
A child and adolescent health and well-being strategy for the WHO European Region

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This draft regional strategic plan for the WHO European Region (2025-2030) aims to assist countries in enhancing the health and well-being of children and adolescents. The goal is improving the lives of our children and adolescents and by doing so increasing their life opportunities. Additionally, the plan is designed to contribute to the stability of our region during a period of significant change and unprecedented health challenges. The strategic plan identifies five key priority areas to achieve this:

- Investing wisely in children and adolescents' health and well-being for long-term benefits
- Duty of care and protection – securing equitable access to quality services
- Regulating against commercial harm
- Fostering good governance and multisectoral approach for comprehensive child and adolescent health
- Monitoring progress and increasing accountability.

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BACKGROUND

1. Childhood and adolescence represent life's most dynamic and formative periods, offering unparalleled growth, learning, and development opportunities. Love, nurturing relationships, play and other learning opportunities are essential to fostering emotional well-being, building social skills, and promoting overall health.
2. Yet many in the region do not live in conditions that optimize their potential and significant opportunity for improvement remains. Our children and adolescents (aged 0-19 years) face significant uncertainty about their futures due to complex, interacting factors, including economic instability, climate change, declining mental health, rapidly evolving technology, increasing inequity, geopolitical and humanitarian crises, aging populations, and strained healthcare systems. It is vital for countries to address the health and well-being of children and adolescents within this broad context to create environments where they can thrive and contribute to prosperous and inclusive societies.
3. The two previous European strategies for child and adolescent health, endorsed in 2005 and 2014 by all 53 Member States, demonstrated a commitment across the Region to invest in this age group. This investment is essential to fulfil the right of every child to good health as well as for the future stability of countries, as the costs associated with childhood disadvantage and suboptimal health can extend into adulthood, affecting government finances, employment, tax revenue and result in increased health and social benefit spending.
4. Investing in preventative healthcare for children and adolescents presents a unique opportunity to build human capital and avoid or reduce these lifelong economic and social costs, thereby reducing the overall strain on health and social care systems for decades to come. For this investment to be effective, it is crucial to strengthen the health system now, ensuring we have a sufficient and skilled workforce, implementing child and adolescent -friendly policies, gathering robust data, fostering intersectoral collaboration, and executing practical, evidence-based interventions.
5. While the primary focus of this strategy is on health, comprehensive responses from all levels of government are crucial to enhance children's lives, address social determinants of health, especially by improving the environments in which they grow up, reducing child poverty, and ensuring access to high-quality education.
6. This strategy builds upon previous efforts and outlines what countries can do to honour their commitments under the United Nations Convention on the Rights of the Child (UNCRC) and the Sustainable Development Goals (SDGs). It also provides countries with an approach to tackling region-specific causes of mortality and morbidity.
7. To ensure the perspectives and needs of children and adolescents are heard, they have been engaged with throughout the process, and have informed, the development of this strategy.

CURRENT SITUATION

8. The European Region has enjoyed some of the best health outcomes for children and adolescents globally. However, in recent years we have seen a deterioration in outcomes among a wide range of child health indicators, which is why we must act now to prevent further decline and mitigate against emerging challenges.

Significant health inequities still exist within and between countries, with some children and adolescents consistently left behind. Health systems need to be strengthened to effectively reach those in the most vulnerable situations, including those living in poverty, affected by immigration or conflict, or from minority groups. Addressing health inequities through health systems strengthening and taking action to improve social, economic, and educational conditions can help break the cycle of disadvantage, enabling all children and adolescents to realize their full potential.

9. Child and Adolescent Mortality

Progress in child and adolescent survival have stagnated, with reversal observed in some countries within the Region. In the past five years, neonatal mortality rates have risen in six countries and plateaued in three countries with rates above the WHO European Region median. Additionally, under-five mortality rates have increased in four countries and plateaued in six. For the first time in over two decades, the median mortality rate for 15–19-year-olds has also risen in 19 countries across the Region. Many of the leading causes of child and adolescent mortality are either preventable such as injuries, self-harm, violence or could be addressed by high quality health care provision and treatment such as respiratory infections or neoplasms.

10. Quality of and Access to Child and Adolescent-Friendly Health Care

Universal health coverage and high quality of care are essential for the health of newborns, children and adolescents, providing preventive care and immunization, early diagnosis, and treatment for physical, mental, and emotional health conditions.

The Sustainable Development Goals (SDGs) call on Member States to eliminate avoidable deaths and reduce morbidity among children and adolescents. To achieve this ambitious goal, it is essential to ensure access to comprehensive healthcare services that are preventive, promotive, curative, and rehabilitative. Currently, less than 25% of countries in our region allow adolescents to access health services based on their maturity without parental consent. In many cases, the age of consent for health services exceeds the age of criminal responsibility, creating significant barriers to care that conflict with children's rights under the UN Convention.

11. Early Childhood Development

Over 5 million children in the European Region are at risk of not reaching their full developmental potential, highlighting the urgent need for concerted action. Optimal nutrition, nurturing care, access to health services, and early learning opportunities are essential to improve outcomes for these young lives. To effectively promote early childhood development (ECD), we must embrace multisectoral coordination and integration and support parenting, recognizing that every child deserves a strong foundation for their future.

12. Addressing Breastfeeding and Obesity

Breastfeeding reduces the risk of diarrhoea, pneumonia and asthma and has protective effects against obesity and noncommunicable diseases later in life and yet the region has the lowest breastfeeding rates globally. The food system is failing children and adolescents, evident from the rising trend in childhood overweight and obesity which is also disproportionately among those in disadvantaged circumstances. Boys are more likely than girls to be living with overweight or obesity. Addressing these challenges requires comprehensive support for the protection of breastfeeding, regulating against the aggressive marketing of unhealthy foods, promoting optimal feeding practices, implementation of the International Code of Marketing of Breast Milk Substitutes, and encouraging active play and physical activity.

13. The Critical Role of Education

Education is a critical determinant of health, with education settings a key setting for the delivery of health education and intervention. The recent pandemic caused unprecedented educational disruption across our region, highlighting the importance of education to children and adolescents' health and wellbeing. With school closures averaging 138 days, younger children, those from less affluent families, and those with health conditions experienced the most severe impacts, with up to 40% reporting negative effects on their learning. Overall, student performance and well-being significantly declined during the pandemic, particularly among those in lower-income countries. While longer-term impacts of this disruption are yet to be determined, the post COVID-19 pandemic period has seen increased school absences and a rise in concerning behaviors among school-aged children such as vaping, gambling, and excessive social media use.

14. The Impact of Digital Technology

Digital technologies are integral to children and adolescents' social lives, education, and entertainment, but the relationship with their health and wellbeing is complex. For many using these technologies enhances social connection and learning, others can experience increased anxiety, depression or social isolation. Problematic use of social media and digital gaming is on the rise among adolescents, leading to several negative outcomes. The prevalence of problematic social media use has increased in the region, with 11% of adolescents reporting such use in 2022, up from 7% in 2018, varying across countries. This problematic use is linked to mental health issues, reduced well-being, sleep disturbances, and increased substance abuse. Alongside the consequences to individuals are the challenges of the harvesting and utilization of children's data for commercial purposes.

15. Mental Health and Well-Being

Suicide ranks among the top three leading causes of death among adolescents. Girls, older adolescents, and those growing up in low-income households report the worst mental health. In some countries in the region, nearly half of young people have unmet mental health care needs. The quality of care for child and adolescent mental health is inconsistent across the WHO European Region, and there remains a lack of robust data on the prevalence and severity of these issues and the impact of interventions.

16. Children and Adolescents in Vulnerable Situations

Progress on child and adolescent health has slowed amidst rising socioeconomic inequalities, and multiple threats to health and wellbeing, resulting in inequities in child health outcomes and healthcare delivery. Our region now hosts nine million forcibly displaced children, presenting urgent challenges for health systems and society. These children face multiple threats to their well-being, including trauma and difficult living conditions that harm their development, unsafe environments in reception centers and refugee camps, and barriers to accessing essential healthcare, including immunization. Children with disabilities and developmental difficulties struggle with access to timely and evidence-based early intervention services, rehabilitation, and school inclusion. Without targeted intervention, these challenges will have long-term implications for both individual health outcomes and regional development. Climate change will exacerbate existing inequities within and between countries, with children in the most vulnerable situations experiencing the highest burden of the direct and indirect health impacts of climate change.

17. Member State Priorities 2024

In a 2024 survey conducted among member states by WHO/UNICEF to identify key issues of concern regarding child and adolescent health and well-being. Of the 31 responses, several significant challenges were highlighted by most countries.

- (a) **Increasing Mental Health Burden:** There is concern over increasing mental health issues and a lack of high-quality support available in schools.
- (b) **Screen Time and Social Media Use:** Excessive screen time and problematic use of social media are recognized as major issues affecting children and adolescents.

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- (c) **Aggressive Marketing:** Children and adolescents are exposed to aggressive marketing of unhealthy food, alcohol, tobacco, and nicotine-containing products. This marketing contributes to related problems such as increasing overweight and obesity, poor dental health, and tobacco and nicotine use.
 - (d) **Integration of Services:** A significant problem identified by many countries is the insufficient integration of child and adolescent health services with social welfare and education systems. This lack of integration hampers the ability to address comprehensive health and well-being needs effectively. Particularly, Primary Health Care remains underutilized in many countries, and children and adolescents do not always receive the evidence-based care they need.

18. Overall, the issues of excessive screen time, problematic social media use, and the increasing mental health burden faced by children and adolescents were recognized as priorities of concern by every member state.

VISION

19. All children and adolescents in the WHO European Region realize their rights to physical, mental, and social health and well-being in healthy and supportive environments, enabling them to thrive in a rapidly changing world and to participate fully in shaping inclusive, sustainable societies.

GUIDING PRINCIPLES

20. Investing wisely in child and adolescent health effectively prevents long-term health conditions, enhances educational attainment and human capital, reduces the likelihood of entering the justice system, and yields long-term human capital and economic benefits.

Early preventive interventions are more effective and produce better health and developmental outcomes compared to later remediation efforts. They are also more likely to prevent inequality. By increasing investment in a high-quality child and adolescent health system, supporting integration of services, building a skilled workforce, and delivering evidence-based interventions, we can achieve significant health and economic benefits. These benefits include lower unemployment rates, reduced involvement with the justice system, and ageing in good health. Ultimately, this leads to decreased economic costs and less strain on public systems for countries.

21. Improving the long-term health and wellbeing of the WHO European Region requires prioritizing healthy development throughout early childhood, middle childhood and adolescence.

Countries often do not prioritize sustained investment in the health and development of children across the life cycle. Building on policy and investment to improve early child development, investing during the school years and in adolescence is essential if we are to reduce the burden of non-communicable disease in the region.

22. Increased prioritization and improvement of child and adolescent health in the WHO European Region requires commitment and tailored visions by countries.

This strategic plan acknowledges that each country is responsible for developing its own strategic policy and action plan in accordance with its own context, including culture, priorities, and available resources.

STRATEGIC PRIORITIES

Strategic Priority 1: Investing wisely in Children's and Adolescents' Health and Well-being for Long-Term Benefits

23. Investing early in children's health, nutrition, education, and development brings lifelong benefits, both individually and nationally. Countries that prioritize the well-being of children and adolescents have achieved significant health and economic progress. However, many children and adolescents in Europe still face poverty and exclusion, particularly among marginalized groups such as ethnic minorities, undocumented migrants, and refugees. The European Region cannot afford for the de-prioritization of child and adolescent health and well-being to continue.

24. Key regional focus areas are:

- (e) Smart investment in training and ongoing professional development of healthcare professionals in child and adolescent health and nutrition
- (f) Increased focus on scaling evidence-based interventions such as child health and development home visiting programmes, parenting programmes, vaccination, and nutrition services.
- (g) Long-term cross party strategic plans for supporting the health and wellbeing of children and adolescents. This includes their physical and mental health, social services, education, and economic opportunities, all of which promote holistic development.
- (h) Increased domestic funding for child and adolescent health and wellbeing by all sectors. Smart investment is required for delivery of evidence-based child health and nutrition programmes, the development and provision of paediatric drugs and medical devices and ensuring an adequate, skilled workforce in the short, medium and long-term.
- (i) Facilitating adoption of the Nurturing Care framework, the primary international framework for improving Early Childhood Development. A European adaptation by WHO Europe emphasizes actions that Europe's governments should take to optimize ECD.

Possible key actions:

25. For Member States

- (j) Guarantee an up-to-date healthcare needs assessment for child and adolescent health system to identify resourcing and workforce planning needs.
- (k) Secure adequate allocation for primary health care, including for health promotion and prevention services targeting child and adolescent health.
- (l) Improve transparency of budgetary allocations for child and adolescent health and report the share of this within health and overall public budgets.
- (m) Guarantee that workforce strategies prioritize and budget for the workforce supporting child and adolescent health.
- (n) Invest wisely in sustainable professional development of health workforce providing services for children and adolescents with a particular attention to capacity for mental health support and ECD services.
- (o) Review Nurturing Care Framework and WHO European Framework on Early Childhood Development in the WHO European Region and incorporate associated actions into ECD programme plans and interventions.
- (p) Secure funding for paediatric drugs, medical devices and assistive technologies.

- (q) Align social protection policies and provisions with the child and adolescents' health and wellbeing priorities to address social determinants of health.

26. For WHO/UNICEF

- (r) Support capacity building for and implementation of financing and costing methodologies to allow for adequate financial planning in support to child and adolescent health and wellbeing.
- (s) Develop recommendations and standards on the workforce supporting child and adolescent health.

Strategic Priority 2: Duty of Care and Protection-securing equitable access to quality services

27. Access to high-quality primary and specialist health care, nutritious food in and around schools, paid parental leave, and comprehensive parenting support are vital to the health and well-being of children, adolescents, and society. While the European region has made strides in advancing access to quality primary health care for all, significant gaps remain. Issues such as the overuse of antibiotics, low support from healthcare providers for breastfeeding, unnecessary hospitalizations, overmedicalization, and insufficient health promotion are pressing concerns that demand immediate attention.

28. Key regional focus areas are:

- (t) Ensuring access to primary and specialist health care services for all children including for those living in the most vulnerable situations to address persistent inequities
- (u) Ensuring quality, evidence-based and patient centred services delivered by a well-trained and adequately remunerated workforce sufficient in numbers
- (v) Ensuring comprehensive health care including promotive, preventive, curative and rehabilitative as well as emergency health services for children and adolescents

Possible key actions:

29. For Member States:

- (w) Secure availability of essential services for child and adolescent health for all children and adolescents. Introduce lacking services such as comprehensive primary health care including mental health and early-childhood development services within communities and schools.
- (x) Support the alignment of primary health care services with the WHO Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence.
- (y) Promote equity in access to services, provide services that are in the best interest of the child or adolescent including access to services for adolescents based on maturity and strengthen outreach mechanisms and community support to reach children and adolescents living in the most vulnerable situations.
- (z) Guarantee protection from all forms of violence, abuse and mistreatment through coordinated action of all sectors through policy and programme measures and building of public awareness.
- (aa) Improving health literacy with programmes aimed at caregivers about parenting, health, development, nutrition, and mental well-being.
- (bb) Promote integration of life course and family-centred approaches into public health strategies and clinical practices, to better respond to the diverse needs of children and adolescents across their lifespan.
- (cc) Consider linking quality of care provided with new payment mechanisms.

30. For WHO/UNICEF:

- (dd) Support countries to translate, adapt, adopt, and implement evidence-based standards and guidance and provide quality care for every child and adolescent at all levels.
- (ee) Support countries to strengthen primary health care to ensure every child and adolescent receives the care they need and are not unnecessarily hospitalized.
- (ff) Support countries to build well-functioning and resilient health systems fit to deliver quality care to children and adolescents at all levels, including capacity building for the workforce delivering services to children and adolescents and ensuring all necessary infrastructure, equipment, and medicines.
- (gg) Support countries to implement legislation conducive for child and adolescent health including access to services and protection from harm and all forms of violence.
- (hh) Develop guidelines for integrating life-course approaches into national public health strategies.

Strategic Priority 3: Regulating against Commercial Harm

31. The commercial sector plays a key role in wealth creation, but unregulated marketing can threaten children and adolescents' health and drive the development of long-term health conditions. Companies profit from promoting unhealthy products to parents, children and youth, such as breast milk substitutes, fast food, sugary drinks, alcohol, tobacco, and vaping, necessitating strict regulatory standards. With adolescent e-cigarette use surpassing traditional cigarette smoking in many countries, comprehensive strategies are essential to mitigate harm.

32. The significant concern raised by member states around the impact on children and young people of digital technologies and the increasing impact of problematic social media use, gambling, alongside the harvesting and utilization of children's data for commercial purposes and marketing are growing concerns that require mandatory regulation.

33. Key regional areas of focus are:

- (ii) Implementation of education campaigns and public dialogues to raise awareness among parents, children, and adolescents about the risks associated with targeted marketing of harmful products. Mobilization of communities to advocate for policies that protect children's health from exploitation by the commercial sector.
- (jj) Strengthened legislative measures and enforcement mechanisms through the establishment or enhancement of regulatory bodies to mandatory standards regarding advertising and marketing to children, ensuring compliance by companies.
- (kk) Improve research and data collection to understand the impact of marketing tactics on children's health and behaviors, informing future policy decisions.
- (ll) Promote healthy alternatives through policy and legislation that encourages companies to invest in food reformulation and promote healthier product options for children and adolescents.

Possible key actions:**34. For Member States:**

- (mm) Guarantee that policies across government acting on the commercial determinants of health (such as on alcohol, tobacco and nicotine-containing products, unhealthy food, breast milk substitutes and gambling) protect the health and well-being of children and adolescents.
- (nn) Support adoption and enforcement of the International Code of Marketing of Breast-milk Substitutes.

- (oo) Support adoption and implementation of the baby friendly hospital initiative.
- (pp) Develop specific legislation to protect children from aggressive and inappropriate marketing of breastmilk substitutes and formula, foods and drinks with high sugar, fat and salt content, drinks containing methyl-xanthine (including caffeine) and/or taurine, as well as food containing industrial trans-fatty acids and unhealthy brands in all settings.
- (qq) Guarantee that interventions to support healthy environments, such as those described in NCD Best Buys, are considered for children and adolescents.
- (rr) Monitor and restrict marketing of unhealthy commodities, especially in online contexts to reinforce that children are not a legitimate market for products that are harmful to health.
- (ss) Adopt an additional protocol of the UN Convention on the Rights of the Child and report on progress with the implementation of regulation against commercial harm

35. For WHO/UNICEF:

- (tt) Compile and share evidence on action and approaches to protect children and adolescents from commercial harm, including a collation of “best buys” for child and adolescent health.
- (uu) Monitor and report progress on the implementation of regulation against commercial harm of the health of children and adolescents. Provide technical support to countries for enforcing legislation.
- (vv) Serve as a platform to share successful country experiences with the implementation of regulation protecting children and adolescents from commercial harm.

Strategic Priority 4: Fostering good governance and multisectoral approach for Comprehensive Child and Adolescent Health

36. To promote the health and well-being of children and adolescents, we must go beyond health to education, social welfare, housing, agriculture, energy, and transportation. Clean water, air, safe play areas, universal health coverage, good nutrition, and social welfare policies are essential.

37. Effective collaboration across these sectors requires strategic partnerships, cabinet coordination, diverse stakeholder involvement, and political commitment. Government leaders should establish mechanisms for inter-ministerial collaboration to ensure that health and wellbeing of children and adolescents is supported in a holistic manner.

38. Access to education and educational attainment are fundamental determinants of health and economic prosperity from childhood into adulthood. Educational establishments also provide a unique setting for the delivery of preventative and promotive health services to children such as vaccination or mental health support services and optimal nutrition. School health services are part of the overall approach to ensuring universal health coverage and promoting cross-sectoral action. Health promoting schools support healthy living and learning conditions that are inclusive for all and equip children and adolescents with the competencies to make informed decisions towards a healthy future.

39. Key regional areas for focus are:

- (ww) Facilitating greater cross-governmental policy development and implementation, ensuring improved alignment between health and education, as well as social welfare, housing, climate change and transportation plans for a comprehensive approach.
- (xx) Enhancing intersectoral collaboration at regional levels including health, education, social welfare, and urban planning.

- (yy) Maximizing opportunities to promote the health and well-being of children and adolescents within educational settings through support for early childhood development and learning, school health systems and health promoting schools.
- (zz) Ensure children and adolescents needs are considered in plans for prevention and mitigation of the impacts of climate change.
- (aaa) Increasing the involvement of children, adolescents, and their families in decision-making processes to ensure their needs and perspectives are effectively considered and that they are empowered to lead healthy lives and foster ownership and accountability.

Possible key actions:

40. For Member States:

- (bbb) Secure mechanisms in place to support cross-cutting governmental approaches to ensure cohesive action and budgeting for child and adolescent health.
- (ccc) Strengthen collaboration among and between government, health organizations, schools, and communities to create supportive cultures that prioritize children and adolescents in policy, financing and practice.
- (ddd) Develop multi-sectoral policies and budgets addressing overall child and adolescent wellbeing or ensure alignment of sectoral policies and budgets to ensure comprehensive support to child and adolescent health and wellbeing.
- (eee) Adopt the health promoting schools' approach and ensure that every school is a health promoting school.
- (fff) Establish skills-based health education, including comprehensive health behaviour sexuality education, as part of the school curriculum.
- (ggg) Strengthen the role of school nurses for health promotion and health/education liaison.
- (hhh) Strengthen pre-service and continuing medical education of family doctors and paediatricians and other health workers caring for children and adolescents.

41. For WHO/UNICEF:

- (iii) Support countries with the setting up of cross-cutting ministries based on exiting country experience and serve as a demonstration platform.
- (jjj) Share evidence on successful intersectoral coordination mechanisms ensuring the whole-of - government support to child and adolescent health and wellbeing.
- (kkk) Support the implementation of health promoting schools' approach and cross regional collaborative networks to facilitate the approach and knowledge sharing.
- (lll) Work with countries to strengthen the role and capacity of school nurses.
- (mmm) Share evidence-based curricula for health education in schools including sexuality education.
- (nnn) Develop standards for and support countries in pre-service and continuing medical education of health care workers entrusted with the care of children and adolescents.

Strategic Priority 5: Monitoring Progress and Increasing Accountability

42. Data collection is an essential aspect of health systems. There are still significant child and adolescent health surveillance gaps across the region, including early childhood developmental monitoring, children

with mental and physical health problems, refugee and migrant children, children with long-term health conditions or disabilities and those in institutional care.

43. Early detection of difficulties increases the potential to improve outcomes for children and adolescents who are at risk of or have developmental delays, disabilities and/or behavioural or mental health needs, and their families. Without high-quality, accurate and timely data collection, developing and implementing effective policies and services for children is challenging, leading to potentially ineffective or harmful interventions and insufficient or misallocated investment. Overall, inadequate child data collection and surveillance can significantly impede efforts to protect and support children, ultimately affecting their health, education, and overall well-being.

44. Key regional areas of focus are:

- (ooo) Increased investment in comprehensive child data collection and surveillance, including the health-data infrastructure and digitalization to achieve universal health coverage.
- (ppp) Ensuring adequate resources and sufficiently skilled staff are available to undertake analysis.
- (qqq) The development of robust surveillance frameworks and standards is necessary to allow for continuous monitoring of child health indicators and to assess programme effectiveness.
- (rrr) Promoting data sharing and collaboration. This includes partnerships among government agencies, NGOs, and health organizations to share data and insights, facilitating a unified approach to child health initiatives.

Possible key actions:

45. For Member States:

- (sss) Strengthen health surveillance including both data infrastructure and workforce, embracing digitalization to support universal health coverage and adequate health monitoring, including data on child health collected within private healthcare services.
- (ttt) Assess the proportion of children who are developmentally on track using the Early Childhood Development Index 2030 (ECDI 2030) as recommended by the United Nations.
- (uuu) Surveillance should include children with mental and physical health problems, refugee and migrant children, and children in institutional care in national health information systems.
- (vvv) Produce regular national reports on their own country's child and adolescent health and well-being outcomes and strategic progress.
- (www) Engage with WHO and UNICEF in monitoring the implementation of this strategy at country level in 2027 and 2031.

46. For WHO/UNICEF:

- (xxx) Provide guidance on a minimum surveillance data set and associated indicators to enable member states to monitor child and adolescent health effectively and consistently.
- (yyy) Highlight critical data gaps (e.g., mental health prevalence, developmental delays) and propose a phased plan to strengthen surveillance across countries.
- (zzz) Support countries awareness of and ability to join, and use, national data and evidence from HBSC, GYTS and COSI to inform programmes, policies and innovation to benefit children and adolescents.
- (aaaa) Provide evidence products that support countries to base interventions and policy actions on effective, evidence informed action.
- (bbbb) Undertake a monitoring and evaluation programme for assessing the progress of child and adolescent health over the course of this strategy.

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