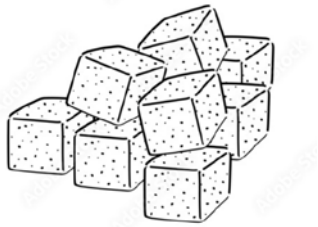
Promote and develop literacy and autonomy for the exercise of healthy consumer choices

AXIS 4

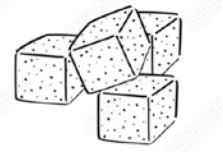
Promote innovation and entrepreneurship directed to the area of promoting healthy eating.

Tiered Taxation Architecture (2016)

> 80g Added Sugar p/Liter



< 80g Added Sugar p/Liter



Key Achievements

Evidence and Projections for the Future

2018

THE LANCET
Public Health

The future of the sweetened beverages tax in Portugal

In 2017, the Portuguese Government created the special consumption tax levied on sweetened beverages.[1] This tax is divided into two tiers: drinks with sugar contents below 80 g/L of final product (charged at €8·22 per 100L) are the lower tier and those above 80 g/L of final product (charged at €16·46 per 100L) are the upper tier. During the first year of implementation, this tax collected about 80 million Euros and all revenue was invested towards the Portuguese National Health Service funding.

To evaluate the effect of this tax, the Portuguese Government created an interministerial taskforce,[1] to study changes in consumption patterns, industry offering, reformulation of existing products, launch of new products, and competitiveness of national companies versus those

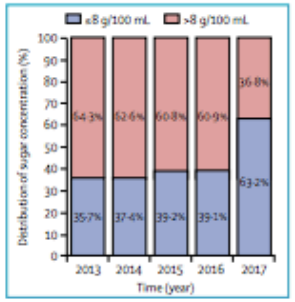


Figure: Distribution of the sugar concentration (g/100 mL) in sweetened beverages consumed in Portugal
Produced with permission from the Portuguese Association of Non-Alcoholic Drinks—PROBEB (source GlobalData; market share for the Portuguese Association of Non-Alcoholic Drinks).

promote product reformulation by the industry given its more progressive nature and the incentive for companies to shift their products towards lower taxation tiers. They recommended adding two additional taxation tiers and increasing the amount levied on the tier with higher sugar contents. According

academics must collaborate to establish a flexible environment in which health policies can adapt to increasing health challenges effectively and efficiently.

FG-d-S, DC-e-S, and MJG were members of the taskforce[1] referred to in this Correspondence. The other authors declare no competing interests.

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For more on **PROBEB** see https://probeb.pt

2020

PLOS MEDICINE

OPEN ACCESS PEER-REVIEWED
RESEARCH ARTICLE

Projected impact of the Portuguese sugar-sweetened beverage tax on obesity incidence across different age groups: A modelling study

Francisco Goiana-da-Silva, Milton Severo, David Cruz e Silva, Maria João Gregório, Luke N. Allen, Magdalena Muc, Alexandre Morais Nunes, Duarte Torres, Marisa Miraldo, Hutan Ashrafian, Ana Rito, Kremlin Wickramasinghe, João Breda, [...], Carla Lopes [view all]

Published: March 12, 2020 • https://doi.org/10.1371/journal.pmed.1003036

Article | Authors | Metrics | Comments | Media Coverage

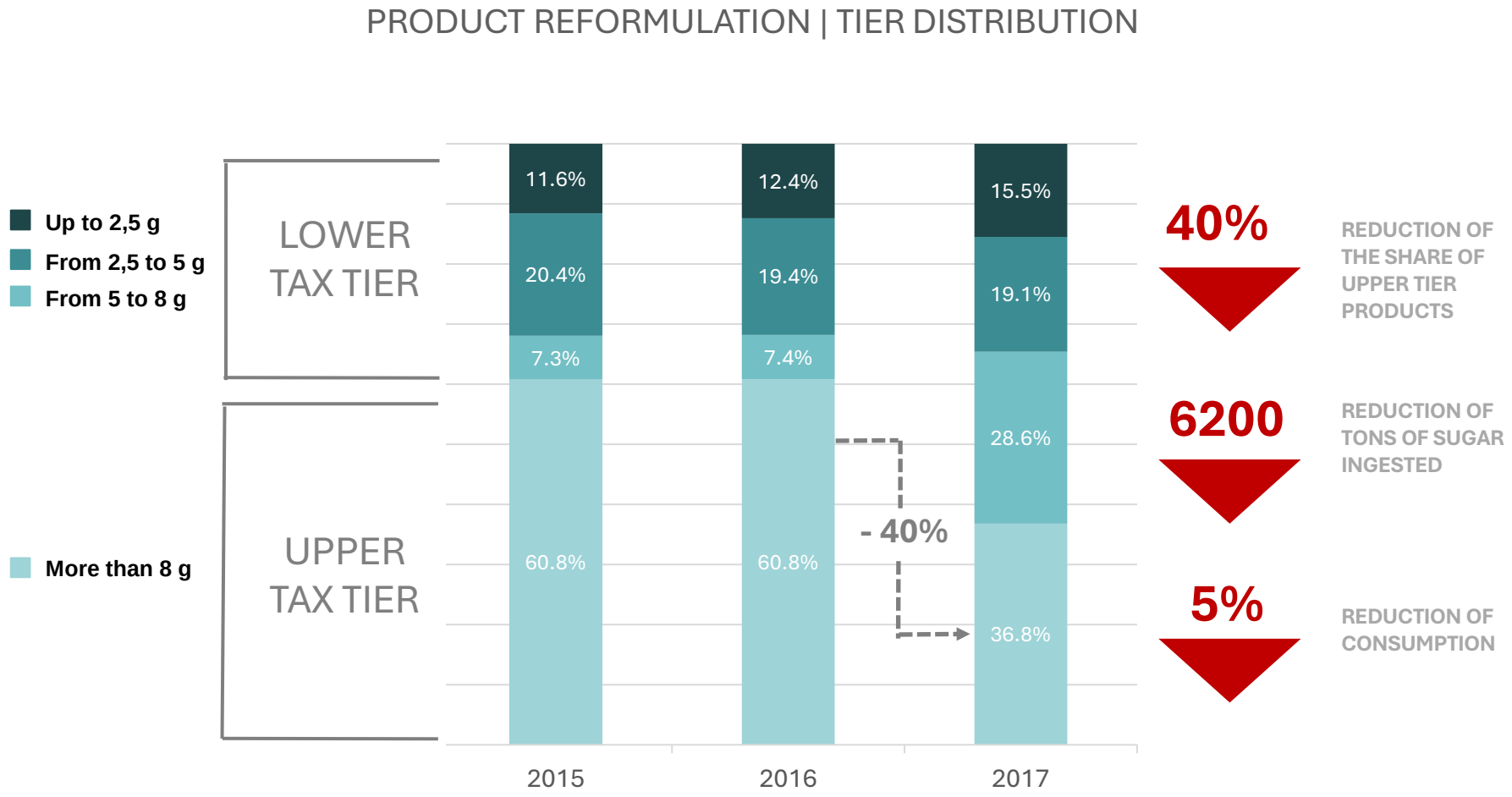
Abstract

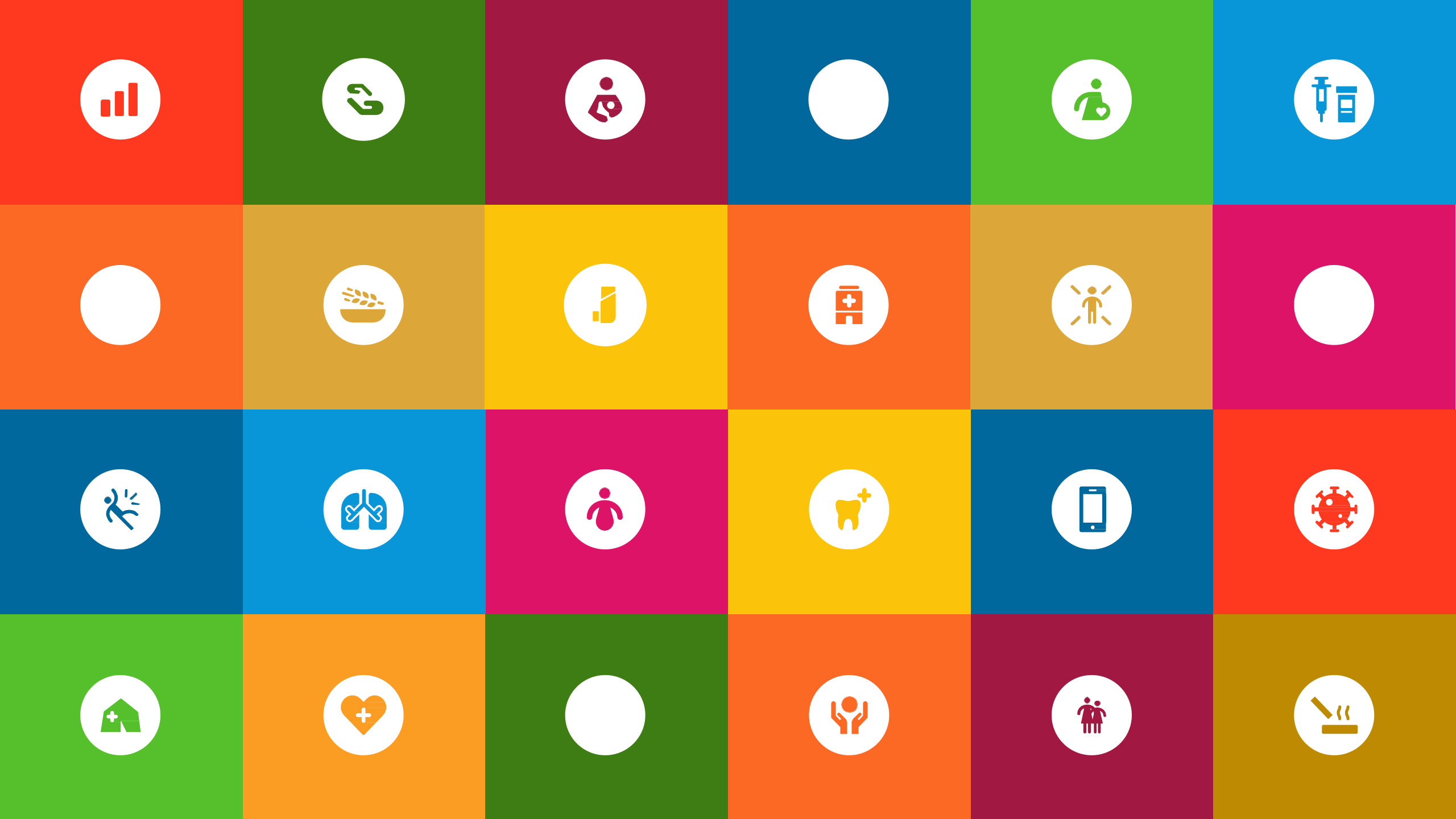
Background

Excessive consumption of sugar has a well-established link with obesity. Preliminary results show that a tax levied on sugar-sweetened beverages (SSBs) by the Portuguese government in 2017 led to a drop in sales and reformulation of these products. This study models the impact the market changes triggered by the tax levied on SSBs had on obesity incidence across

Key Achievements

Evidence and Projections for the Future

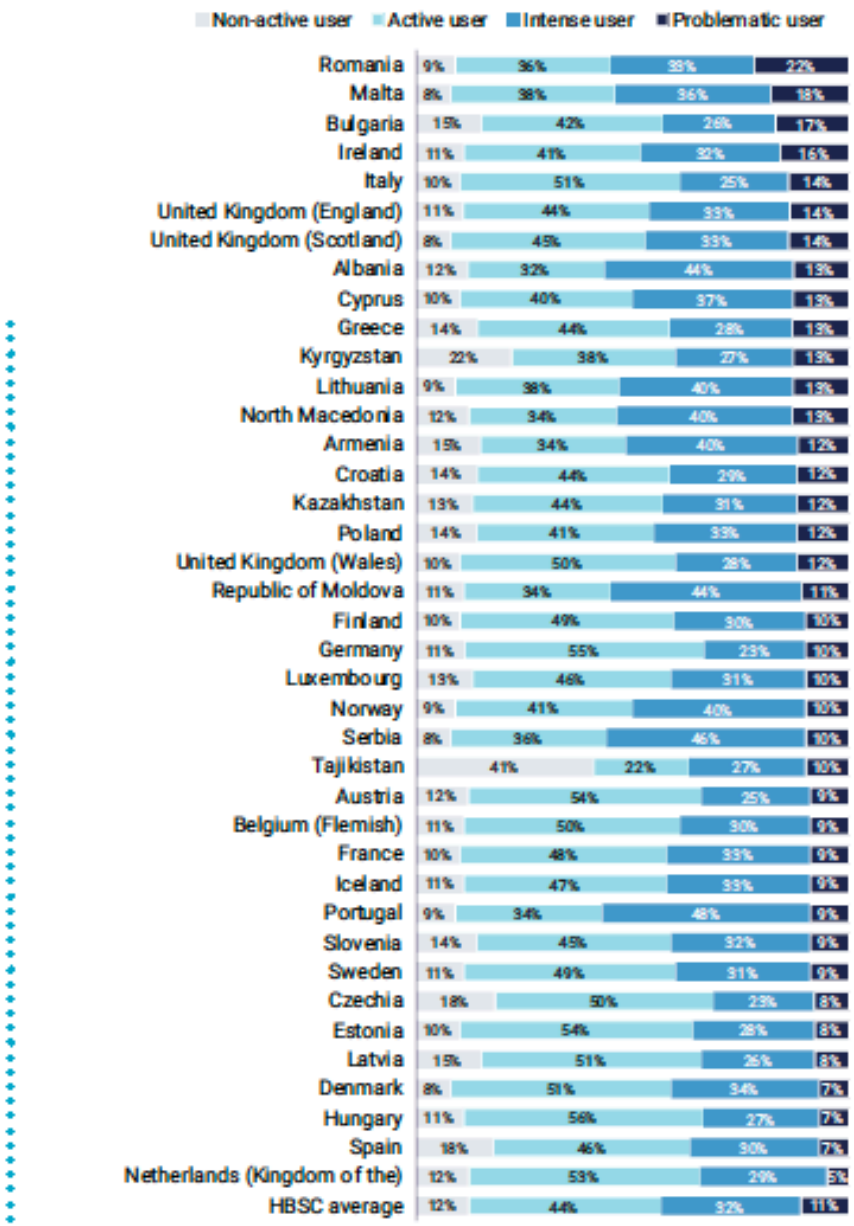




Digital environment

Digital dilemma spanning Europe: 11% of teens struggle with problematic social media use

DISTRIBUTION OF SOCIAL MEDIA USE CATEGORIES BY COUNTRY/REGION, HBSC SURVEY 2021/2022



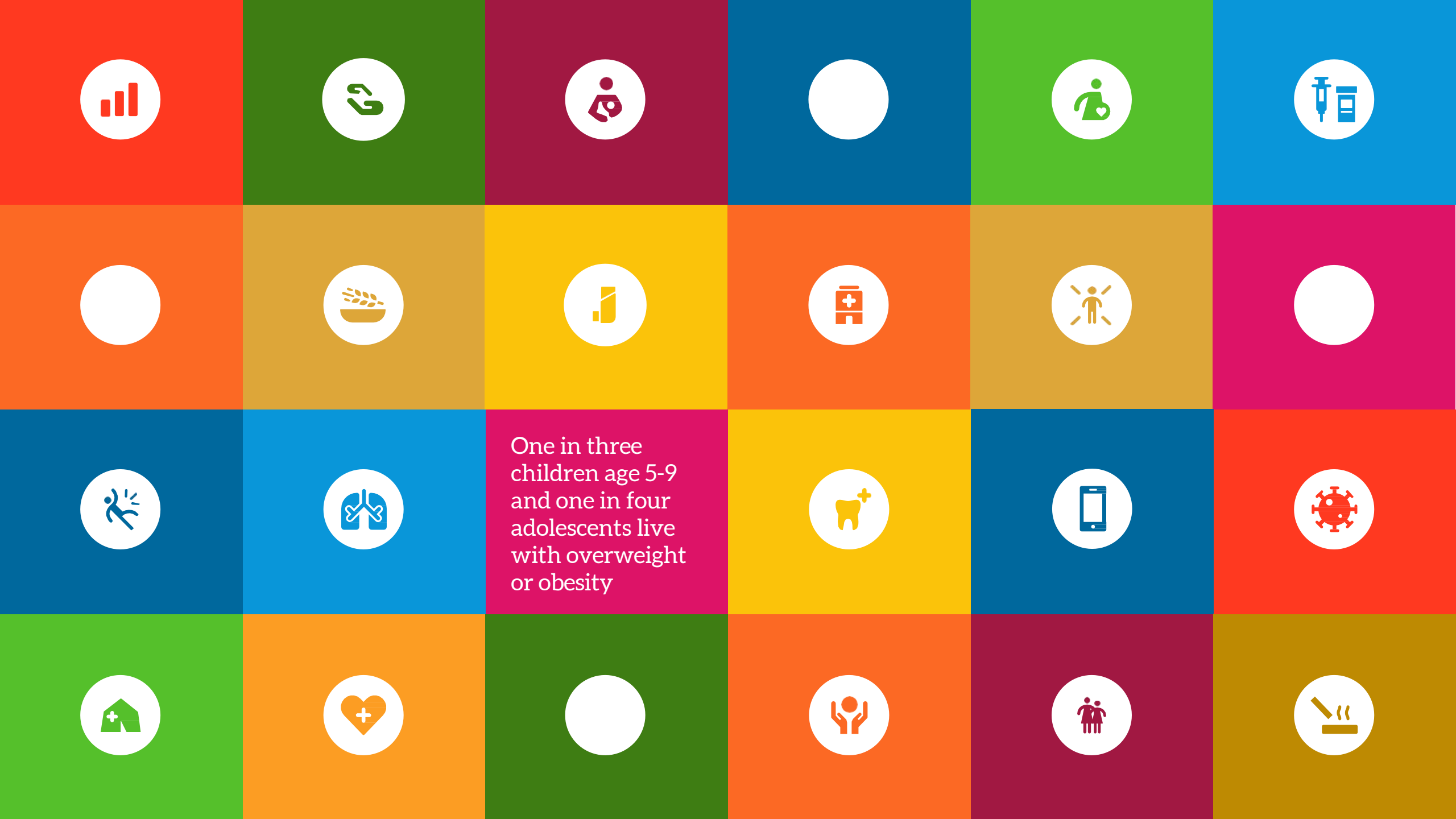
Data source: Health Behaviour in School aged Children (HBSC) survey 2021/2022.

Why is this important?

Digital environment

Problematic social media use and gaming

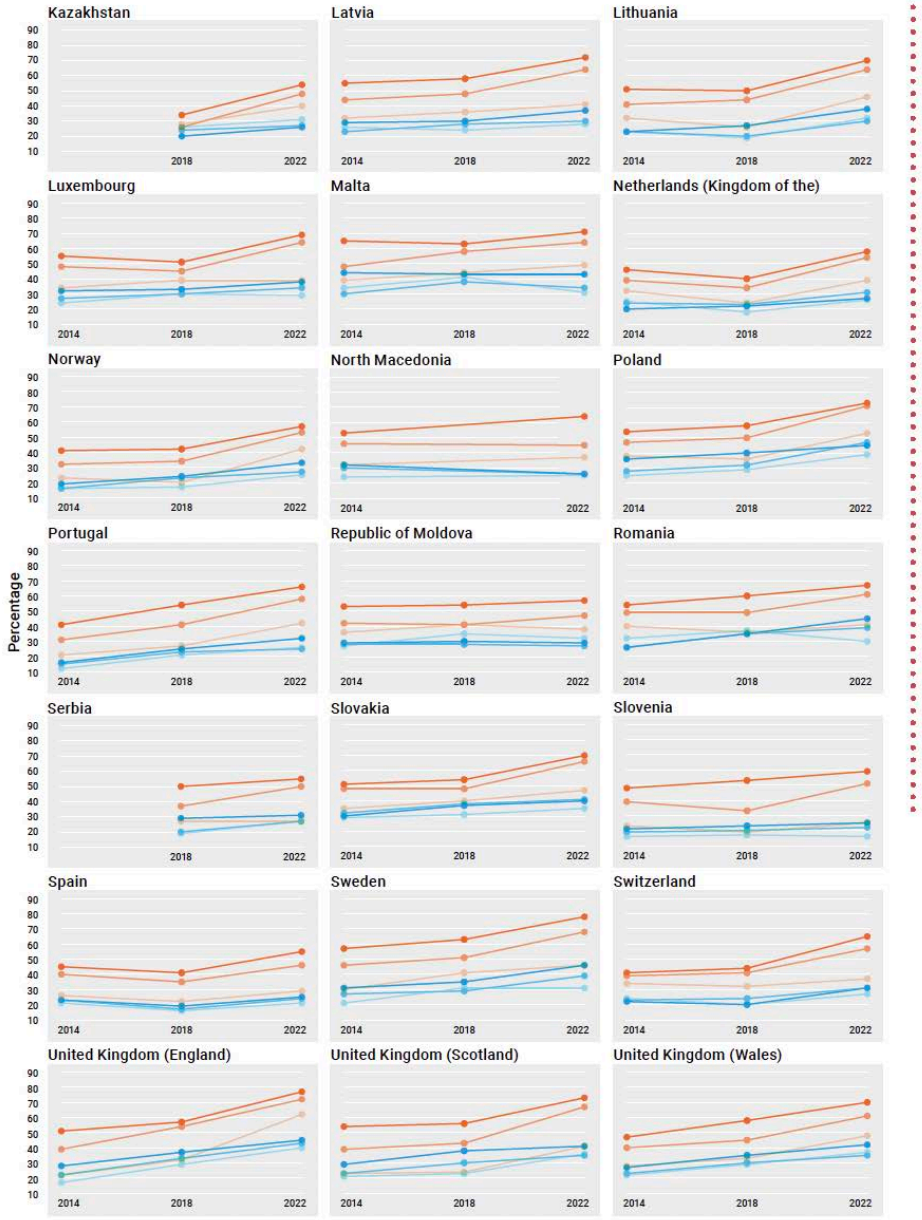
- is linked to mental health issues, sleep disturbances, and increased substance abuse
- is associated with lower life satisfaction
- can impact physical health and academic performance


One in three children age 5-9 and one in four adolescents live with overweight or obesity

Adolescent mental health

Adolescents today have poorer mental health than previous generations

TRENDS IN PREVALENCE OF HEALTH COMPLAINTS (ASSOCIATED WITH PSYCHOLOGICAL HEALTH) FROM 2014 TO 2022 BY COUNTRY, AGE, AND GENDER ...



Source: Health Behaviour in School-aged Children (HBSC) survey 2021/2022.

Note: HBSC is a cross-sectional survey that collects self-reported data from children at different times.

Factsheets - Child and adolescent health in the WHO European Region

CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

IMPACT OF COVID-19 ON EDUCATION

HEALTH AND EDUCATION INEQUALITIES EXPAND FOR SCHOOL AGED CHILDREN DUE TO PANDEMIC CLOSURES

Adolescents from less affluent families were more likely to report a negative impact on school performance than those from more affluent families.

- 27% of adolescents report a negative impact from COVID-19 on their school performance, varying from 16% to 40% across the WHO European Region
- School closures in Europe for 2021/22 varied between countries from 0 to 341 days, with an average of 138 days
- Student performance and wellbeing significantly declined over the course of the pandemic, more so for those in lower income countries
- Younger children, those from disadvantaged backgrounds and those with physical or mental health conditions experienced the most severe impacts from the pandemic

WHY IS THIS IMPORTANT?

- Schooling enhances people's livelihood and reduces mortality risk
- Closing schools has expanded the existing attainment gap and this will affect students' future adult lives
- Learning from the impact of school closures is crucial to understanding its implications during future pandemics

SUCCESSFUL GOVERNANCE:

- Seek to understand the impact of school closures to inform about future thresholds for school closures in times of health crises
- Invest in education to meet the academic and wellbeing needs of students
- Provide enhanced targeted support to students from households with lower levels of affluence and those living with physical or mental health conditions
- Understand that health and education are mutually beneficial and foster strong intersectoral health education collaborations in schools
- Ensure that every school is a health promoting school by adopting the WHO Health Promoting Schools standards

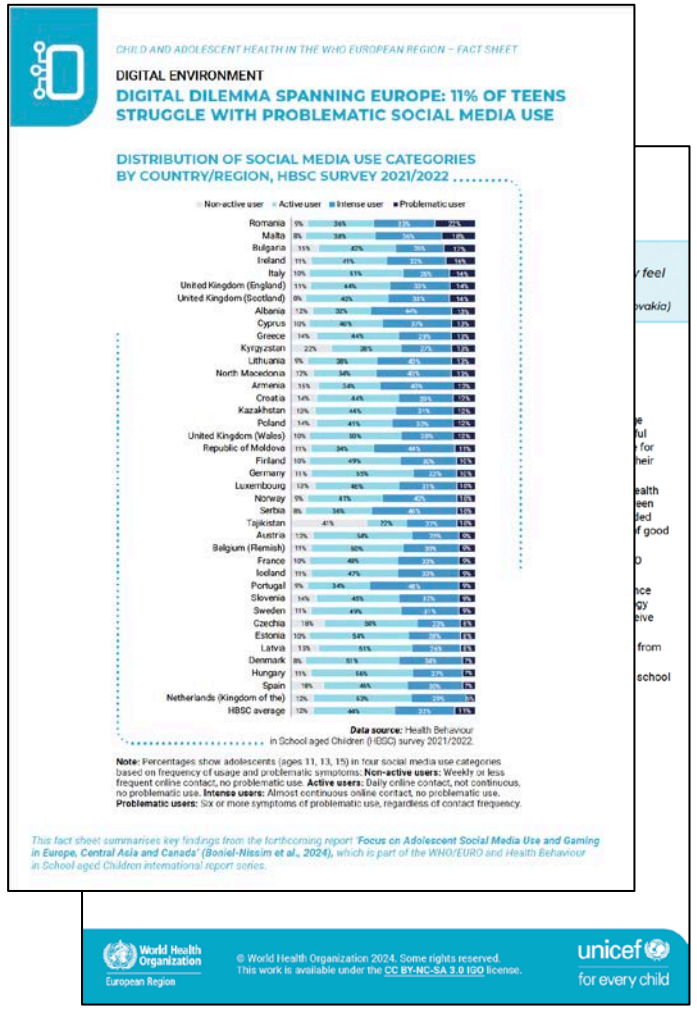
ADOLESCENTS' PERCEPTION OF COVID-19'S NEGATIVE IMPACT ON SCHOOL PERFORMANCE

PERCENTAGE REPORTING NEGATIVE EFFECTS, WHO EUROPEAN REGION, HBSC SURVEY 2021/2022

Data source: Health Behaviour in School-aged Children (HBSC) survey 2021/2022. Note: Data represents the weighted percentage of adolescents (11-, 13-, and 15-year-old boys and girls combined) who reported that the COVID-19 pandemic had a 'quite negative' or 'very negative' impact on their school performance. Data collection periods varied across countries due to the evolving nature of the pandemic.

"Schools have been closed for too long. It doesn't seem right to me that schools were closed first and opened last (even shops opened before schools)."

(14 year old girl, Slovenia)



CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

DIGITAL ENVIRONMENT

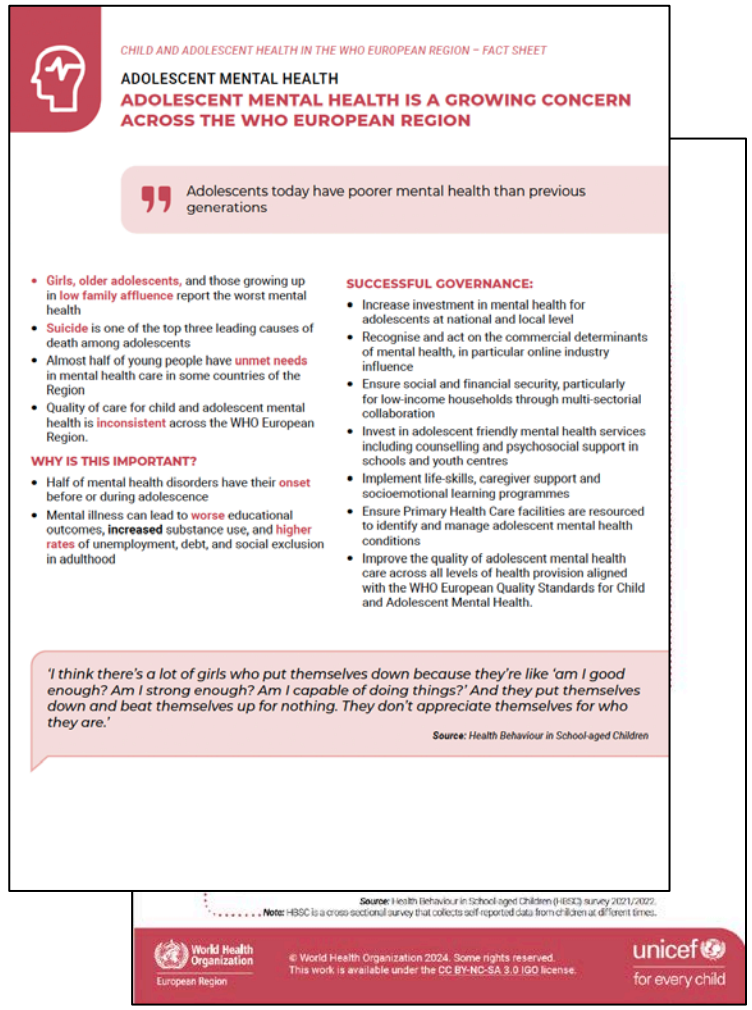
DIGITAL DILEMMA SPANNING EUROPE: 11% OF TEENS STRUGGLE WITH PROBLEMATIC SOCIAL MEDIA USE

DISTRIBUTION OF SOCIAL MEDIA USE CATEGORIES BY COUNTRY/REGION, HBSC SURVEY 2021/2022

Data source: Health Behaviour in School aged Children (HBSC) survey 2021/2022.

Note: Percentages show adolescents (ages 11, 13, 15) in four social media use categories based on frequency of usage and problematic symptoms. **Non-active users:** Weekly or less frequent online contact, no problematic use. **Active users:** Daily online contact, not continuous, no problematic use. **Intense users:** Almost continuous online contact, no problematic use. **Problematic users:** Six or more symptoms of problematic use, regardless of contact frequency.

This fact sheet summarizes key findings from the forthcoming report 'Focus on Adolescent Social Media Use and Gaming in Europe, Central Asia and Canada' (Boniel-Nissim et al., 2024), which is part of the WHO/EURO and Health Behaviour in School-aged Children international report series.



CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

ADOLESCENT MENTAL HEALTH

ADOLESCENT MENTAL HEALTH IS A GROWING CONCERN ACROSS THE WHO EUROPEAN REGION

Adolescents today have poorer mental health than previous generations

- Girls, older adolescents, and those growing up in low family affluence report the worst mental health
- Suicide is one of the top three leading causes of death among adolescents
- Almost half of young people have unmet needs in mental health care in some countries of the Region
- Quality of care for child and adolescent mental health is inconsistent across the WHO European Region.

WHY IS THIS IMPORTANT?

- Half of mental health disorders have their onset before or during adolescence
- Mental illness can lead to worse educational outcomes, increased substance use, and higher rates of unemployment, debt, and social exclusion in adulthood

SUCCESSFUL GOVERNANCE:

- Increase investment in mental health for adolescents at national and local level
- Recognise and act on the commercial determinants of mental health, in particular online industry influence
- Ensure social and financial security, particularly for low-income households through multi-sectorial collaboration
- Invest in adolescent friendly mental health services including counselling and psychosocial support in schools and youth centres
- Implement life-skills, caregiver support and socioemotional learning programmes
- Ensure Primary Health Care facilities are resourced to identify and manage adolescent mental health conditions
- Improve the quality of adolescent mental health care across all levels of health provision aligned with the WHO European Quality Standards for Child and Adolescent Mental Health.

'I think there's a lot of girls who put themselves down because they're like 'am I good enough? Am I strong enough? Am I capable of doing things?' And they put themselves down and beat themselves up for nothing. They don't appreciate themselves for who they are.'

Source: *Health Behaviour in School-aged Children*

Source: Health Behaviour in School-aged Children (HBSC) survey 2021/2022.
Note: HBSC is a cross-sectional survey that collects self-reported data from children at different times.

Healthy schools

CASE STUDY CROATIA

2 September 2024

WHAT WAS THE CHALLENGE?

- Students' health is vital for societal progress and successful education.
- The COVID-19 pandemic highlighted the indivisible link between **health** and **education**.
- Croatia largely succeeded in keeping schools open during the pandemic, which helped preserve **students' mental health** and **well-being**.

RECENT POLICY REFORMS IN CROATIAN SCHOOLS

- Quality time spent in a healthy school environment forms the foundation of two major reforms currently underway in Croatian schools:
  - the **Whole-day school project** and
  - **free school meals**

The Whole-day school

- Goal is a balanced, equitable, efficient, and sustainable education system.
- Extended school hours enable a wider range of skill-based activities.
- Currently implemented in 62 schools, the goal is nationwide implementation in the coming years.
- *Practical Skills Curriculum*

Photo source: https://www.skolskiportal.hr/kolumne/nasa-cjelodnevna-skola/

Free school meals

- one meal daily for all students
- A little under **6 million free meals are consumed each month**
- Fight against disadvantage and inequality
- Fight against the obesity epidemic

WHAT DID WE ACHIEVE?

- In the previous school year, we addressed the physical state of our schools.

What was difficult/ remains to be done?

- Now, our focus is on improving educational quality for all students, irrespective of their circumstances.

OPPORTUNITIES

School health services

In Croatia, school can contact school doctor for specific health issues.

Schools for Health in Europe (SHE) network

Croatia is a member of the SHE network that provides schools with effective tools and skills for health promotion.

- I welcome a New Child and Adolescent Health and Wellbeing Strategy.

- New Strategy will enable a better future for our children through the strong bond between health and education.

One in three children age 5-9 and one in four adolescents live with overweight or obesity

11% of teens struggle with problematic social media use

One in three children age 5-9 and one in four adolescents live with overweight or obesity

11% of teens struggle with problematic social media use

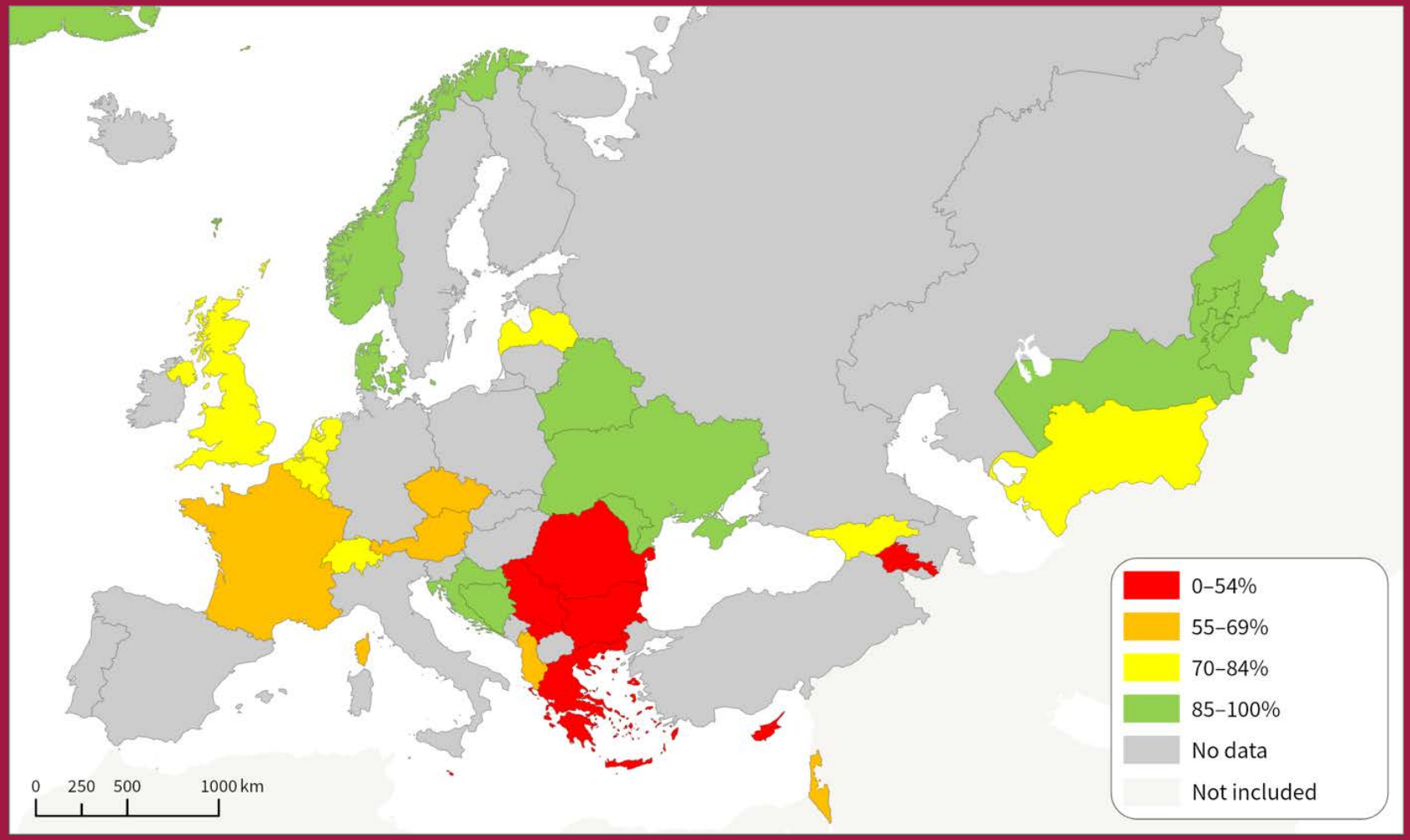
Health and education inequalities widen for school-aged children due to pandemic

Adolescents today have poorer mental health than previous generations

Breastfeeding

Too many newborns are not breastfed within their first hour of life

Breastfeeding initiation within the first hour of life



Prevalence of breastfeeding initiation within the first hour of life

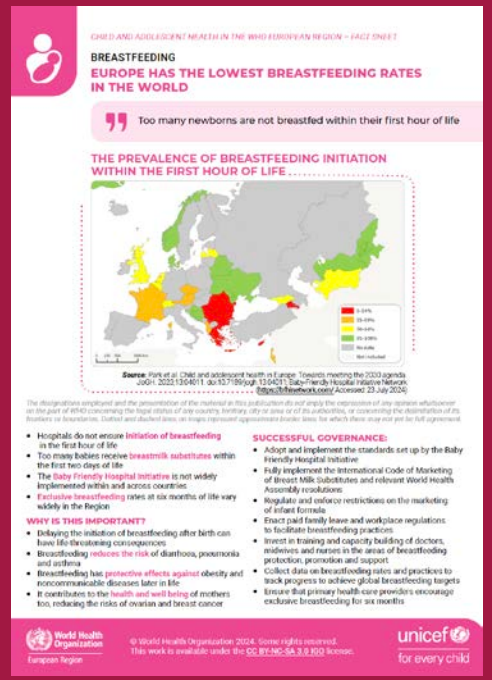
Why is this important?

Breastfeeding

- Delayed initiation can have life-threatening consequences
- Diarrhoea, pneumonia, asthma
- Obesity and noncommunicable diseases
- Contributes to the health and well being of mothers

Successful governance

Breastfeeding



1. Implements the standards set up by the Baby Friendly Hospital Initiative
2. Complies with the International Code of Marketing of Breast Milk Substitutes
3. Supports breastfeeding practices through paid family leave and workplace regulations
4. Invests in training doctors, midwives and nurses in breastfeeding protection, promotion and support

Helsedirektoratet
Norwegian Directorate of Health

Early initiation of breastfeeding

The case of Norway

Gry Hay, Special Adviser, Norwegian Directorate of Health

Anne Bærug, Senior Adviser, Norwegian Directorate of Health

What was the challenge before the BFHI was introduced in 1993?

- Only a few hospitals had a breastfeeding policy
- Systematic training of staff was lacking
- Most babies were put early to the breast, however, mothers and babies were not given enough time with undisturbed skin-to-skin contact
- Scheduled feeding was still the practice in some hospitals.
- Mothers and babies were separated at night

Up until the 90's mothers and babies were separated for many hours

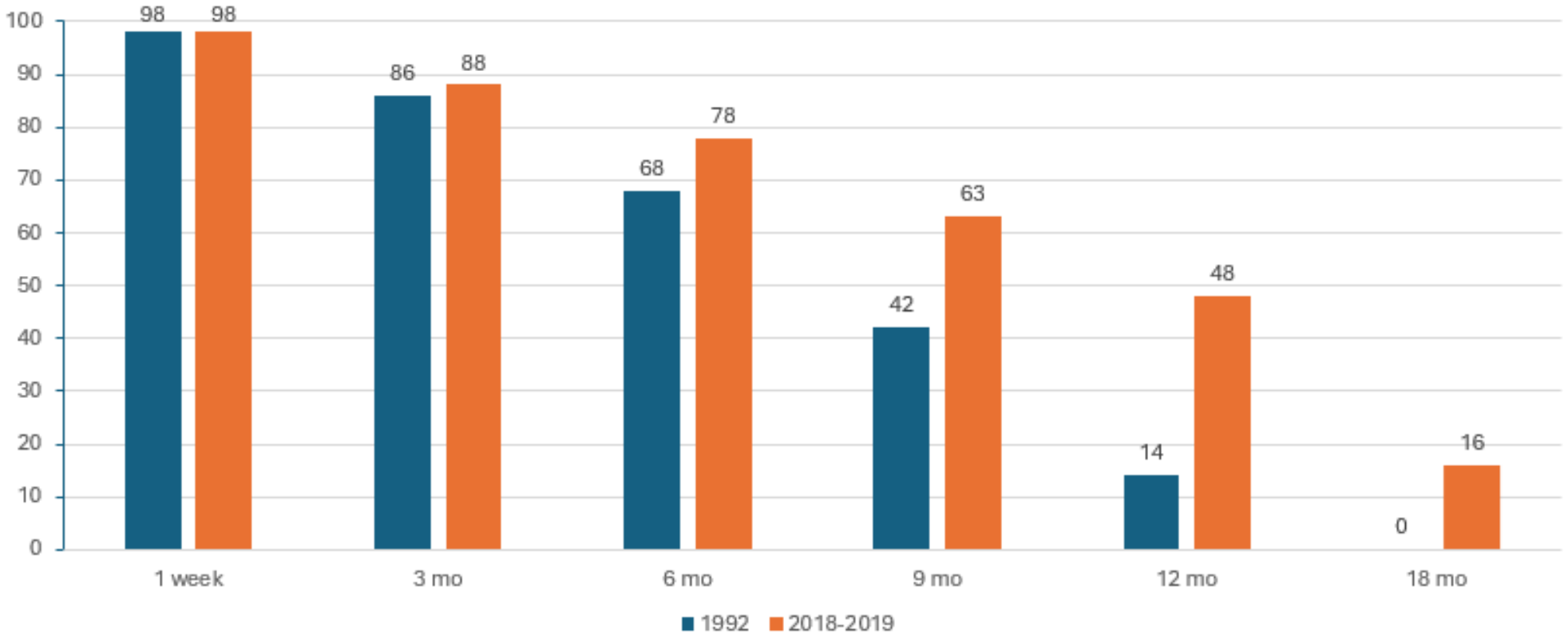
What policy change was implemented?

The WHO/Unicef Baby-Friendly Initiative was recommended by the Norwegian health authorities for the:

- antenatal care (1993)
- delivery and maternity wards (1993)
- neonatal intensive care units (1995)
- community health services (2005)

What was the impact ?

Breastfeeding in Norway before and after BFHI



Changes (challenges) that still have to be addressed

- Frequent use of formula in the hospital
- Early discharge from the hospital, and not good enough follow up after hospital discharge
- Digital marketing of infant formula targeting mothers from pregnancy on

Helsedirektoratet
Norwegian Directorate of Health

One in three children age 5-9 and one in four adolescents live with overweight or obesity

11% of teens struggle with problematic social media use

Health and education inequalities widen for school-aged children due to pandemic

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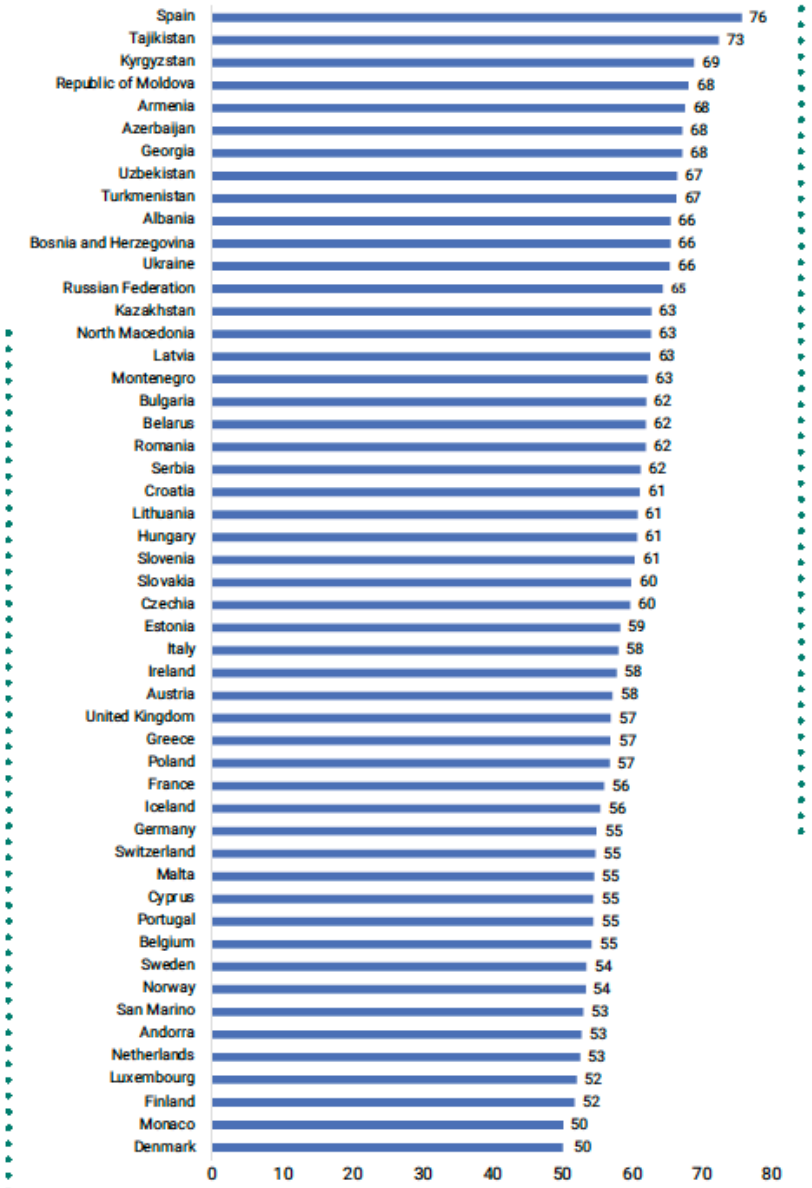
Early Childhood Development

More than 5 million children are at risk of developmental difficulties

PREVALENCE PER 1000 POPULATION OF CASES OF DEVELOPMENTAL DISABILITIES IN CHILDREN UNDER 5



Source: Global Burden of Disease Estimates, Institute for Health Metrics and Evaluation, 2021

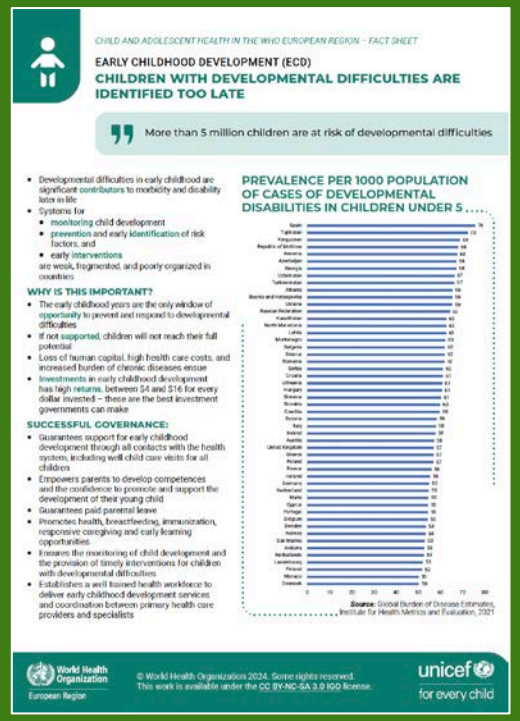
Why is this important?

Early Childhood Development

- Only window to prevent developmental difficulties
- High economic returns
- Full developmental potential compromised
- Loss of human capital
- High health care costs
- Increased burden of chronic diseases ensue

Successful governance

Early Childhood Development



1. Guarantees support for ECD through all contacts with the health system
2. Empowers parents as key agents of child development & wellbeing
3. Ensures the monitoring of child development and the provision of timely interventions for children with developmental difficulties
4. Promotes health, breastfeeding, immunization, responsive caregiving and early learning opportunities
5. Invests in well trained health workforce to deliver ECD services in collaboration with other sectors

Europe has the lowest breastfeeding rates in the world

One in three children age 5-9 and one in four adolescents live with overweight or obesity

11% of teens struggle with problematic social media use

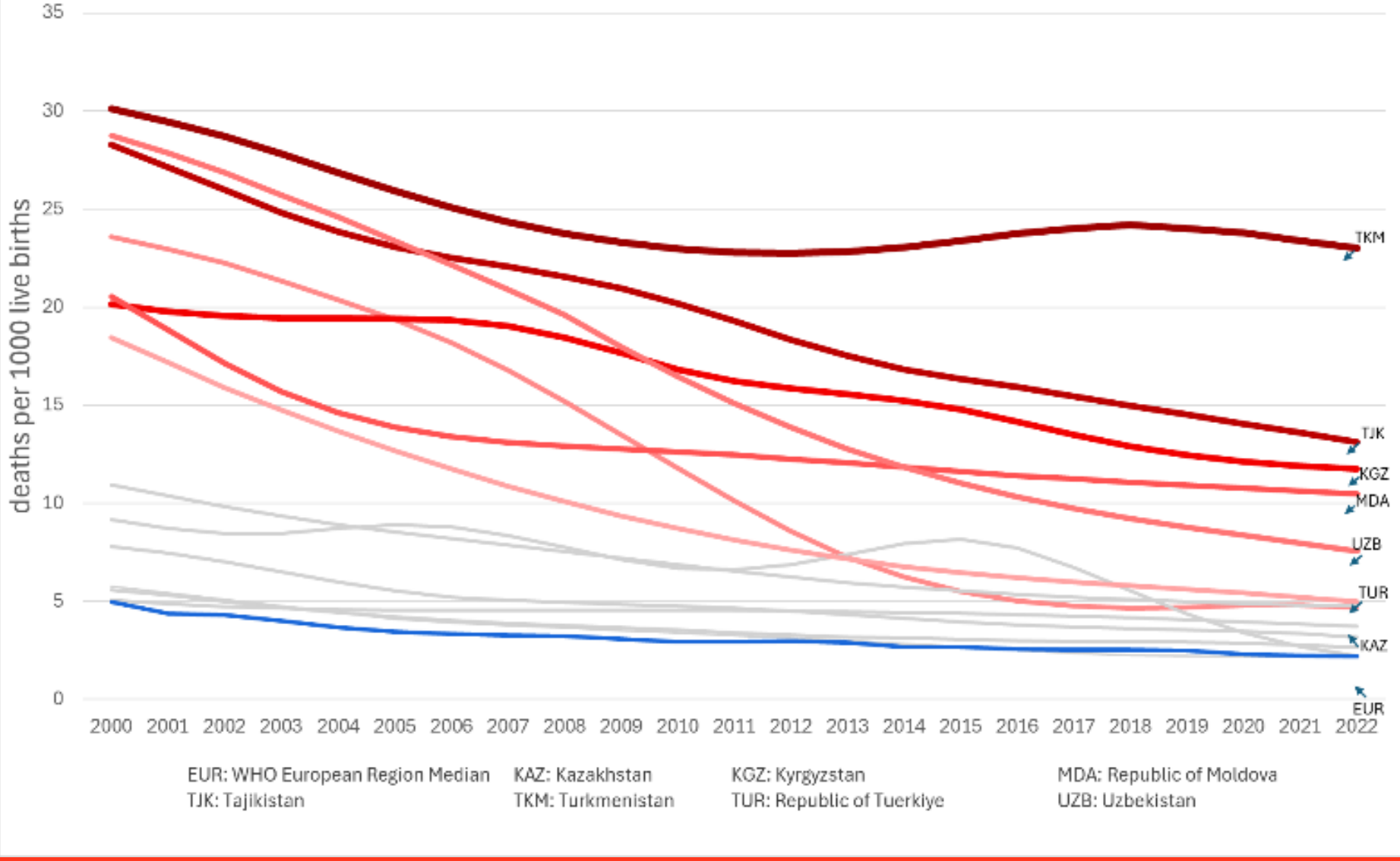
Health and education inequalities widen for school-aged children due to pandemic

Adolescents today have poorer mental health than previous generations

Mortality

The neonatal mortality in the highest mortality country is 10 times higher than the WHO European Region and 28 times higher than the lowest mortality countries

Neonatal mortality rates
European Region



Children with developmental difficulties are identified too late

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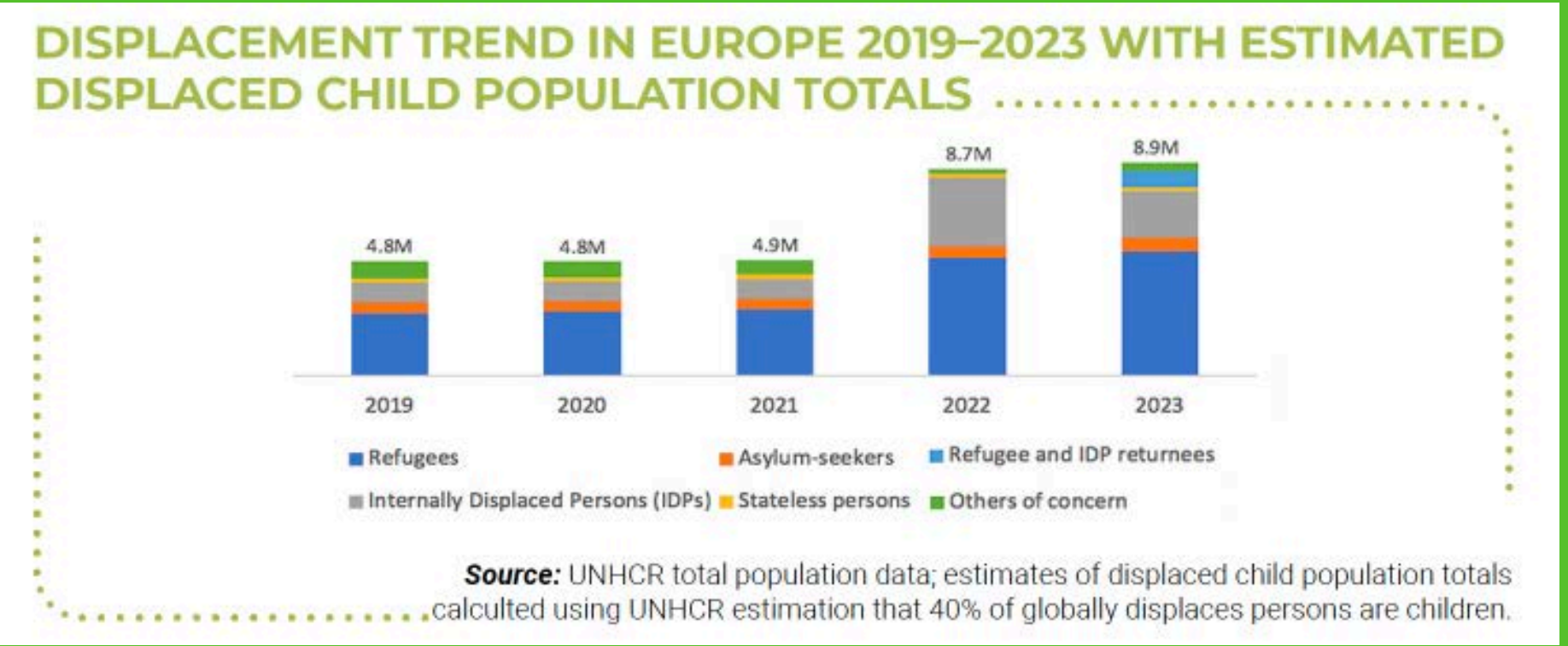
Refugee and migrant health

There are 9 million forcibly displaced children in Europe



Refugee and migrant health

To honour commitments made in the united nations convention on the rights of the child:

1. Protect children during armed conflict
2. Provide quality healthcare, social protection, and education to all children
3. Collaborate with other countries to address the issues that cause forced migration, increase the availability of safe and legal routes, and ensure the responsiveness of all host countries
4. Develop and implement cross sector emergency preparedness and response plans that account for refugee and migrant children's needs

Inequalities in newborn and child mortality persist across the Region

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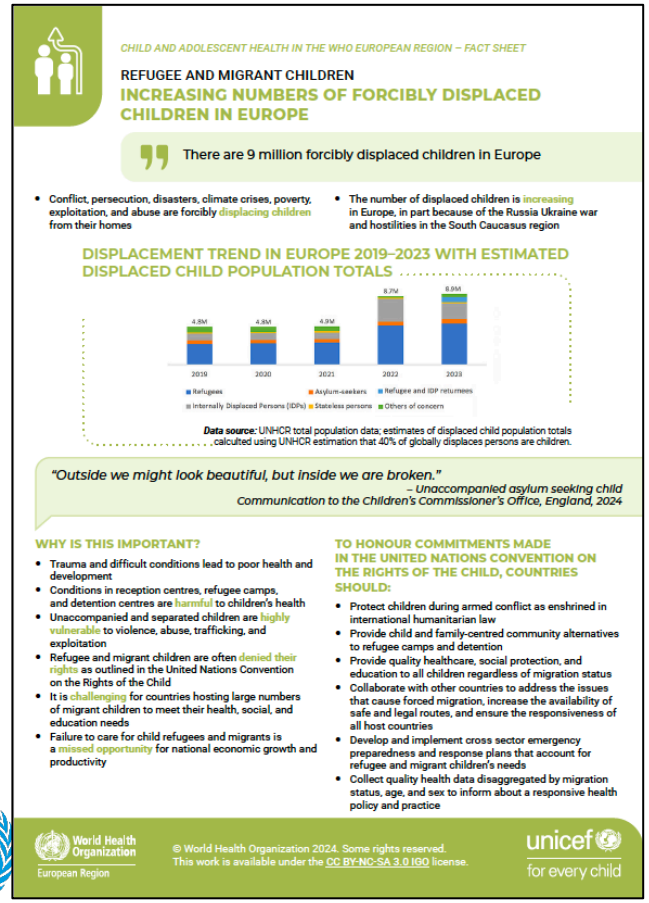
Adolescents cannot access health services by themselves

Factsheets - Child and adolescent health in the WHO European Region



CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

REFUGEE AND MIGRANT CHILDREN

INCREASING NUMBERS OF FORCIBLY DISPLACED CHILDREN IN EUROPE

There are 9 million forcibly displaced children in Europe

- Conflict, persecution, disasters, climate crises, poverty, exploitation, and abuse are forcibly displacing children from their homes
- The number of displaced children is increasing in Europe, in part because of the Russia Ukraine war and hostilities in the South Caucasus region

DISPLACEMENT TREND IN EUROPE 2019–2023 WITH ESTIMATED DISPLACED CHILD POPULATION TOTALS

Data source: UNHCR total population data; estimates of displaced child population totals calculted using UNHCR estimation that 40% of globally displaces persons are children.

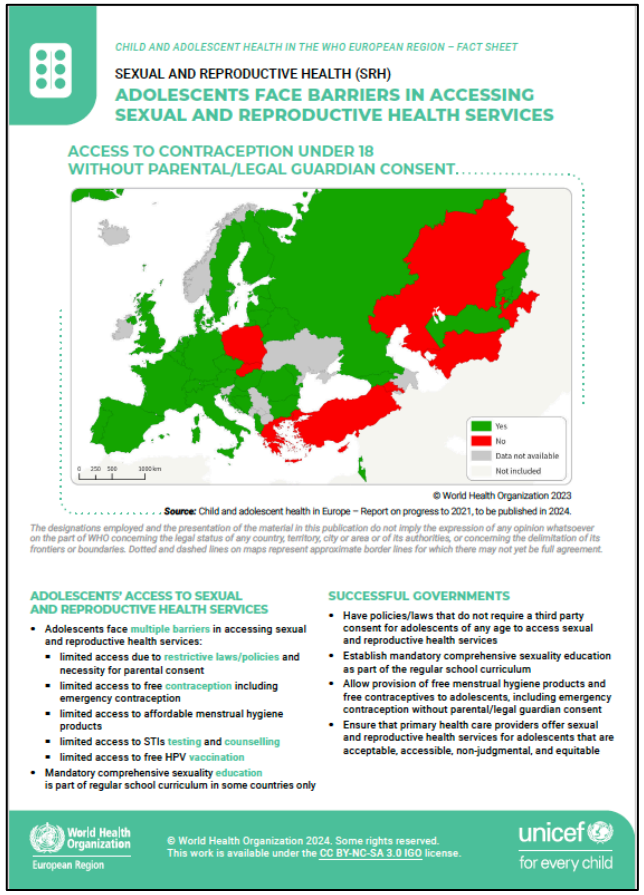
"Outside we might look beautiful, but inside we are broken."
– Unaccompanied asylum seeking child
Communication to the Children's Commissioner's Office, England, 2024

WHY IS THIS IMPORTANT?

- Trauma and difficult conditions lead to poor health and development
- Conditions in reception centres, refugee camps, and detention centres are harmful to children's health
- Unaccompanied and separated children are highly vulnerable to violence, abuse, trafficking, and exploitation
- Refugee and migrant children are often denied their rights as outlined in the United Nations Convention on the Rights of the Child
- It is challenging for countries hosting large numbers of migrant children to meet their health, social, and education needs
- Failure to care for child refugees and migrants is a missed opportunity for national economic growth and productivity

TO HONOUR COMMITMENTS MADE IN THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD, COUNTRIES SHOULD:

- Protect children during armed conflict as enshrined in international humanitarian law
- Provide child and family-centred community alternatives to refugee camps and detention
- Provide quality healthcare, social protection, and education to all children regardless of migration status
- Collaborate with other countries to address the issues that cause forced migration, increase the availability of safe and legal routes, and ensure the responsiveness of all host countries
- Develop and implement cross sector emergency preparedness and response plans that account for refugee and migrant children's needs
- Collect quality health data disaggregated by migration status, age, and sex to inform about a responsive health policy and practice



CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

SEXUAL AND REPRODUCTIVE HEALTH (SRH)

ADOLESCENTS FACE BARRIERS IN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

ACCESS TO CONTRACEPTION UNDER 18 WITHOUT PARENTAL/LEGAL GUARDIAN CONSENT

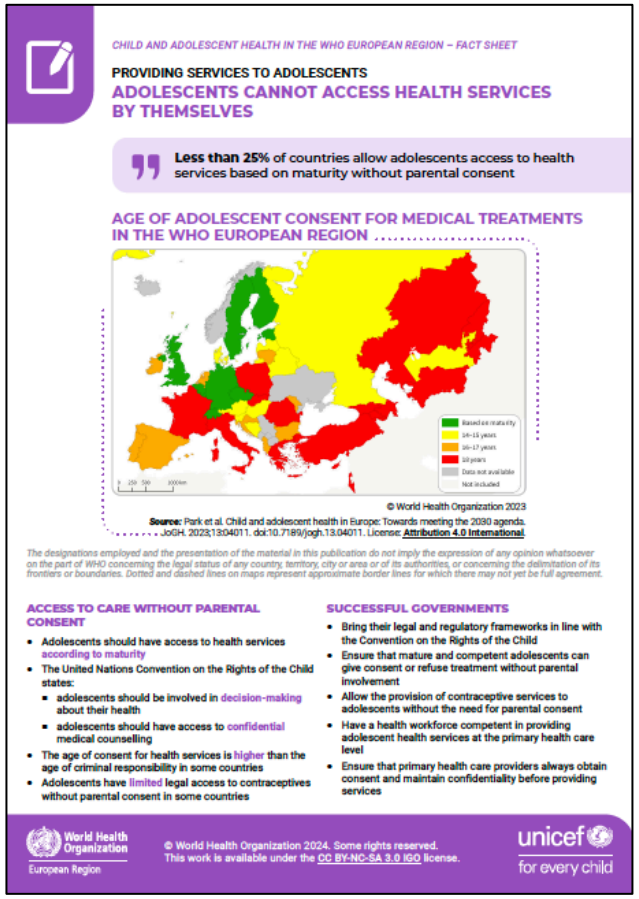
Source: Child and adolescent health in Europe – Report on progress to 2021, to be published in 2024.

ADOLESCENTS' ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

- Adolescents face multiple barriers in accessing sexual and reproductive health services:
  - limited access due to restrictive laws/policies and necessity for parental consent
  - limited access to free contraception including emergency contraception
  - limited access to affordable menstrual hygiene products
  - limited access to STIs testing and counselling
  - limited access to free HPV vaccination
- Mandatory comprehensive sexuality education is part of regular school curriculum in some countries only

SUCCESSFUL GOVERNMENTS

- Have policies/laws that do not require a third party consent for adolescents of any age to access sexual and reproductive health services
- Establish mandatory comprehensive sexuality education as part of the regular school curriculum
- Allow provision of free menstrual hygiene products and free contraceptives to adolescents, including emergency contraception without parental/legal guardian consent
- Ensure that primary health care providers offer sexual and reproductive health services for adolescents that are acceptable, accessible, non-judgmental, and equitable



CHILD AND ADOLESCENT HEALTH IN THE WHO EUROPEAN REGION – FACT SHEET

PROVIDING SERVICES TO ADOLESCENTS

ADOLESCENTS CANNOT ACCESS HEALTH SERVICES BY THEMSELVES

Less than 25% of countries allow adolescents access to health services based on maturity without parental consent

AGE OF ADOLESCENT CONSENT FOR MEDICAL TREATMENTS IN THE WHO EUROPEAN REGION

Source: Park et al. Child and adolescent health in Europe: Towards meeting the 2030 agenda. JoGH. 2023;13:04011. doi:10.7189/jogh.13.04011. License: Attribution 4.0 International.

ACCESS TO CARE WITHOUT PARENTAL CONSENT

- Adolescents should have access to health services according to maturity
- The United Nations Convention on the Rights of the Child states:
  - adolescents should be involved in decision-making about their health
  - adolescents should have access to confidential medical counselling
- The age of consent for health services is higher than the age of criminal responsibility in some countries
- Adolescents have limited legal access to contraceptives without parental consent in some countries

SUCCESSFUL GOVERNMENTS

- Bring their legal and regulatory frameworks in line with the Convention on the Rights of the Child
- Ensure that mature and competent adolescents can give consent or refuse treatment without parental involvement
- Allow the provision of contraceptive services to adolescents without the need for parental consent
- Have a health workforce competent in providing adolescent health services at the primary health care level
- Ensure that primary health care providers always obtain consent and maintain confidentiality before providing services

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FINNISH GOVERNMENT

The Finnish Child Strategy

Pia Suvivuo
Senior Specialist, Ph.D
Ministry of Social Affairs and Health
FINLAND

Why was the National Child Strategy needed in Finland?

- Finland’s child and family policy has long been short-term and fragmented.
- The rights of the child are not fully realized in Finland.
- The rights of the child are not realized equally in all regions or with regard to all children.

National Child Strategy

- Helps to make our child and family policies more coherent with the rights of the child and their full implementation in Finland.
- Shares its goals with the EU Strategy on the Rights of the Child and the European Child Guarantee.
    - E.g. it focus on child participation, child impact assessment, child budgeting and equality of children.
- First national child strategy adopted in 2021.
    - The strategy was prepared with parliamentary committee in 2020
    - The committee represented all parliamentary parties.

The National Child Strategy : 2 phases

1) Long-term objectives and measures: recorded in the actual **Child Strategy.**

   ✓ Parliamentary preparation

2) The objectives, measures and resources for the government term (or a corresponding shorter term): recorded in the **implementation plan** for the strategy.

   ✓ Preparation by public officials

Follow-up report: tool for assessing the Strategy and its implementation plan and as a bridge for the policy guidelines of the Strategy between government terms.

Implementation

- Each government will implement its own implementation plan based on the Child Strategy.
- The second implementation plan for the Child Strategy is currently being implemented.
- Coordinated by the **National Child Strategy unit which was established in 2022**.
- The unit promotes the implementation of the Child Strategy on a cross-sectoral basis through the action plans of the current and future governments.

Thank you!

More information:
Website: https://childstrategy.fi/
E-mail: lapsistrategia.stm@gov.fi

FINNISH
GOVERNMENT

Child and Adolescents' health and wellbeing challenges in the WHO European Region

Call to action

Ms Valeria Babenco, Youth volunteer network, Moldova

Dr Berthold Koletzko, European Academy of Paediatrics (EAP)

Dr Massimo Pettoello-Mantovani, European Paediatric Association (EPA-UNEPSA)

Ms Caroline Costongs, EuroHealthNet

Dr Oddrun Samdal, Health Behaviour in School-aged Children (HBSC) network

Dr Eileen Scott, WHO Collaborating Centre Representative, Public Health Scotland

Q&A and closure

Dr Natasha Azzopardi-Muscat

Director, Country Health Policies and Systems, WHO Regional Office for Europe

World Health Organization
European Region

A new child and adolescent health and wellbeing strategy, a co-creation exercise

Member States consultations

Side event RC74	Consultation 1	Consultation 2	Consultation 3	RC75
2 September 2024	26 November 2024	30-31 January 2025	18 March 2025	October 2025

World Health Organization
European Region

Thank you

For more information, contact:

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Martin Weber - Team lead, Quality of Care and Patient Safety; weberm@who.int

Susanne Carai - Consultant for Child and Adolescent Health and Quality of care; carais@who.int

World Health Organization

European Region