



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
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## **The health of children and adolescents**

### **Report by the Secretariat**

#### **BACKGROUND**

1. At the beginning of the twenty-first century, newborns, children and adolescents make up nearly 40% of the world's population. They are also among the most vulnerable groups; their health problems account for over half of the gap in health equity between the world's richest and poorest. The foundations of health in adulthood and old age are laid during childhood and adolescence, and the major health and development needs and challenges evolve as a child grows. Newborns and young children have basic needs related to survival and require adequate care to ensure their optimal development. Adolescents face challenges as they move toward adulthood. All three age groups need safe and supportive environments in which to grow to their full potential.
2. The process of growth and development is cumulative and intergenerational. Gains (or losses) at any stage across the life course affect health at a later stage, or the health of the next generation.
3. The health problems facing children and adolescents are well documented. In the year 2000, 99% of the 10.9 million childhood deaths were in developing countries. Preventable communicable diseases (acute respiratory infections, diarrhoea, malaria, measles and HIV infection) and malnutrition accounted for over 50% of those deaths, with measles alone killing nearly 590 000 children under five in 2000.<sup>1</sup> Young people aged 15 to 24 years continue to have the highest rates of new sexually transmitted infections; more than 40% of all new HIV infections in 2000 occurred in this age group.<sup>2</sup> Other challenges to adolescent health and development include the habitual use of substances, especially tobacco and alcohol, which usually begins in adolescence; adoption of dietary and physical activity patterns that may be continued in adulthood; reproductive health problems, which are the major cause of death among women aged 15 to 19; and intentional and unintentional injuries, which claimed the lives of over quarter of a million males between 5 and 14 years in 2000. Today there is enough knowledge and experience to address these problems, and to protect and promote optimal growth and well-being of newborns, children and adolescents.
4. Children and adolescents live in a world that is increasingly complex. Marketing firms are competing with parents and peers to influence their behaviour, affecting their future health. New data are revealing that mental health problems and violence are more prevalent than previously thought.

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<sup>1</sup> In 1999 the total number of deaths from measles was 875 000, of which 664 000 were children under five.

<sup>2</sup> World AIDS Day 2000, master presentation. UNAIDS Web site [www.unaids.org](http://www.unaids.org)

For example, WHO estimates that 10% to 20% of all children have one or more mental or behavioural problems.<sup>1</sup> Children's health is also directly and indirectly affected by conflicts, wars and migration.

5. Although significant improvements have been made in health and development outcomes of children and adolescents since the 1950s, progress in the past decade has been less than expected. Reductions in child mortality rates have slowed. Knowledge about the management and prevention of disease and injuries has increased, but coverage levels for essential interventions are modest and not expanding. Adolescents still lack environments that support their development and increase their access to information, skills and health services.

6. Past resolutions of the Health Assembly are comprehensive in their recognition of: the right of all children and adolescents to the highest attainable standard of health and access to health care;<sup>2</sup> the need for increased attention to the integrated management of the sick child;<sup>3</sup> child nutrition;<sup>4</sup> the health of newborns and youth;<sup>5,6</sup> the prevention of violence;<sup>7</sup> vaccine-preventable diseases;<sup>8</sup> maturity before parenthood;<sup>9</sup> and the important place of children in efforts to roll back malaria<sup>10</sup> and of adolescents in scaling up the response to HIV/AIDS.<sup>11</sup> These commitments provide the foundation for renewed and intensified global action.

## ISSUES

7. Member States have set clear goals at the World Summit for Children in 1990 and in the more recent International Development Goals and Millennium Development Goals. Child mortality has decreased from 97 per 1000 live births in the early 1980s to 67 in 1999, and can be further reduced by achieving high coverage levels for essential health services and support, including the preventive and curative interventions combined in the Integrated Management of Childhood Illness (IMCI) strategy. Attention to immunization must continue to be increased and sustained. For example, measles mortality, which accounts for 50% to 60% of vaccine-preventable deaths, can be reduced by half by 2005 through implementation of a strategy to provide a second opportunity for measles vaccination. Other examples include interventions to prevent violence and injuries and to improve and sustain healthy behaviours. Achieving and maintaining high coverage levels among target populations with effective strategies and interventions requires a two-pronged approach: putting in place effective mechanisms to support families and communities in preventing disease and injury and in caring for their children; and increasing the efficiency of the health system to provide accessible high-quality services, including health education and services in schools.

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<sup>1</sup> *The world health report 2001*, Geneva, World Health Organization, 2001, p. 36.

<sup>2</sup> Resolution WHA51.22.

<sup>3</sup> Resolutions WHA40.34 and WHA44.7.

<sup>4</sup> Resolutions WHA33.32, WHA49.15 and WHA54.2.

<sup>5</sup> Resolution WHA45.22.

<sup>6</sup> Resolution WHA42.41.

<sup>7</sup> Resolution WHA49.25.

<sup>8</sup> Resolution WHA53.12.

<sup>9</sup> Resolution WHA38.22.

<sup>10</sup> Resolution WHA52.11.

<sup>11</sup> Resolution WHA54.10.

8. The child survival movement of the past two decades promoted a limited set of interventions that benefited primarily older infants and children up to five years of age. As a consequence, although child mortality has declined, newborn mortality has not. In 2000, millions of newborns may have died. This is particularly disturbing because most newborn deaths are preventable through interventions that are linked to maternal health, and that are effective and affordable even in countries where resources for health care are limited. Effective interventions for newborn health can be implemented at various points along the life course:

- promoting education for girls and eliminating harmful customary and traditional practices, including early and forced marriages;
- ensuring access to reproductive health services;
- ensuring access to essential antenatal care, including immunizing mothers with tetanus toxoid and providing skilled assistance at delivery;
- promoting improved home care practices for the newborn, including the early initiation of exclusive breastfeeding;
- detecting and managing infections in the newborn.

9. The health and development needs of adolescents have also received inadequate attention. Although adolescence is generally considered to be a healthy period, some of the behaviours acquired during adolescence related to sexuality, use of substances, eating habits, physical activity and dealing with conflicts will last a lifetime. The behaviours are interrelated, and have critical implications for the capacity of individuals to be responsible, productive members of society. Substance use, for example, increases the risk of unsafe sex, which in turn increases the risk of HIV and other sexually transmitted infections, unintended pregnancies, and complications from pregnancy and childbirth. It is time to scale up safe, efficacious, effective interventions that, with the participation of adolescents, provide them and their parents with adequate knowledge, skills to deal with potential risks, and access to appropriate services and support. In addition, health programmes and services must be strengthened to respond to the often different needs of young men and women.

10. Gender considerations are fundamental in ensuring the health and development of children and adolescents. Gender roles are created and adopted during childhood and adolescence, and are important determinants of health-related behaviours. Gender is also associated with differential prevalence levels and fatality rates for important health problems and diseases. To be effective, programmatic approaches must give appropriate attention to gender.

11. A strategy on child and adolescent health and development is being prepared. This strategy will describe what is needed for children and adolescents to meet their optimal health, growth and development potential, based on state-of-the-art knowledge and evidence. It will define ways in which WHO can support Member States as they renew their efforts to improve the health of children and adolescents and achieve international goals. In this respect it will build on the outcome of the rescheduled United Nations General Assembly special session, in May 2002. WHO is working closely with UNICEF in preparing for this session. The strategy will be submitted to the Executive Board in 2003, for subsequent consideration by the Fifty-sixth World Health Assembly.

**ACTION BY THE EXECUTIVE BOARD**

12. The Executive Board is invited to note and comment on the above report.

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