

Child and adolescent health and development in a European perspective

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The health of children and adolescents is a resource for future economic and social development in all countries, whether they have high, middle or low income. Early investment in the health of children and adolescents is important for many reasons. There are moral and legal reasons to ensure children's right to enjoy the highest attainable standard of health, as embodied in the United Nations Convention on the Rights of the Child. Many diseases can be prevented and health-promoting measures implemented with optimal effectiveness from the early stages of life.

Health status and trends

Overall, the health status of children and adolescents in the European Region has improved in recent decades. Nonetheless, living conditions and many other indicators for health continue to differ substantially between countries. Besides cross-national differences – also with regard to socioeconomic status, ethnic background, and gender – health conditions differ substantially within the countries. Data shows that more than 15 % of the children in countries such as Ireland, Italy and the United Kingdom live in relative poverty (less than 50 % of the median income) versus less than 5 % in the Scandinavian countries¹. This is important given the clear association between socioeconomic status and health.

The social circumstances under which children and adolescents mature are of paramount importance. Peer pressure, family values, mass communication, the school environment, and social and gender norms all have a considerable influence on lifestyle. The health-related behaviour of adolescents is a result of these and other influences. Tobacco use, alcohol consumption, other substance misuse, diet and physical activ-

ity are all determined in large measure by the socioeconomic conditions and the social environment, not to mention the young person's self-esteem and self-perception.

While some of the differences in health are of genetic nature, many of the differences are externally determined, such as those related to socioeconomic status. Social behaviours and gender norms are other important influencing factors. Major differences between the health of young women and men can be found especially in accident rates, the prevalence of interpersonal violence and health-related lifestyle. And finally it can be noted that boys and girls have a different perception of their health depending on which country they live in.

Between 10 % and 20 % of adolescents in the European Region are estimated to have one or more mental or behavioural problems, but even here it is important to point out that the burden of mental disorders and distress is generally underestimated². Mental health problems affect at least one in four people at some time in their lives. Particularly the mental health of young people is a concern; especially those who are socioeconomically disadvantaged are at greater risk. About 4 % of 12–17-year-olds and 9 % of 18-year-olds suffer from depression, making it one of the most prevalent disorders with wide-ranging consequences². Young girls are now diagnosed more frequently than in the past with mental disorders, particularly depressive symptoms. Depression is associated with suicide among young people – a major problem in many countries and the second leading cause of death among young people².

Diet and nutrition and especially overweight have developed into a major health concern over the past decades. On aver-

age, 20 % of children in the European region are overweight and the obesity trend in children and adolescents is particularly alarming³. The annual rate of increase in the prevalence of childhood obesity has been growing steadily – the current rate being 10 times higher than that in the 1970s. It is expected that 15 million children will be obese by the year 2010. The Health Behaviour in School-aged Children survey data shows major differences between countries in the prevalence of overweight and obesity for the 15 year olds ranging from 5 to 30 %⁴. The data includes major gender variations.

WHO strategy for Europe

In this context, the WHO has in collaboration with Member States and other partners developed a strategy for child and adolescent health and development. The strategy which was adopted by the WHO Regional Committee in 2005 is based on a broad concept and understanding of health which places it in a life-course perspective. The purpose of the strategy is not to provide universal solutions to all the challenges of child and adolescent health and development, but to create a platform and principles that all Member States can use to formulate better policies and programmes in this field.

Using a life course approach makes it necessary to place the focus on the stages of life that are decisive for development and therefore require special efforts in health promotion, disease prevention and treatment. The Strategy is based on a wide range of data about children's and adolescents' health behaviours in Europe that reflect lifestyle, behavioral, cultural and socioeconomic factors. It sets out three objectives:

- creating a platform for assessing and critically examining national health and development programmes and action plans for children and adolescents, which will enable each country to reveal the improvements needed in health policy and legislation and to improve existing interventions;
- promoting intersectoral cooperation in the efforts to focus on important health themes related to child and adolescent health and development; and
- determining the role the health sector must have in developing and coordinating legislation and policies for a health system that can meet the needs of children and adolescents.

Overall principles

The overall principles of the strategy are:

1. Life-course approach – policies and programmes should address the health challenges at each stage of development, from prenatal life to adolescence;
2. Equity – the needs of the most disadvantaged should be taken into account explicitly when assessing health status and formulating policy and planning services;

3. Intersectoral action – an intersectoral public health approach that addresses the fundamental determinants of health should be adopted when devising policies and plans to improve the health of children and adolescents; and
4. Participation – the public and young people themselves should be involved in the planning, delivery and monitoring of policies and services.

These four principles are important aspects of achieving success in improving the health and development of children and adolescents. Further, having access to relevant information on the current health status of children and adolescents is important. The strategy includes seven priority areas for action that should be incorporated in the overall planning of improving the health and development of children and adolescents: health for mothers and newborn babies; diet and nutrition; preventing and curing communicable diseases; preventing injuries and violence; action on the physical environment; comprehensively approaching the special health needs of children and adolescents; and psychosocial development and mental health. Thus, these are a combination of two essential stages in the life-course and five priority themes that influence health and development at all stages of the life-course.

From resolution to action

In theory, the strategy comprises a well-founded basis for action in each Member State, but experience shows that converting words into action is often difficult. WHO therefore prepared a toolkit to help concretize and implement the strategy in each country.

The toolkit currently comprises four tools:

- an assessment tool – methods for assessing and reviewing existing policies, strategies and infrastructure related to child and adolescent health, including assessing whether they result in actual, successful intervention;
 - an information tool – methods for identifying existing information for determining the health status of children and adolescents, which is essential for developing effective measures to improve their health and also helps in developing indicators and identifying data for monitoring trends in health; and
 - an action tool – a catalogue of actions (such as legislation, regulations, policies and interventions) that have proven to be effective in improving the health of children and adolescents and to support them in their continuing development.
- a gender tool – guidance to enable countries to incorporate gender analysis into their child and adolescent health programmes and identify effective interventions that have a gender perspective.

It is essential that this process is based on evidence and data from sources such as the Health Behaviour in School-aged Children Study.

The process of introducing the Strategy to countries in the European Region, supporting workshops and situation analyses to identify current situations and map future plans, beginning the task of developing strategies for individual countries and evaluating the process and outcomes is providing valuable lessons that can shape where the Strategy goes from here.

More than 20 countries in the European region are presently working on development of policies and strategies with a particular focus on children and adolescents. Analysis of data from monitoring the strategy development shows a substantial increase in the involvement of youth and civil society between 2006 and 2008. Life-course approaches and equity are being addressed to a larger (but not yet full) extent in national strategies, and the findings also show the overriding importance of intersectoral collaboration.

Robust data on child and adolescent health status and patterns are essential to develop effective policies and strategies, but the monitoring survey found that only around half the countries had a national database of relevant child and adolescent health information. In some countries, a database on child health does not exist as a single structure, but is integrated in other registers or databases. The Health Behaviour in School-aged Children survey is seen as a means of collecting information on social and behavioural issues as well as information on gender, geographic and socioeconomic inequalities in health, which can be added to existing data on morbidity and mortality indicators.

Creating conditions for equal opportunities for health is a long term process, but more and more countries have realized the importance of investing in health for their children and adolescents in order to create better societies for the future.

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