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FIFTY-SIXTH WORLD HEALTH ASSEMBLY
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Strategy for child and adolescent health and development

Report by the Secretariat

1. Children and adolescents are the basic and fundamental resource for human, social and economic development. They are also among the most vulnerable groups that suffer the consequences of unmet health needs; around 40% of the global burden of disease falls on them. An assessment of indicators of child health, conducted in preparation for the United Nations General Assembly special session on children (May 2002), showed little improvement in child-health outcomes over the past decade, with vast disparities across socioeconomic strata. The assessment also raised concern about adolescent health and new threats to it, particularly HIV/AIDS.

2. The Global Consultation on Child and Adolescent Health and Development (Stockholm, March 2002), convened jointly by WHO and UNICEF, brought together more than 300 experts and partners, to review existing global evidence and experiences, and discuss future directions in child and adolescent health and development. It highlighted the importance of child and adolescent health for ensuring the prosperity of families, societies and nations. It confirmed the conclusions of the WHO Commission on Macroeconomics and Health that resources need to be considerably increased in order to ensure that every child and young person is reached with those interventions that can make the greatest impact. The Consultation also confirmed that investing in the health of children and adolescents is sound economics.¹ In addition to the need to control excess morbidity and mortality from common diseases, participants called for more emphasis on interventions that promote growth and development, to ensure that every child can reach his or her full potential.

3. In May 2002, the United Nations General Assembly Ad Hoc Committee of the Whole adopted seven goals on child survival, nutrition and sanitation, and within these goals targets were set for reducing maternal mortality and for improving adolescent health.² It also reiterated the goals for reducing HIV prevalence among young people and promoting coverage of essential interventions that improve young people's access to information, skills and services, that had been previously adopted at the International Conference on Population and Development (Cairo, 1994), and the United Nations General Assembly special session on HIV/AIDS (2001). WHO is committed to cooperating with governments and partners in the attainment of the goals and targets by providing strategic directions on evidence-based interventions that are likely to have the highest impact.

¹ See, A healthy start in life: report on the Global Consultation on Child and Adolescent Health and Development. Document WHO/FCH/CAH/02.15.

² Report of the Ad Hoc Committee of the Whole of the twenty-seventh special session of the General Assembly. Document A/S-27/19/Rev.1.

4. In response to resolution WHA55.19, adopted by the Health Assembly in May 2002, a strategy for child and adolescent health and development was drawn up and submitted to the Executive Board for consideration at its 111th session in January 2003.¹ The Board at that session adopted resolution EB111.R11 which recommended to the Fifty-sixth World Health Assembly a draft resolution welcoming the strategic directions and setting out actions for Member States and WHO. Subsequent comments from interested parties, in response to a Note Verbale (22 February 2003), were taken into account in refining the strategy.

STRATEGIC DIRECTIONS FOR CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT

5. WHO's strategic directions for improving the health and development of children and adolescents identify seven priority areas in which coordinated efforts to strengthen the capacity of families, communities and health systems to take appropriate action can make a dramatic impact on the lives of children and adolescents (see Annex).

6. Within the range of potential areas for action, Member States will identify national priorities, taking into account, among other factors, the burden of disease, the epidemiological situation, the capacity of the health system, and the resources available. WHO will provide guidance to Member States and partners to identify priorities and develop strategic operational responses.

7. The evidence for identifying the areas of priority action is clear, and many effective interventions are known. A major challenge is transforming this knowledge into action on a scale that reaches all children and adolescents who need it, and has an impact on coverage levels that will affect outcomes at population level. Meeting this challenge will require three simultaneous efforts:

- formulating and operationalizing global, regional and national policies for child and adolescent health, and ensuring strong and steadfast political commitment;
- establishing safe and supportive environments by engaging families and communities in the promotion of health, prevention of ill-health, and provision of care for children and adolescents;
- increasing the efficiency and responsiveness of the health system to provide services that meet community needs for good-quality care at high and sustained levels of coverage.

8. WHO is committed to improving existing preventive and curative interventions, and to developing new interventions to meet the challenges to children's and adolescents' health. The Organization will also seek to expand knowledge on ways to strengthen health systems and deliver integrated services. It will cooperate with Member States in building capacity for effective implementation and monitoring of progress, and translating the lessons learned into improved programme management.

9. Implementation of the strategy requires intersectoral and multisectoral partnerships. These partnerships are necessary to scale up effective interventions, and to broaden their range through

¹ Strategic directions for improving the health and development of children and adolescents. Document WHO/FCH/CAH/02.21 Rev.1, available in the meeting room.

research and development. To this end, WHO is committed to strengthening collaboration with governments, international organizations and civil society. The emphasis it will give to normative and technical work, partnership, and support for specific areas of action will be determined by its strengths in each area.

ACTION BY THE HEALTH ASSEMBLY

10. The Health Assembly is invited to note the strategic directions for improving the health and development of children and adolescents and to consider the draft resolution contained in resolution EB111.R11.

ANNEX

STRATEGIC DIRECTIONS FOR IMPROVING THE HEALTH AND DEVELOPMENT OF CHILDREN AND ADOLESCENTS: SUMMARY

INTRODUCTION

1. Despite a remarkable reduction in child mortality, 10.8 million children under five years of age died in 2000, over half of them due to just five preventable communicable diseases, compounded by malnutrition. In many countries the progress in reducing deaths has slowed and in some, past gains have been reversed. One reason is failure effectively to address neonatal mortality. Others include the limited progress in tackling determinants of ill-health such as malnutrition, unhealthy environments, and low levels of access to, and utilization of, good-quality health care services. Knowledge about the management and prevention of childhood disease and injuries has increased, but coverage with essential interventions is still modest.

2. Over the past decade, considerable progress has been made in understanding the factors that affect adolescents and in introducing interventions to address their health needs. Nevertheless, many adolescents still lack the support they need for their development, including access to information, skills and health services. New threats, such as the HIV pandemic, and rapidly changing socioeconomic circumstances pose considerable challenges to the safe transition of young people into adulthood.

3. Poverty is an underlying determinant in the health of children and adolescents. Under-five mortality currently averages 6 per 1000 live births in the high-income countries but is as high as 175 per 1000 in low-income countries. Within countries, poor children also tend to be in worse health.

BASIS FOR ACTION

4. The foundations of health in adulthood and old age are laid during childhood and adolescence. Neonates and young children have basic survival needs for warmth and adequate feeding, but also require social interactions and play to nurture their optimal development. Adolescents have similar needs. In addition, they face the challenge of adopting healthy behaviours as they move toward adulthood. All three age groups need safe and supportive environments and families in which to grow and develop.

5. WHO's strategic directions for improving the health and development of children and adolescents bring together the most critical areas of work for improving the health and development of children and adolescents. They provide a framework for planning, implementing and evaluating complementary, efficient and effective interventions, whose effect can be amplified by greater coordination.

6. Priority areas for intervention are those that help to protect children and adolescents from age-specific challenges, to grow and to make a successful transition to the next phase of life.¹ WHO's

¹ See document WHO/FCH/CAH/02.21 Rev.1.

approach aims to unite various efforts at country level and throughout the Organization to promote the healthy growth and development of children and adolescents.

GUIDING PRINCIPLES

7. Three principles guide implementation of the strategic directions: (1) addressing inequities and facilitating respect, protection, and fulfilment of human rights, as stipulated in internationally agreed human rights instruments, including the Convention on the Rights of the Child; (2) taking a life-course approach that recognizes the continuum from before birth through childhood, adolescence and adulthood; and (3) adopting a public health approach by focusing on major health challenges to the population as a whole, but especially the poor, and applying a systematic development model in order to ensure the availability of effective interventions.

8. Poverty and gender **inequities** are critical determinants of disparities in health outcomes, and attention to them underpins the areas identified for priority action. WHO will cooperate with countries to implement creative and effective approaches that tackle the needs of children and young people hitherto inadequately served or supported.

9. The **life-course** approach recognizes that the quality of life at early ages is important not only for immediate wellbeing, but also for health and development later in life and, given the crucial links between maternal, neonate, and child health, for the health of future generations. Ensuring that every child can develop to his or her full potential requires a broad, long-term perspective that aims not only at survival, but also at optimal physical and psychosocial development.

10. WHO will apply a systematic model to ensure that **public health** programmes are relevant and effective in addressing major health challenges, and provide support to Member States for their implementation.

11. WHO will aim to reduce the burden of excess mortality and disability among children and adolescents, particularly those who are poor and marginalized, by working to provide safe and supportive environments and by improving services within the health and other sectors that can influence the determinants of child and adolescent health and development.

FUTURE DIRECTIONS

12. Seven areas have been identified as priorities for future action, as set out below.

13. Further reductions in childhood deaths and long-term disabilities require making the **health of mothers and neonates** a higher priority. The health and survival of the child, especially in early infancy, is intricately linked with the health of the mother, her nutritional status, and the reproductive health care she receives. The reduction of child mortality, as set out in the development goals of the Millennium Declaration is dependent on the reduction of maternal mortality. A set of essential care practices has been identified to ensure healthy outcomes of pregnancy, and a limited set of low-cost interventions can ensure that both mothers and neonates receive the best possible care.

14. Good **nutrition** is a foundation for healthy development. Furthermore, nutrition and ill-health form a vicious spiral: poor nutrition leads to ill-health and ill-health causes further deterioration of nutritional status. These effects are most dramatically observed in infants and young children, who

bear the brunt of malnutrition, and the highest risk of death and disability associated with it. WHO is providing technical support to Member States to implement the Global Strategy for Infant and Young Child Feeding¹ in collaboration with partners and concerned parties.

15. Preventable **communicable diseases** account for about half of childhood deaths. Their burden in childhood can be drastically reduced through three strategic activities: the Expanded Programme on Immunization (against vaccine-preventable diseases and with vitamin A supplementation), Integrated Management of Childhood Illness (treatment and prevention of the most common communicable diseases and malnutrition), and school health programmes that provide essential health services (including deworming). WHO also gives high priority to working with countries both to prevent mother-to-child transmission of HIV and to meet the goals of reducing HIV prevalence among young people.

16. **Injuries**, including those caused by violence, account for a large number of deaths of children and adolescents. Preventive strategies must take account of multiple environmental health risks and the way in which they cluster in specific settings. Community-based interventions have reduced the rates of injuries in many countries; further work is required to broaden the range of effective interventions. WHO will support interventions to address injury risks to children; the results will inform the policy process and ensure that recommendations are based on evidence.

17. Children under five years of age suffer unduly from threats in the **physical environment**. WHO has launched the Healthy environments for children initiative through which principal environmental risk factors to children's health have been identified. It is seeking to create the partnerships that will enable Member States to focus on six priority issues: household water security, hygiene and sanitation, air pollution, disease vectors, chemical hazards, and injuries and accidents.

18. A common set of protective and risk factors underlies a variety of behaviours associated with the health of **adolescents**. Adolescents who have valuable relationships with trusted adults, and who are provided with structure and boundaries around behaviours, are much less likely to engage in early or unsafe sexual activity, to use substances such as tobacco and alcohol, or to engage in violence. Few countries have adopted strategies that deal comprehensively with adolescent health needs, despite their importance. WHO is committed to strengthening the role of the health sector in the promotion of adolescent health and development, including sexual and reproductive health.

19. Major concerns for children and adolescents include their **psychosocial development and mental health**. Some 10% to 20% of children have one or more mental or behavioural problems. There is clear recognition of the need to support the psychological development of young infants, children and adolescents for a healthy start in life, and of the view of a continuum of psychological health across the life-course. WHO will promote a wide range of interventions, delivered through communities and health systems, that are effective in assisting children and adolescents with mental health needs.

20. Children and adolescents living in especially difficult circumstances or with special needs require particular attention in each of the priority areas described above. This includes street children, children at work, children and adolescents subject to commercial exploitation, those affected by natural or manmade disasters, or those living with disabilities. Their specific situations make them more vulnerable to ill-health, violence or exploitation and they tend to be more prone to various forms of discrimination.

¹ Document WHA55/2002/REC/1, Annex 2.

IMPLEMENTATION

21. Supporting healthy families is an intersectoral endeavour. The responsibility for setting and implementing healthy public policies involves stakeholders beyond the ministry of health, and embraces multiple other sectors including education, legal and social welfare, transport, agriculture, housing, energy, water, and sanitation. Partnerships are required at local, national and international levels.

22. Growing awareness of the importance of investing in health and human development provides an opportunity for WHO to strengthen its partnerships, focus the attention of the global community on the tasks to be done, and highlight the investments needed to produce results. WHO will work to establish effective partnerships, including with other organizations of the United Nations system, multilateral and bilateral development agencies, nongovernmental organizations and, increasingly, civil society and the private sector, with a view to complementing and building on the strengths and initiatives of its partners.

23. WHO will play several roles with respect to specific areas of work within child and adolescent health and development:

- normative and technical, including formulation of agendas for action, establishment of national and international consensus on health policy, and setting of strategy and standards based on the best available evidence;
- partnership, working closely with others to formulate agendas, plans, and complementary actions with a view to implementing and achieving its goals and objectives;
- supportive, seeking to add value to the impact of health actions undertaken by others, monitoring progress and providing technical inputs as needed.

MONITORING PROGRESS

24. Continuous improvement in meeting the needs of children, adolescents and their families results from information about what is being implemented, at what levels of coverage, and with what outcomes. Documentation and monitoring of processes and outcomes are essential for effective planning and management at all levels. The challenge lies both in developing systems that provide useful information at all levels, and in building capacity to ensure that the resulting data are analysed appropriately and used to inform decision-making. WHO works to support countries in the development and use of effective monitoring systems, and builds on these systems to collect, analyse and disseminate information at regional and global levels that can guide public health decision-making.

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