Investing in our future:
A comprehensive agenda for the health and well-being of children and adolescents
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Definitions and terms

Activity: Action taken or work performed through which an input, such as funds, technical assistance and other types of resources, is mobilized to produce a specific output.

Anticipatory guidance: Proactive counselling on the significant physical, emotional, psychological and developmental changes that occur in children; may be oriented towards predictable developmental spurts.

Caregiver: Parents or, when applicable, a member of the extended family or community according to local custom, a legal guardian or another person legally responsible for a child.

Developmental disability: Physical impairment or in learning, language or behaviour that begins during the developmental period, may affect day-to-day functioning and usually lasts throughout the person’s life; e.g. impairment of hearing or vision, cerebral palsy.

Developmental monitoring: Tracking of a child’s healthy growth and development, in collaboration with the family, and of provision of stimulating, nurturing care in the child’s daily life; includes tracking risk factors in family life and how the family copes with those risks.

Disability: Any difficulty experienced in any of three areas of functioning – impairment, activity limitation and restricted participation – as a result of a health condition and its interaction with the environment; includes chronic health conditions such as asthma, diabetes, epilepsy and obesity.

Early childhood development: A period of rapid, critical development of a child’s cognitive, physical, language, motor, social and emotional development between conception and 8 years of age.

Health emergency: An event or imminent threat that has or could have consequences for health and which requires coordinated action, usually urgent and often non-routine.

Health: The state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Impact: Direct or indirect, intended or unintended, positive or negative, primary or secondary long-term effect.

Life-course: Socially defined events and roles in which an individual participates throughout life.

Neurodevelopmental disorder: A behavioural or cognitive disorder that arises during development and results in significant difficulty in the acquisition and execution of specific intellectual, motor or social functions.

Nurturing care: An environment created by caregivers to ensure children’s good health and nutrition, protect them from threats and give them opportunities for early learning through emotionally supportive, responsive interactions.

Outcome: Probable or achieved short- or medium- or long-term effect of an intervention.

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Output: Product, capital good or service that results from a development intervention; may include changes resulting from the intervention that are relevant to achievement of outcomes

Screening: A brief assessment of all or specific children in tests to detect problems for which treatment is available

Well-being: Having the support, confidence and resources to thrive in contexts of secure, healthy relationships and realize one’s full potential and rights

Whole-of-government approach: Approach in which public-service agencies work across portfolio boundaries, formally and informally, to achieve a shared goal, an integrated government response to particular issues and policy coherence in order to improve the effectiveness and efficiency of policies and programming

Whole-of-society approach: Engagement and meaningful participation of individuals, families, communities, intergovernmental organizations, religious institutions, civil society, academia, the media, voluntary associations and the private sector or industry to strengthen coordination and support national efforts
Introduction

Attainment of the Sustainable Development Goals is essential for the future health and prosperity of societies. This will require human capital and therefore depends on children and adolescents reaching their full potential (1). The foundations of health, education, productivity and social and emotional well-being are built from pre-conception and have an impact throughout the life-course, as the gains made in first two decades of a child’s life are transmitted to the next generation.

In the Convention on the Rights of the Child (2), children’s right to health (as defined in Article 24) is viewed as an inclusive right to grow and develop their full potential and live in conditions that enable them to attain the highest standard of health. This requires equitable access to timely, appropriate preventive, promotive, curative, rehabilitative and palliative services and programmes that address the determinants of health. It also requires enabling laws, policies and services that are rights-based, gender-transformative, inclusive and family- and child-centred.

Healthy growth and development of children and adolescents is largely influenced by environmental exposures and interactions throughout the life-course (3). Protective factors promote survival, healthy growth and development and enable children to develop resilience even in adversity; however, risk factors often cluster in communities, families and individuals, leading to a vicious circle of unmet needs. As biological and social factors are difficult to separate, emphasis should be placed on preventive interventions for whole families and communities.

Disasters have a disproportionate impact on children and adolescents, who are ill-equipped to deal with deprivation and stress, increasing their vulnerability (4). The number of non-displaced children living dangerously close (within 50 km) to armed conflict increased from 250 million children in 2000 to 368 million children in 2017. In 2017 alone, 16% of the world’s children were displaced by conflict or lived dangerously close to it (5). It has also been estimated that nearly 850 million children – over one third of all children – now live in countries where they are exposed to four or more overlapping climate and environmental shocks and stresses (6).

Objective

Is to provide a rationale and a framework for redesigning child and adolescent health programmes to ensure that every child and adolescent 0-19-years old is optimally healthy; is being raised in a safe and secure environment; appropriately prepared physically, mentally, socially and emotionally; to accomplish age-appropriate developmental tasks and contribute socially and economically to their society.

Methods

This framework document was developed through extensive scoping and analytic reviews of available data, expert consultations, stakeholder consultations including an online open consultation, and a final review and endorsement by experts.
In particular, the following steps were undertaken in the development process of this publication:

- establishment of the WHO internal working group on child health redesign involving all the relevant departments across all levels of the organization, and the WHO-UNICEF interagency core working group;
- a scoping review of existing WHO recommendations and publications on health and wellbeing interventions for children and adolescents;
- regional consultations in AFRO, AMRO, EMRO, EURO and SEARO on the redesign of the child and adolescent health programmes for health and wellbeing of all children and adolescents.
- commissioning of analytic review background papers on global trends in child health and adolescent health describing patterns and trends in demographics, mortality, morbidity, chronic disability and the social determinants of health across the first two decades of life, and opportunities to address the risks and determinants of health and wellbeing;
- a joint WHO-UNICEF expert consultation meeting on redesigning child and adolescent health programmes in the context of the Sustainable Development Goals;
- drafting of the document by the WHO-UNICEF child health redesign working group;
- consultation meetings with key stakeholders including online web based consultation on the draft document;

The final review and endorsement was by the WHO Strategic and Technical Advisory Group of Experts (STAGE) for Maternal, Newborn, Child, Adolescent, and Nutrition (MNCAH&N).

**Target audience**

This Framework addresses a broad range of stakeholders. First are policy-makers and programme managers in the relevant ministries of health, nutrition, education, child protection, social protection, and other sectors, at national and local level. It also addresses civil-society groups, development partners, professional associations, academic institutions and funding initiatives, both global and national. In addition, it is intended as a source of relevant information for use by parliamentarians, service providers, educational institutions, the private sector and the media to provide support to ensure that all children develop to their full potential.

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2 A British Medical Journal background papers series on the Child health redesign: [https://www.bmj.com/child-health-redesign](https://www.bmj.com/child-health-redesign)


Patterns and trends in mortality and morbidity

Since 1990, the mortality rate of children under 5 years has been reduced substantially, by almost 60% in 2019, and mortality is now concentrated mainly in certain regions (in particular sub-Saharan Africa and Asia) and in vulnerable populations (7). It is estimated that over half of deaths among children under 5 and 45% of neonatal deaths occur in fragile, conflict-affected, vulnerable settings (8, 9). In addition, countries still have subnational disparities in mortality rates. Increased coverage of targeted, high-impact interventions such as vaccination has made an important contribution to children’s survival; however, 47% of deaths of children under 5 occur during the neonatal period, the leading causes being preterm birth complications, intrapartum complications, infections and birth defects (7, 10). Infectious diseases such as pneumonia, diarrhoea and malaria remain the leading causes of death in sub-Saharan Africa and South-East Asia (7). Moreover, it is estimated that one of three children in this age group will not reach their developmental potential because of poverty and stunting. The growth and development of a large proportion of children are not monitored beyond infancy, so that children who survive do not necessarily thrive. Globally, about 52.9 million children under 5 have a developmental disability (11).

Mortality rates decrease among children and young adolescents aged 5–14 years and then in the age group 15–19 years (7). In 2019, the mortality rate of children aged 5–9 years showed the largest decrease (61%) since 1990. Globally, infectious diseases were the leading causes of death for children aged 5–9 and road traffic injuries for young adolescents aged 10–14.

It is now recognized that adolescents bear a substantial burden of preventable mortality and morbidity. For those aged 10–19, the main causes of death were road traffic accidents, interpersonal violence and self-harm. Regional differences are seen in the causes of death of adolescents in low- and middle-income countries, with meningitis, maternal conditions and diarrhoea the leading causes in Africa, interpersonal violence in the Americas and collective violence and legal intervention in the Eastern Mediterranean. In high-income countries, other noncommunicable diseases such as cancer account for almost half of all deaths in this age group (10).

Nevertheless, global progress in reducing the non-fatal disease burden has been limited (12). In 2016, the total number of years lost due to disability globally among children and adolescent aged 0–19 years was about 130 million or 51 per 1000 population, ranging from 30 among neonates to 67 among older adolescents aged 15–19 years. The most important causes of years lost due to disability were iron-deficiency anaemia and skin diseases for both sexes and across age groups and regions. For children under 5, congenital anomalies, protein-energy malnutrition and diarrhoeal diseases were noteworthy causes, while childhood behavioural disorders, asthma, anxiety disorders and depressive disorders were the most important causes for older children and adolescents (12).
Facts and figures

Newborns and children under 5 years of age
- Global average caesarean birth rates, except in the least-developed countries, are consistently higher than that considered medically justifiable (10–15% of births), which introduces unnecessary risks for women and newborns (13).
- The births of one in four children under the age of 5 are not registered, and they therefore do not officially exist (14).
- Fewer than half of all infants under 6 months of age are exclusively breastfed (15).
- About 21% of children under the age of 5 are stunted (16), whereas the number of those who are overweight or obese increased by almost one third between 1990 and 2016 (17).
- Fewer than half of young children in one third of countries for which data were available receive the benefits of early stimulation by adults at home (18, 19).
- In half of the countries for which data were available, fewer than three quarters of children aged 36–59 months are on track in at least three key domains of development: literacy, numeracy and physical, social, and emotional learning (18).
- Globally, the highest rates of drowning are among children aged 1–4 years (20).
- Iron-deficiency anaemia, protein-energy malnutrition, diarrhoeal diseases, skin diseases and congenital anomalies are the main causes of years lost due to disability in children under 5 in low- and middle-income countries (21).

Children 5–9 years of age
- Globally, malaria, HIV/AIDS, iron deficiency anaemia, diarrhoeal disease and lower respiratory tract infections are the main causes of disability-adjusted life years lost among children aged 5–9 years (21).
- In the least-developed countries, slightly more than one in four children aged 5–17 years are engaged in labour that is considered detrimental to their health and development (22).
- More than two in three children aged 1–14 are subjected to violent discipline by caregivers (23).

Adolescents 10–14 years of age
- Behavioural disorders, iron deficiency anaemia, anxiety disorder and migraines are the leading causes of years lost due to disability in this group (24).
- Road traffic injury and interpersonal and collective violence are the leading causes of death globally, with HIV/AIDS as a leading cause in low- and middle-income countries in Africa (10).

Adolescents 15–19 years of age
- At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in low- and middle-income countries (25).
- Complications during pregnancy and childbirth are the leading cause of death among 15–19-year-old girls globally (26).
- Over one in five women in the world were married before the age of 18, with the highest prevalence in sub-Saharan Africa (27).
- An adolescent is killed by an act of violence every 7 min, somewhere in the world (28).
- Suicide is the third leading cause of death among 15–19-year olds (29).
- 10–20% of adolescents globally experience mental health conditions (30).
- In 31 countries for which there are nationally representative data, about one in three girls aged 15–19 have undergone genital mutilation (31).
Redesigning child and adolescent health programming

The ambition of the Global Strategy for Women’s, Children’s and Adolescents’ Health is not only to end preventable deaths among all women, children and adolescents but to greatly improve their health and well-being. The ambition also includes bringing about the transformative change necessary to shape a more prosperous, sustainable future. To implement the Strategy and contribute to a more equitable, sustainable world, strategic shifts are necessary in maternal, newborn, child and adolescent health programming. It is no longer sufficient to save lives: health and other sectors must contribute to improving their quality of life and unlocking their potential. An approach to health and development that supports a continuum of care throughout life is therefore essential to promote survival, enhance well-being and protect children and adolescents against risks and disease. Programmes to improve their health and well-being must be universal, identifying those at risk or who are vulnerable and giving them extra support and protection.

Health development throughout the life-course

The concept of health development throughout the life-course includes optimizing individual and population health and understanding the social determinants and causes of inequalities in care for a wide range of diseases and conditions. During the past century, health programmes were based largely on a “biomedical” paradigm for treating and preventing diseases, creating a view of health as the absence of disease and its risk factors. It does not explain what it means to be healthy, how health develops throughout life and the impact of health on the lives of individuals. Life-course health sciences research in the past few decades has recast the influence of early life on lifelong health. It has demonstrated how complex health development dynamically shapes the pathways of health, integrating behavioural, social and environmental influences on gene expression and modulating physiological and behavioural function. Health and well-being therefore result from adaptive, reciprocal interactions between individuals and many levels and their physical, natural and social environments. For example, it has been shown the following.

- The health of the mother before conception and perinatal risks can impact both birth outcomes and the health of the child for several decades.
- The susceptibility and sensitivity of the developing brain to adversity and also to supportive, caring relationships can be measured not only in brain morphology but also by functional measures of cognitive and emotional performance, including preparedness for school, academic performance and long-term mental health.
- Risky, chaotic family environments and toxic, unpredictable social environments are transduced into a child’s biology, manifesting as disease and causing changes in immune, inflammatory and metabolic functions that can be linked to childhood health conditions, such as obesity and attention deficit hyperactivity disorder, and to adult conditions such as diabetes, hypertension and heart disease.

The concepts of what constitutes health and theories about how health is assured and optimized are therefore evolving in response to myriad social and cultural expectations, shaped by scientific advances, improvements in health interventions and the changing capacities of health systems. Child and adolescent health programmes should therefore integrate the concepts of health and development into a unified whole that unfolds continuously throughout the lifespan, from pre-conception to adulthood, shaped by experience and environmental interactions.
Life-course approach to programming

Child and adolescent health and well-being are dynamic, with interdependent, consecutive dimensions that are sensitive to the timing and social structuring of environmental exposures and experiences. Phenotypes are malleable and are systematically enabled and constrained by evolution to enhance adaptation to diverse environments. Progression or regression in one period is shaped by influences and events in preceding periods, as biological and social factors throughout life independently, cumulatively, and interactively influence health and disease in later life (34). Thus, gains made in one stage of life must be sustained to avoid setbacks in the next stage. Importantly, appropriate input can drive development upwards, even for children on a compromised developmental trajectory. This ecological life-course model promotes healthy development as a cumulative, continuous process (34). It provides opportunities to break inter-generational inequalities, as healthy children and adolescents will be healthy adults and parents in the future, with a greater impact on human capital (34). The model implies that programming should be tailored to needs determined by the unique combinations of risk and protective factors to which children and adolescents are now and were previously exposed.

A life-course approach to programming throughout the life stages (Fig. 1) is therefore essential to reduce disease risk, overcome adversities and promote health development and well-being. The approach takes into consideration transitional stages, from dependent care to greater independence and self-care in adolescence. It requires services and interventions tailored for each life stage and provides a logical rationale for the continuity of care and integration of services within and among sectors. It therefore requires a package of universal interventions for all children and adolescents everywhere and for their parents, caregivers, families and communities in fulfilment of Article 5 of the Convention on the Rights of the Child (2). The life-course approach to programming also includes interventions that offset downward trajectories in earlier phases of life as well as additional support (or linkage to support systems) for children with developmental, health, social and security needs, such as those in fragile, conflict-affected and vulnerable settings (34).
Fig. 1. Programming for a continuum of care at all ages and stages

Strategic shifts

Strategic shifts must be made to current programming, beyond the focus on survival, in order to meet the needs of all children and adolescents for optimal health and well-being:

<table>
<thead>
<tr>
<th>Shift</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Shift</strong></td>
<td>Shift to a life-course approach to programming with attention to the broader determinants of child and adolescent health and well-being.</td>
</tr>
<tr>
<td><strong>Extend</strong></td>
<td>Extend the predominant focus of programmes from survival of children under 5 to health, nutrition and psychosocial support from preconception throughout the first two decades of life.</td>
</tr>
<tr>
<td><strong>Refocus</strong></td>
<td>Refocus the agenda to address high mortality rates in specific age groups and vulnerable populations, with greater emphasis on quality, coverage and equity.</td>
</tr>
<tr>
<td><strong>Build</strong></td>
<td>Build children’s and adolescents’ resilience through multisectoral collaboration by promoting their health and well-being while addressing vulnerability and high morbidity along the life-course.</td>
</tr>
<tr>
<td><strong>Ensure</strong></td>
<td>Ensure participation, empowerment, equity and universal delivery of comprehensive, integrated family-, child- and adolescent-centred interventions, care and services in health and other, related sectors in a whole-of-government approach.</td>
</tr>
</tbody>
</table>
Guiding principles

A shift to a life-course approach to programming with attention to the broader determinants of child and adolescent health and well-being must be underpinned by the following four guiding principles (36):

- **translation of child rights** into equitable laws and policies and universal access to evidence-based services for all, with particular attention to the most vulnerable and disadvantaged;
- **meaningful participation** of adolescents, their families and communities in the design, implementation and monitoring of activities that support child and adolescent health and well-being;
- **respectful family-, child- and adolescent-centred care** with integrated interventions delivered in high-quality services; and
- **whole-of-government, whole-of-society** engagement in building enabling environments for children and adolescents to survive and thrive.

**Translation of child rights**

Children, adolescents, caregivers and their families have the right to equal access to high-quality services and care. Therefore, attention must be paid systematically to standards and principles of human and child rights in all aspects of laws, policies and regulations related to health and well-being. Governments should identify and prioritize actions to ensure universal access to evidence-based services, particularly for marginalized groups and those at risk or who are vulnerable. While recognizing the principle of progressive realization and acknowledging constraints due to the limits of available resources, the Convention on the Rights of the Child (2) places certain immediate obligations on governments in relation to children’s and adolescents’ right to health and well-being. These include the guarantee that rights will be exercised without discrimination of any kind and the obligation to take deliberate, concrete, targeted steps to full realization of rights. The steps include assessment of the existing legislative framework and structures to ensure that there is no impediment to, or discriminatory effect on, universal access to high-quality services and care and initiation of legislative reform when necessary. In addition, governments should establish a comprehensive, cohesive national coordinating framework for children’s and adolescents’ health and well-being within welfare and protection systems, built on human rights standards and principles. All sectors of government should work together to protect and improve child and adolescent health and well-being to fulfil their obligation to uphold human rights. This includes ensuring universal access and non-discriminatory service delivery, transparent budgeting and functioning mechanisms for accountability.
Meaningful participation

Children, adolescents, families and communities should participate meaningfully in the design, implementation and monitoring of activities that support child and adolescent health and well-being. This entails moving beyond the identification of communities, families and young people solely as beneficiaries to engaging them as equal, valuable partners. They should be consulted, lead, co-design, make decisions and execute programmes with other stakeholders. Meaningful engagement of families, communities and young people should be inclusive, intentional and mutually respectful, with power shared and respective contributions valued. Their ideas, perspectives, skills and strengths are integrated into the design and delivery of programmes, strategies, policies, funding mechanisms and organizations that affect their lives.

Relational community, family, child and adolescent engagement is the development and maintenance of relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive, sustainable health impacts and outcomes. At the core of community engagement are relationships that are based on compatible values, vision and purpose; interactions that are based on compassion, respect and dignity; widespread, active, inclusive participation; equitable, joint decision-making and the equitable dynamic flow of power, control and resources.

Family-, child- and adolescent-centred, respectful care

In this approach to care, the perspectives of children, adolescents, caregivers, families and communities are consciously adopted as they are recognized participants in and beneficiaries of trusted service delivery that is organized comprehensively in accordance with their needs and social preferences. Comprehensive, sensitive, integrated care should recognize and support the needs and choices of each family, child and adolescent throughout their lives. It should take into account a gender transformative approach, with attention to how gender norms, roles and relations for girls and boys, adolescents, women and men affect their health and development and promotion of gender equality. It encompasses not only contacts with services but also attention to the health of people in their communities and their crucial role in shaping health policy and health services. It includes respecting their right to information, privacy and confidentiality and to receive respectful, non-discriminatory, non-judgemental care.

Service providers and related staff should conscientiously provide respectful care and demonstrate the same friendly, non-judgemental, respectful attitude to all families, children and adolescents, regardless of age, gender, marital status, cultural background, ethnic origin, disability or any other factor. Providers should adapt their practice to the individual, the family and the community, including their physical, cognitive, cultural, emotional, linguistic and health literacy, their sensory needs and other influences on their engagement with health services. Programming should ensure that every family, child and adolescent receives the highest attainable standard of health, which includes the right to dignified, respectful health care.
Whole-of-government, whole-of-society approach

This approach integrates collaboration of all departments and agencies of a government and society to achieve unified work towards a shared goal, in this case the achievement of optimal health and well-being of children and adolescents. The whole-of-government approach refers to diffusion of governance vertically among levels of government and arenas of governance and horizontally throughout sectors working formally and informally to achieve a shared goal. The whole-of-society approach acknowledges the contribution of and the important role played by all relevant stakeholders, including individuals, families and communities, civil society, the private sector, religious institutions, academia, the media and voluntary associations in support of national actions related to health and well-being. In concert, policies in all sectors should contribute systematically to improving the health and well-being of children and adolescents. Intersectoral government structures – with political and financial support – can facilitate coordination, identify common goals, monitor joint actions and build effective collaboration. This will require the engagement of all sectors of society at local, national, regional and global levels. Joint ownership and shared responsibility will ensure that well-designed, cost-effective interventions have the desired reach and impact.
The six domains of health and well-being

The term “health and well-being” as used in this document emphasizes a broad view of health and a focus on the person as a whole, defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. To achieve optimal child and adolescent health and well-being, six domains have been identified in which action is required, recognizing that multiple factors and dimensions influence both individual and population well-being (Fig. 2). In addition to good physical and mental health, five other domains or areas of well-being are identified: nutrition, connectedness and relationships, safe and secure supportive environment, opportunities for learning, and realization of personal autonomy and resilience. These domains build on both nurturing care and the adolescent health and well-being framework, recognizing that the needs are similar yet specific to the period of life (37, 38).

Fig. 2. Domains of actions to support child and adolescent health and well-being

- Good health
- Adequate nutrition
- Responsive relationships and connectedness
- Security, safety and a supportive, clean environment
- Opportunities for learning and education
- Realization of personal autonomy and resilience
Good health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Good health is one of the foundations of well-being but not the only one. This domain highlights the importance of good physical and mental or emotional well-being. Physical well-being is achieved through healthy exercise, getting enough sleep and preventing and treating physical ailments or illnesses appropriately. Nevertheless, good health also includes mental and emotional well-being, and improvement in one area of health typically leads to gains in others. Children and adolescents lead more fulfilling lives when all aspects of their physical and mental health are attended to.

To ensure good health, daily needs must be met by health promotion, stress reduction, prevention of disease and exposure to risk factors and universal access to preventive, curative and rehabilitative services. It is also important to foster healthy behaviour, such as physical activity, health literacy and support for emotional well-being. For children and adolescents with a disability or chronic disease, good health entails ensuring optimal functioning within their physical and mental capabilities.

Adequate nutrition

Adequate nutrition is essential for optimal health and well-being throughout the life-course. Better nutrition improves infant, child, adolescent and maternal health, strengthens immune systems, results in safer pregnancy and childbirth, lowers the risks for noncommunicable diseases and ensures better learning in childhood. Starting from the preconception period, adequate maternal nutrition has positive effects on the mother’s health and that of her offspring. Adequate nutrition differs by age and stage of life; a newborn, for instance, requires early initiation of and exclusive breastfeeding for the first 6 months both to provide enough nutrition and for proper development. After 6 months of age, they require continued breastfeeding and appropriate complementary feeding up to at least 2 years of age, while older children and adolescents require food choices for an adequate diet that is varied and balanced in nutrients to supports growth and development. In addition, food safety and security are critical for adequate nutrition and should be reinforced by policies and practices to protect them from non-nutritious foods or harmful food practices.

Opportunities for learning and education

People learn throughout the life-course, starting in utero, when biological changes in growing infants depend on the environment to which they are exposed (epigenetics) in the biological and social context of the mother (38). Children’s brain connections are stimulated from birth through social interactions and play, which enrich learning. Cognitive, emotional and social development are stimulated first through strong interactions with the immediate family and the environment. Thus, developmentally suitable, age-appropriate learning opportunities are critical for children’s cognitive and social development. Older children and adolescents should have formal education, health literacy, training in life skills and opportunities for participation to increase their confidence, aspiration and competence to thrive, including knowing and realizing their rights and learning how to plan and make choices. In older adolescents, it includes support to transition to adulthood and towards opportunities for employment.
Security, safety and a supportive, clean environment

Keeping ourselves safe is the most important element of human survival and is also key to helping children and adolescents thrive. Feeling safe and secure, from physical safety to psychological and financial safety, allows children and adolescents to thrive. They must be safe and secure in their families, communities and the environment in which they are raised, including in fragile or conflict settings. Safety comprises protection from harm or injury, whether intentional or unintentional, including child abuse, violence and harmful cultural practices and from lifelong emotional, mental and social maladjustment. Safety also consists of access to daily essentials and adequate, stable housing, protection from harmful behaviour, such as online social media bullying, and from harmful commercial influences. Personal, cultural and spiritual needs should be met, and the right to an identity, non-discrimination and financial security should be realized. Children and adolescents also need a clean, safe environment free of risks such as exposure to second-hand smoke, air pollution and toxins and access to safe water, sanitation and hygiene to enable them to thrive.

Responsive relationships and connectedness

Social connections and personal relationships support good mental health, as they foster a sense of inclusion and community connectedness. They can reduce anxiety and depression, promote greater self-esteem and empathy and strengthen immune systems. They help children and adolescents to become more resilient to setbacks and to live happier, more fulfilling lives.

Responsive relationships with caregivers, parents and family members, peers and the community enhance children's and adolescents’ psychosocial stability and resilience. Responsive caregiving for infants and young children requires engagement, mutually enjoyable interactions, emotional bonding and language. Connectedness refers to positive, meaningful relationships with others, including family, peers and, when relevant, teachers, other essential social service providers as well as spiritual leaders in positive social and cultural networks. These bonds lead to the development of individuals who are responsible, caring and respectful of others, with a sense of ethics, integrity and morality to contribute to change and development in their own lives and in their communities.

Personal autonomy and resilience

Personal autonomy is the ability to develop incrementally the capacity to make meaningful choices, have self-esteem and express and direct oneself according to one’s evolving capacities and stage of development (37). For older children and adolescents, it includes having a sense of purpose, a desire to succeed and optimism about the future. Realization of personal autonomy may vary among cultures. For children with a disability or chronic disease, the aim is to achieve optimal functioning for maximal autonomy and participation in life within their limits. Resilience involves equipping children and adolescents with the ability to handle adversity both now and later and to persevere and learn how to cope with adversities such as stress (37). Concrete steps towards building children’s and adolescents’ resilience and confidence in their future will significantly affect their well-being. Table 1 lists examples of interventions.
Table 1. Examples of requirements for each domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good health</td>
<td><strong>Physical health</strong></td>
</tr>
</tbody>
</table>
|                         | • Health promotion and appropriate care-seeking  
|                         | • Promotion of family planning  
|                         | • Promotion and provision of routine antenatal and postnatal care  
|                         | • Skilled birth attendance and essential newborn care  
|                         | • Prevention of diseases, including through vaccination and regular deworming  
|                         | • Prevention of accidents, injuries and self-harm  
|                         | • Management of acute and chronic illnesses, impairments and other chronic conditions  
|                         | • Timely identification, management and rehabilitative care  
|                         | • Ensuring good hygiene practices and minimizing infections  
|                         | • Physical exercise, healthy lifestyle and getting enough sleep  
|                         | • Avoidance of drugs, alcohol and tobacco use  
|                         | **Emotional well-being**                                                                                                                                 |
|                         | • Promotion of awareness and connection to positive and negative feelings  
|                         | • Management of stressors, anxiety and depression  
|                         | • Parental health, including support for caregivers’ mental health  
|                         | • Provision of psychosocial interventions to promote positive mental health  
|                         | • Strengthening protective factors  
|                         | **Enabling policies and laws**                                                                                                                                 |
|                         | • Addressing social and economic conditions  
|                         | • Laws and policies to prevent injuries, address poverty, improve access, protect mental health and ensure access to services without any form of discrimination.  |
### Adequate nutrition

#### Healthy diet
- Promotion of healthy food environments, including food systems that promote a diversified, balanced, healthy diet
- Adequate maternal nutrition before and during pregnancy
- Early initiation of breastfeeding and exclusive breastfeeding for 6 months
- Continued breastfeeding and appropriate complementary feeding, including responsive feeding, up to 2 or more years
- Monitoring of growth and appropriate counselling on feeding
- Appropriate, age-specific, practical advice on maintaining a healthy, regular, balanced diet
- Promotion of a healthy diet of fruit, vegetables and legumes and less sugar, fat, energy and salt intake for older children and adolescents

#### Adequate nutrition
- Availability of healthy food choices, provision of social protection and nutrition-related education
- Micronutrient supplementation, including vitamin A, iron and iodine
- Management of undernutrition (wasting, stunting, and underweight), with attention to responsive caregiving and caregivers’ mental health
- Support for and engagement in regular physical activity
- Reduced dietary fat, sugar and salt content of processed foods

#### Enabling laws, policies and regulations
- Coherent national policies and investment plans, including trade, food and agricultural policies to promote a healthy diet and protect public health
- Laws, policies and practices to protect working mothers
- Regulation of marketing of unhealthy foods
- Domestic implementation of the International Code of Marketing of Breast-milk Substitutes
- Policies on food safety, fortification and security
<table>
<thead>
<tr>
<th><strong>Opportunities for learning and education</strong></th>
<th><strong>Early learning</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support and counselling on opportunities for early learning, including use of common household objects and home-made toys</td>
</tr>
<tr>
<td></td>
<td>Play, reading and story-telling groups for caregivers and children</td>
</tr>
<tr>
<td></td>
<td>Good-quality day care for children and pre-primary education, including use of local languages in children’s daily care</td>
</tr>
<tr>
<td></td>
<td>Parent training and parent-mediated interventions to support learning, including for children with developmental delays and disabilities</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Access to valid, relevant health information and health literacy</td>
</tr>
<tr>
<td></td>
<td>Access to education and opportunities for learning through formal or informal education or training</td>
</tr>
<tr>
<td></td>
<td>Support for developing a commitment to and motivation for continual learning</td>
</tr>
<tr>
<td></td>
<td>Provision of individualized support for learning and participation, such as accessible learning materials and assistive technology</td>
</tr>
<tr>
<td></td>
<td>Encouragement and opportunities to develop self-confidence and empowerment</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Opportunities to acquire technical, vocational, business and creative skills to take advantage of current or future economic, cultural and social opportunities</td>
</tr>
<tr>
<td></td>
<td>Access to and opportunities for developing life skills and competence</td>
</tr>
<tr>
<td><strong>Enabling laws, policies and regulations</strong></td>
<td>Laws and policies and laws to support universal access to early learning, compulsory primary and good-quality education, including child-care schooling</td>
</tr>
</tbody>
</table>
| Security, safety and a supportive, clean environment | **Security**  
- Birth registration  
- Financial security, including measures to identify the most vulnerable to ensure equity  
- Social protection and social services to mitigate shocks, reduce household poverty and improve access to health and other services  

**Safety**  
- Prevention of and protection from harm and injury, whether intentional or unintentional, including forced child marriage  
- Prevention of maltreatment, including physical, sexual and emotional abuse, neglect and child labour  
- Protection from exploitative commercial interests in families, communities, among peers and in schools and the social and virtual environment  
- Safe family and play spaces in urban and rural areas  

**Supportive environment**  
- Access to safe, clean water, sanitation and promotion of good hygiene practices  
- Clean air and a safe, secure family environment, free from pollutants  
- Access to a wide range of safe, stimulating opportunities for leisure or personal development  
- Privacy and confidentiality  
- Reduced access to means of self-harm  
- Addressing stigmatization of and discrimination against children and adolescents with disabilities  

**Enabling laws, policies and regulations**  
- Supportive laws and policies for equitable access to valid, relevant information, products and high-quality services  
- Comprehensive child protection laws |
<table>
<thead>
<tr>
<th>Responsive relationships and connectedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsive caregiving</td>
</tr>
<tr>
<td>• Nurturing engagement among children, adolescents and their families</td>
</tr>
<tr>
<td>• Birth companion, skin-to-skin contact immediately after birth and Kangaroo Mother Care for low-birthweight babies</td>
</tr>
<tr>
<td>• Rooming-in for mothers and young infants, breastfeeding on demand and responsive feeding of complementary foods and family foods</td>
</tr>
<tr>
<td>• Responsive caregiving, play and communication activities of caregivers with children</td>
</tr>
<tr>
<td>• Support for parents and other caregivers to provide responsive care, including their mental health</td>
</tr>
<tr>
<td>Connectedness and relationships</td>
</tr>
<tr>
<td>• Building trust and social relationships</td>
</tr>
<tr>
<td>• Family psychological interventions for children and adolescents with emotional or behavioural problems and disorders</td>
</tr>
<tr>
<td>• Access to opportunities to become part of positive social and cultural networks and to develop positive, meaningful relationships with others, including family, peers and, as relevant, teachers and employers</td>
</tr>
<tr>
<td>• Support in forming positive, meaningful relationships with others, developing empathy, respect and care for others and integrity</td>
</tr>
<tr>
<td>• Parental guidance and advice on responsive relationships</td>
</tr>
<tr>
<td>• Social support from families, community groups and faith communities</td>
</tr>
<tr>
<td>Attitude and interpersonal skills</td>
</tr>
<tr>
<td>• Access to opportunities to develop personal responsibility, caring and respect for others and a sense of ethics, integrity and morality</td>
</tr>
<tr>
<td>• Access to opportunities to develop empathy, friendship skills and sensitivity</td>
</tr>
<tr>
<td>• Opportunities to be socially, culturally and civically active that are appropriate to their evolving capacities and stage of development</td>
</tr>
<tr>
<td>• Opportunities to develop the skills to contribute to change and development in their own lives and/or in their communities</td>
</tr>
<tr>
<td>Enabling laws, policies and supportive environment</td>
</tr>
<tr>
<td>• Laws and policies on maternity leave, paid parental leave, affordable childcare services and child- and adolescent-friendly policies in the workplace</td>
</tr>
<tr>
<td>• Availability of child-friendly spaces that promote play between caregivers and children</td>
</tr>
</tbody>
</table>
Personal autonomy and resilience

Agency
- Access to opportunities to develop self-esteem, a sense of agency, the ability to make meaningful choices and to influence their social, political and material environment for self-expression and self-direction
- Access to opportunities to develop a sense of purpose, desire to succeed and optimism about the future

Resilience
- Access to opportunities to develop the ability to handle adversity in a way that is appropriate to their evolving capacities and stage of development

Personal autonomy
- Incremental independent decision-making
- Safe space to understand and be comfortable with their own self and their identity(s), including their physical, cultural, social and sexual identity
- Supportive household and school environments that are gender equitable
Health status reflects cumulative life conditions. Therefore, universal access to evidence-based interventions and services is an important foundation for health and well-being and is a fundamental premise of primary health care, whereby children’s and adolescents’ health needs are met throughout their lives and the broader determinants of health are addressed through multisectoral policy and action. All children and adolescents require universal promotion of health, growth and development and prevention of disease and risk factors. The interventions should be tailored to each developmental stage, with consideration of the different health impacts of enabling policies in different communities and differences in opportunities, resources and vulnerability. The importance of prevention and early intervention for health and well-being and reducing inequalities should be emphasized. Vulnerable children, families and communities, however, require additional situational, targeted actions to address health determinants or vulnerability, to manage disease and other health problems and to optimize living with a disability. Others will require social protection, including those in fragile, conflict-affected and vulnerable settings (Figs 3 and 4). Prevention in the early years of life, including reducing environmental risks and managing chronic conditions and disability, can significantly improve health outcomes in childhood, adult life and old age (39).

**Fig. 3. Universal and situational interventions**
**Fig. 4  Examples of universal and situational interventions**

<table>
<thead>
<tr>
<th>Universal</th>
<th>Situational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Preconception and pregnancy care, skilled birth attendance, early essential newborn and postnatal care</td>
<td>• Targeted counselling for feeding problems and sub-optimal caregiving</td>
</tr>
<tr>
<td>• Screening for metabolic disorders, cerebral palsy and disability in the newborn period</td>
<td>• Additional support to prevent and manage long-term complications for small and sick newborns</td>
</tr>
<tr>
<td>• Support for infant and young child feeding</td>
<td>• Nutritional supplementation, deworming</td>
</tr>
<tr>
<td>• Vaccination</td>
<td>• Management of childhood illness, malnutrition, mental and neurological conditions and substance use</td>
</tr>
<tr>
<td>• Access to water, sanitation and hygiene</td>
<td>• Additional support for childcare through home visits and group sessions for vulnerable or high-risk families</td>
</tr>
<tr>
<td>• Clean air in the home and the community</td>
<td>• Multidisciplinary support for those with complex developmental, physical or mental health conditions</td>
</tr>
<tr>
<td>• Support for responsive caregiving and learning</td>
<td>• Help in accessing other services, sources of information and advice</td>
</tr>
<tr>
<td>• Support for mental health for all, including caregivers</td>
<td>• Effective, prompt two-way referral system for further care</td>
</tr>
<tr>
<td>• Age-appropriate health education and health literacy</td>
<td></td>
</tr>
<tr>
<td>• Protection from violence, exposure to adverse childhood experiences and toxic home environments</td>
<td></td>
</tr>
<tr>
<td>• Protection from harmful commercial influences, including marketing practices</td>
<td></td>
</tr>
<tr>
<td>• Counselling on prevention of injuries and accidents</td>
<td></td>
</tr>
<tr>
<td>• Screening and care for vision and hearing</td>
<td></td>
</tr>
<tr>
<td>• Dental screening and checks</td>
<td></td>
</tr>
<tr>
<td>• Counselling on diet and physical activity</td>
<td></td>
</tr>
<tr>
<td>• Access to good-quality formal education</td>
<td></td>
</tr>
<tr>
<td>• Sexual and reproductive health services</td>
<td></td>
</tr>
<tr>
<td>• Preparation and support for transition to parenthood and family relationships</td>
<td></td>
</tr>
<tr>
<td>• Preparedness for emerging diseases and other health-related issues</td>
<td></td>
</tr>
</tbody>
</table>
In emergencies and disasters, including infectious disease outbreaks, conflicts, natural disasters and climate change, the most vulnerable, including the poorest children and adolescents, are disproportionately affected (40). The impact of the trauma of emergencies and disaster can last a long time, jeopardizing the normal physical and mental health of children and adolescents. National emergency preparedness and response plans, policies and strategies should therefore include specific consideration of children and adolescents to protect them and include their needs as a priority. Communities, the health system, health and other sectors should consider the vulnerability of children and adolescents (40). Reducing the health risks and consequences of emergencies for children and adolescents is vital for their health and well-being and for building the resilience of communities and health systems. Additionally, as gender equality affects health and well-being, there should be a stronger focus on interventions for girls who face disparities in care throughout life, with extra effort to ensure their survival, nourishment, stimulation, education, empowerment and support to thrive.
Ecological model for delivering interventions

Improving the health and well-being of children and adolescents requires a complex combination of relationships and environmental interactions, which, if not brought together with adequate focus and balance, can result in wasted effort and poor outcomes. Public health efforts should benefit from understanding how these multiple levels interact to yield better health outcomes, which is a critical component of ensuring optimal health and well-being (38, 41).

The "ecological model" presented below provides a structure for the multiple interactive components and key influencing factors and thus provides clear balance and direction for effective delivery of interventions (Fig. 5). The ecological approach includes consideration of individuals and their interactions with family, peers, organizations and their community to ensure that relevant laws, policies and regulations are effective.

**Fig. 5. Ecological model for delivering interventions**
The model underscores how determinants of health influence individual health behaviour and outcomes and describes potentially effective interventions in several domains not usually associated with health care. The model conceptualizes individuals as nested in multiple levels of influence, organized hierarchically. Relationships (e.g. with parents and providers) are the nearest, followed by the community and organizations (e.g. schools and clinics) and then society more broadly (e.g. health-care policy and media). A health-care policy that increases insurance coverage is an example of a social intervention with a potentially high impact. Thus, the interventions in this model should be supported by laws, policies and regulations at each level to address vulnerability, inequity and protection of human rights, thereby enhancing protective factors and minimizing risk factors. An approach to programming with this ecological model is described below, and examples of relevant laws, policies and regulations are given in Annex 2.

For the individual child or adolescent

Several interventions and actions should be delivered to individuals or by working directly with children and adolescents. In an ecological model, the individual level addresses individuals’ knowledge, skills and actions. Knowledge about a disease helps the individual and caregivers to understand it more clearly, which influences their attitude and the decisions they make. For example, some behaviour control strategies may be taught to a child and/or parent (at home, at school, in a clinic) and coordinated with teachers’ responses. When such actions are included in a comprehensive, ecological model of care, they may be more effective in reducing problem behaviour. Programming should be child- and adolescent-centred, with interventions and services tailored to their needs and developmental stage.
In the community

Community factors, such as social or cultural norms among individuals, groups or organizations, can either limit or enhance the health and well-being of children and adolescents. Communities exist as shared physical locations (e.g. villages, living quarters, child-care centres, community centres, churches), hobbies, interests or other commonalities. They foster involvement, connection and togetherness, such as local authorities, women’s and community groups, parents’ organizations, children’s clubs, support groups for disabled children and adolescents and youth centres. Well-functioning community structures and platforms can be used to promote health and provide interventions and services for the health and well-being of children and adolescents. For example, they can address harmful gender norms and promote equality to enable girls to realize their right to education, need for social protection, education about management of menstruation and freedom from many forms of violence. They can also support boys in seeking health care, showing feelings and avoiding aggression.

Organized services

Organized services can be delivered to more people in various sectors of the community, including health, education, social, religious and related sectors. As wider social and health determinants play a significant role in the health and well-being of children and adolescents, the health sector alone cannot provide all the necessary interventions and support to ensure that they thrive. The approach should ensure that all sectors contribute systematically to improving child and adolescent survival, health and well-being in both stable and emergency situations. Intersectoral government structures with political and financial support can facilitate coordination, identify common goals, monitor joint actions and build effective collaboration.

Health services

Health services can be used to address most of children’s and adolescents’ health and well-being needs throughout their life-course as part of primary health care in the community. Primary health care is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. The three components of this approach are an ability to meet children’s and adolescents’ health needs throughout their lives, addressing the broader determinants of health through multisectoral policy and action and empowering individuals, families and communities to take charge of their own health. Primary health care services are people-centred rather than disease-centred and can address the physical, mental and social well-being of children and adolescents. Therefore, the most efficient, effective way of delivering health and well-being interventions for children and adolescents is by providing health care and services to everyone, everywhere. To ensure a continuum of care during the first two decades of life, systems should be in place to aid in transitioning among different age groups, particularly for those who require long-term care.
Schools and childcare services

Many children and adolescents, teachers and other support workers spend most of the time together in schools and day or childcare centres, with close interaction and influence in their communities (38). Schools are strategic platforms not only for early learning and education but also for promoting positive development and healthy behaviour, such as physical activity, physical fitness, recreation and play, social–emotional skills and nutrition, and for preventing tobacco use, bullying and aggressive behaviour (39, 50–52). The health and well-being of children and adolescents can be integrated and sustained in all aspects of school life, such as in teaching content, school governance, campus and facility management and cooperation with the broader community. Schools should ensure the safety of students and provide adequate nutrition, screening, health checks, counselling and immunization services.

Social services

Social protection benefits and welfare services can provide alternative care and targeted financial and social support for families and communities. Children and families identified as requiring support, such as for chronic health conditions or disability or for socioeconomic or other reasons, could be referred to social services and support in other sectors, and vice versa. Social services providers can be made responsible for inspecting pre-schools, play groups, nurseries, crèches, day care and similar services to ensure the safety of the environment for children. Many nongovernmental organizations also provide targeted services for vulnerable children, adolescents and their families, such as parenting support, education and health programmes, while other sectors such as water and sanitation, energy, transport and financing contribute to their survival, health and development.

Enabling environment

Understanding of the factors that influence health inequalities and the connections between economic, social and health impacts is essential. Broader, enabling laws, policies and regulatory frameworks are required not only in the health sector but in all sectors, such as education, employment, transport, infrastructure, agriculture, water and sanitation. Policies should be designed with communities, address the health of vulnerable groups and foster inter-sectoral action and partnerships. Enabling policies and supportive legal and regulatory frameworks ensure universal access to interventions and services and provide additional social protection for the most vulnerable by recognizing those populations as rights-holders, including in humanitarian settings.
Programmatic approach

Health and well-being programmes should be designed to provide integrated, inclusive child- and adolescent-centred health services to address their multidimensional needs and not just the delivery of targeted disease or condition interventions. Only timely, well-coordinated programmes with a tailored mix of integrated health and health-related services will be able to deliver the necessary health and human capital outcomes. In order to achieve good outcomes, countries should integrate evidence-based interventions into health and other related services or set up a multisectoral programme dedicated to child and adolescent health and well-being (53, 54). Alternatively, countries could initially include such interventions in existing services and platforms while progressively developing a comprehensive programme, with systems to address the broad agenda of child and adolescent health and well-being.

To achieve optimal health and well-being, stakeholders in all sectors should plan together, implement by sector and by level of government and monitor and be accountable together. An effective coordinating function that brings together all relevant sectors is essential and can be achieved through various mechanisms. The sectors that are most critical in the support and delivery of health and well-being interventions such as health, education, social and child protection, finance and environment should work in a whole-of-government approach. They should identify common goals and agree on roles and responsibilities in the context of primary health care.

Governance and enabling policy environment

Cross-sectoral governance, high-level policies, laws and regulations and coordinated advocacy, planning and pooling of resources are necessary to deliver health and well-being services efficiently and effectively in both stable and humanitarian settings. Services should be delivered on common platforms with links among sectors (e.g. health, education and social services) for continuity of care. Individual records and data should be linked among related sectors and services in a multisectoral life-course approach, which is increasingly feasible with digital means. Each sector should have defined roles and responsibilities, with clear links among sectors, including collection and generation of relevant data for actions to improve children’s and adolescents’ health and well-being (see Annex 2 for examples). Common mechanisms include cabinet committees and secretariats, inter-ministerial committees on human capital or child welfare, parliamentary committees, interdepartmental committees and units, “mega” ministries and mergers, supra-ministerial anchorage (for instance in the prime minister’s or president’s office), joint budgeting, intersectoral policy-making and engagement of nongovernmental stakeholders (43–45).
National human rights institutions should also be engaged in ensuring respect of the rights of children and adolescents at all stages of planning, implementation and evaluation. Such institutions should review and promote accountability, provide children and adolescents with the possibility of redress for violations of their right to health and other related rights and advocate for systemic change for respect of the rights to health and well-being. Children and adolescents themselves, their families and community representatives should be involved in the design, planning and implementation of programmes to ensure that they respond to their priorities, needs and pertinent cultural values and practices. Often-excluded stakeholders such as families of children with disabilities, organizations of people with disabilities and parents with disabilities should also be consulted. Care must be taken to ensure privacy and the confidentiality of personal data of children and adolescents who use such services, with mechanisms and processes for redress and remedy.

Laws, policies and regulations that address the wider societal issues of unequal resources, income and power are central to promoting health equity and to informing and influencing actions to ensure health and well-being. Realizing children’s and adolescents’ rights to social security and an adequate standard of living, health, education and care require a conducive legal and policy framework that prioritizes their needs and requirements. Policies should ensure that health services are responsive, non-discriminatory, inclusive, integrated, gender transformative and user-friendly for children and adolescents, including for those living with a disability (47). Social protection policies may include financial benefits, such as cash transfers, free health care or affordable childcare. Other policies may include laws and regulations to ensure safety and environmental protection, universal access to education, clean, safe water and related policies for population interventions that will potentially have a strong impact. Private sector entities can make an important contribution by providing a minimum wage and family-friendly policies in the workplace.

Delivery platforms

Actions to achieve optimal health and well-being have a broad impact not only on children and adolescents but on the whole population. Therefore, no one sector can be responsible for achieving the human capital goal. All sectors that influence or have contact with children, adolescents and their families have a vital role to play. The choice of sector and the delivery platform is based on considerations of what, to whom, for what and from where the actions should be carried out. Thus, the nature of the intervention (e.g. health, education, biomedical services), the recipients of the interventions, whether a child, caregiver or adolescent, the objective of the intervention, the capacity of the platform, the epidemiological context and contextual factors such as existing services, available personnel, referral systems and relevant regulations are critical to decision-making. Examples of delivery platforms are health services, including outreach posts, family platforms, communities and peer platforms and networks, schools, other educational institutions and workplaces, community groups such as income-generating groups for out-of-school children and adolescents and use of mass media, including radio, television, billboards, digital platforms such as the Internet (Facebook, Instagram, WhatsApp), telemedicine, short messaging services and helplines.

Universal interventions should be carefully tailored to ensure that they are relevant and feasible for delivery in routine settings and are accessible to all children and families. The choice of platform for delivering interventions is facilitated by making effective use of available resources and minimizing
duplication in different sectors. Universal delivery of interventions and related services should target all levels and settings, from homes to communities, hospitals, schools, hard-to-reach areas and fragile, conflict-affected, vulnerable settings such as refugee and migrant camps and detention centres.

Health and nutrition sector

The health and nutrition sectors can have a broader impact on health and well-being by redesigning their roles, how they design and deliver services and how they work in partnership with others to maximize opportunities to support individuals and communities. They have a significant positive influence on the survival, health, development and well-being of children and adolescents. Ill health and poor nutrition worsen an individual's economic prospects throughout the lifecycle and affect the capacity of children and adolescents to accumulate human capital. The health sector, by increasing health promotion and prevention, addressing health inequalities and tackling the social determinants of health, can maximize opportunities to support health and well-being. It should ensure high-quality, equitable coverage of essential health services, including promotive, preventive, curative and rehabilitative services for management of disabilities. In addition, health systems that are more resilient and centred on what children and adolescents need are more likely to promote survival, good health, development and well-being.

Services such as curative services, antenatal care, childbirth, postnatal care, early essential newborn care, routine vaccination, nutrition, growth monitoring and counselling can provide platforms to deliver targeted age-specific interventions, including the physical and mental health needs of parents and other caregivers (38, 41, 55). Contacts with existing services should be optimized and additional capacity built to respond to all the needs of children and adolescents. Stronger health data systems are necessary to record, document, collect and analyse data on access, use and quality of services, disaggregated by age, sex and disability, for decision-making, planning and action (56, 57). For example, in primary health care, routinely scheduled, well-timed contacts can deliver universal integrated interventions and provide families with the knowledge and skills to respond to their needs. The benefits of this approach are support for the healthy growth and development of every child and adolescent, age- and stage-appropriate counselling and advice, delivery of promotive and preventive interventions and identification and response to risks. This in turn empowers families to provide high-quality care and enables children and adolescents to learn to protect and promote their own health and well-being. Vulnerable and at-risk children, adolescents and families who require additional support are referred to specialized services or given additional support through home visits or group sessions, for example.

Building on existing services

In a people-centred approach, contact with scheduled or unscheduled health or nutrition services can be used to deliver more integrated, holistic services for health and well-being throughout the life-course. For continuity of care, some form of home record should be kept, with information on each visit (58). The record could also include other relevant information for health and well-being, such as health promotion messages and when children and adolescents have received care during their life-course. Digital health solutions can facilitate the management of lifelong health records and linkage of data among sectors, such as water and sanitation, education, social protection (insurance) and health. Some examples are given below.
Maternal and newborn health services

Routine maternal and newborn services comprise antenatal care, intrapartum care and postnatal care provided by skilled healthcare professionals to ensure the best health outcomes for both the woman and the baby (59). Routine service contacts can be used to identify risks, prevention, management of complications, provision of health education, counselling, advice and screening of newborns. The eight contacts for routine antenatal care, the contact for intrapartum care and the four contacts for postnatal care are opportunities for integrated delivery of health and well-being interventions. Home visits during pregnancy and the postnatal period are opportunities for holistic assessment of the home and family environment, the woman, the newborn and caregiver’s health and well-being and to provide targeted support.

Vaccination services

Vaccination services are a central aspect of most child health programmes and are a good platform for providing other interventions for children, adolescents, caregivers and their families. For instance, in the first 24 months of life, immunization programmes provide six to eight contacts, which can be used to deliver integrated health and well-being interventions, including periodic monitoring and preventive checks, and monitoring a child’s growth and development, detecting neurodevelopmental or cognitive development delays, vision and hearing screening, early identification and management of problems and targeted counselling of mothers, caregivers and families (60–62). Immunization contacts, including for pregnant women, also represent an opportunity for health promotion, advice, counselling and support for parenting, brief interventions and support or referral for specialized care or services when necessary.

Nutrition and growth monitoring services

Health and nutritional interventions are key to reducing mortality, preventing health problems and reducing intergenerational transmission of problems. It has been shown that integrated nutrition and child development interventions delivered at child-care or nutrition centres, with well-designed nutrition, health care and psychoeducational stimulation, result in better outcomes than individual components. In nutritional or growth monitoring services, health providers can deliver health promotion, disease prevention, health education and counselling or refer at-risk and vulnerable individuals or families when necessary. Children can also be screened for vision and hearing, given booster or catch-up vaccinations and assessed for physical, mental and social development and learning (61, 62). These services, including monitoring of at-risk children, can be provided at primary care level by professionals in health care and in community and school settings in collaboration with parents and caregivers.

Outpatient and inpatient care services

Children are periodically in contact with health services for acute or chronic illness, particularly in the first 5 years of life. Such visits also provide opportunities to deliver integrated preventive and promotive interventions as part of integrated management of childhood illnesses. The visits can be optimized and used for vaccination, nutritional assessment, growth monitoring, developmental monitoring, screening, counselling on responsive caregiving and parenting and early detection of at-risk individuals and families. Follow-up visits after an acute illness provide another opportunity for targeted delivery of interventions for or to mitigate the determinants of the acute illness and promote healthy behaviour.
Regular, scheduled follow-up visits for children and adolescents with chronic conditions that require short or long-term care, such as prematurity, HIV infection, sickle cell disease, mental health conditions, childhood or adolescent diabetes, asthma and heart disease, also provide opportunities to promote school attendance and deliver targeted interventions.

Outpatient visits are also used to provide further specialist care for referred at-risk individuals (such as children and adolescents with developmental delays, disabilities, mental health issues or comorbid conditions) identified during screening and monitoring to improve their health and developments. The specialist services may include assessment, diagnosis, management and support for children, adolescents or their families. The configuration of such services differs by country according to their capacity, resources and the structure of the health system. They commonly include multidisciplinary services with specialized personnel (paediatricians, neurologists, psychiatrists), specialized paediatric therapists (physiotherapists, speech therapists, occupational therapists and psychologists) and social workers. Other linked supportive services often include multidisciplinary rehabilitation services, social support for families, education, services to optimize child development (functioning) and provision of assistive products (47). For chronic problems, the transition from child - to adult-oriented specialist services should be seamless, particularly as paediatric age limits differ (49). A trained workforce, protocols and linkage mechanisms are critical.

Creating new contacts and delivery platforms

While children and adolescents can be seen whenever their parents have a concern, question or issue, they should also be seen and monitored when they have no problem. Children aged 2–5 years have very few scheduled contacts with health services before they enter school, and, even during school years, older children and adolescents have little contact with health services. Children who are out of school may have none. To ensure equitable access for those who are not seen in scheduled services, community surveillance might be necessary to detect health or social problems. Measures should be taken to ensure preventive care for behavioural and biomedical screening and counselling of adolescents, with parental support for children’s and adolescent’s health and well-being. Such measures may be temporary, until health, education and other services are universally accessible and inclusive.

Community and outreach services

Community delivery platforms are culturally and locally established structures with trusted human and material resources for effective, targeted peer outreach, including dissemination of information, self-care and social support. Interventions may be conducted to increase community knowledge and support, to enhance access to services or to avoid missed opportunities. The experience and knowledge of communities can indicate the best ways to provide services, maximize participation and improve outcomes. Systematic engagement and communication build trust and ensure high-quality, people-centred care. Targeted interventions delivered to an entire community can improve population outcomes more efficiently than individual or family interventions. A community resource such as community health workers can increase access to and coverage of basic promotive, preventive and curative health services (63).
Pre-school checks

The pre-school years are an exciting time for young children, as they continue to grow and learn. Children should be checked regularly for health and development to ensure that they are growing and developing as expected for their age. Scheduled pre-school checks may provide an opportunity to monitor growth, development, nutrition, vision, hearing, oral health, speech and language and to provide missed vaccinations and counselling for parents and caregivers. (See Annex 2 for contacts and proposed interventions.)

Digital and social media platforms

Social media platforms are popular means of interaction for older children, adolescents and families, in which they create, share and exchange information in virtual communities and networks. The social media platforms are diverse and evolving; they include social networking sites (Facebook), Internet forums (eHealthforum.com), blogs and microblogs (WhatsApp, Twitter), photograph- or video-sharing platforms (Instagram, YouTube, TikTok), crowd-sourcing (Wikipedia, Kickstarter), podcasts and virtual games or social worlds. These platforms provide opportunities for engaging children, adolescents and their families and communities through telehealth, health education and health policy. Social media platforms can be leveraged for changing health behaviour, and behavioural interventions on social media have been reported to improve nutrition, such as increasing fruit and vegetable intake, decreasing consumption of sugar-sweetened beverages, reducing smoking and increasing smoking cessation (64).

Multisectoral collaboration

A holistic approach to child and adolescent health and well-being is a deliberate, targeted response to the determinants of promotion or protection of health and development and all the influences on health and well-being, not just risks or disease. The wider social determinants of health play a significant role in the health and well-being of children and adolescents (42) England, who are exposed to numerous environmental, commercial and social challenges in their families, schools and communities, such as intentional and unintentional injury, gender-based violence and exposure to second-hand smoke and indoor air pollution (65–67). Thus, the health sector alone cannot provide the necessary support to ensure that children and adolescents survive and thrive and reach their optimal potential as adults. Hence, policies and actions formulated for sectors other than health care have a significant impact on people’s health and well-being.

Multisectoral collaboration among sectors and all stakeholders (e.g. government, civil society and the private sector) and sectors (e.g. health, environment, economy) is necessary for joint achievement of a common outcome (46). This requires mediation of relationships and alignment of the distinct goals, mandates, values and resources of each actor. Successful collaboration includes information-sharing, adaptation of activities, sharing of resources and ensuring mutual benefit. Key requirements are opportunities and mechanisms for routine collaboration; allocation of sufficient resources and time; open, inclusive, informed discussion; dialogue shaped by multisectoral, multi-stakeholder input; monitoring and assessment of collaborative partnerships for learning and improvement; and generation and sharing of evidence for cross-sectoral achievement of the stated goal (44).
Several sectors provide critical services for optimizing the survival, health and well-being of children and adolescents. These include education, social protection, food and agriculture, water and sanitation, environment, housing and urban planning, humanitarian affairs, roads and transport, law and criminal justice, energy, telecommunications, sports, labour, finance, civil registration and vital statistics and the youth, faith-based, gender and disability sectors. These sectors improve population health in general or target individuals or communities. The new agenda provides an opportunity for partnerships, particularly with social support, early childhood care and education and schools, for child protection, development, resilience and learning, which are core elements for building human capital.

Education sector

Education and health are the two most important investments in human capital, and both have a considerable impact on individual well-being. Schools are an important setting for promoting the health, development and well-being of children and adolescents. They can enable children and adolescents to better manage their own health as they mature, with less reliance on their families, provide safe physical and social environments for them to thrive and promote and prevent mental health conditions. For many school-aged children in high-, middle- and low-income countries, school health services are the first, most accessible contact. They provide an opportunity for regular contact for promotion of health and well-being, preventive services, care and nutrition support and adolescent sexual and reproductive health services (68).

Schools promote long-term educational attainment and support the health and well-being of students, their parents and the local community. The interactive, mutually reinforcing relations between health and education have a lasting impact on health and socioeconomic status. Promoting health while building the knowledge, skills and competence of children and adolescents offers considerable benefits for individuals, families and communities. Schools can also serve as locations for the delivery of health services such as vaccinations and access to healthy meals for students, particularly in rural areas or low-resource settings.

A whole-school approach to promoting health and well-being can improve academic achievement, student attendance and retention at school, in addition to providing widespread benefits for the health and well-being of children and adolescents, school staff and the local community. Schools can offer comprehensive health services that address all areas relevant to the student population, including positive health and development; prevention of unintentional injury and violence; sexual and reproductive health, including HIV; communicable diseases; noncommunicable diseases; sensory functions; physical disability; oral health; nutrition and physical activity; and mental health, substance use and self-harm. Schools are also safe, secure places where students can acquire the knowledge, attitudes, behaviour, skills and experiences that are the foundation for becoming healthy, educated, engaged citizens and where harmful gender norms are addressed and gender equality is promoted.
Social sector

The most effective actions for achieving greater equity in health outcomes are those that ensure an adequate level and distribution of social protection throughout the life-course and according to need. Social protection for example comprises policies to protect against the risks and needs associated with poverty, such as support for parental and caring responsibilities, including in the event of sickness or disability, provision of housing and other forms of social assistance and social insurance. Comprehensive social protection policies can be especially powerful in ensuring universal access to health and well-being and in protecting the most vulnerable in society. Evidence shows that investing in social protection helps to protect individuals and families from adverse effects, provides an opportunity to prevent sickness and disability and, ultimately, improves health while reducing health inequalities. Societies that invest in social protection achieve greater health progress overall and can also more rapidly improve the health and well-being of the most vulnerable people.
Other programmes and infrastructure required

Child and adolescent health and well-being can be delivered as a comprehensive programme or integrated into existing health services. Where and how services are provided should be agreed in partnership with the other sectors necessary to achieve positive outcomes. Advocacy and communication strategies should be organized to generate demand for the services. Governance and leadership are required at national and local levels, with meaningful engagement of communities and relevant sectors for joint planning and resource mobilization. Additional requirements for a programme for child and adolescent health and well-being include:

- competent, skilled routine and specialist service providers, including for health and education, working as a team, with defined roles and responsibilities;
- tools for review and assessment;
- essential equipment and tools for service delivery;
- systems for keeping records and data, including home records and maternal and child records; and
- information for parents.

Workforce

A range of professionals deliver the different components of health and well-being programmes, particularly in primary health care. The workforce must have the necessary skills and capacity for improving children’s and adolescents’ health outcomes, and a decision should be made about whether the existing workforce has the necessary skills and competence or whether a new cadre is required to deliver some of the interventions. Flexible guidelines and core competences should be developed for health and other workers who provide services for children and adolescents and quality standards established. The roles and responsibilities of all providers should be defined and systems established to ensure continuity and linkage among teams or individual providers and transitions among sectors. The workforce must have the necessary clinical and information tools, equipment and logistics to provide services for the setting and to consider the social, economic and environmental factors to which children and adolescents are exposed in order to assess additional needs and refer them as indicated. A multidisciplinary workforce is also required to provide extra care, which may include specialized personnel, such as nurses, doctors, paediatric therapists, physiotherapists, speech therapists, occupational therapists, psychologists, social workers, teachers and community resource people.
Accountability

Accountability is the basis for children’s and adolescents’ enjoyment of their rights to health and well-being. Active engagement and interaction among governments, parliaments, communities, civil society and children and adolescents is essential. National accountability mechanisms should be established that are effective, accessible and transparent to hold all actors responsible for their actions. The mechanisms should include sustained attention to the structural factors that affect children’s and adolescents’ health, including laws, policies and budgets. Participatory monitoring of financial resources and their impact on children’s and adolescents’ health is part of national accountability.

Records

To ensure seamless delivery of investments in the future of children and adolescents and that no child or adolescent is left behind, record and data systems are necessary for documenting care, referrals and transitions among providers and sectors, scheduling appointments, collecting accurate, timely data and contacting families when necessary. The use of vital registration systems and home records is critical in documenting information on essential care throughout the life course, the support of parents or caregivers and in communication among different providers.
Programme monitoring

The performance of a programme is measured by evaluating the health status or health and well-being outcomes of children and adolescents. Health status and population outcomes should be monitored and health system performance should be assessed in terms of accessibility, continuity of care, responsiveness, effectiveness, efficiency, sustainability and safety. Key processes, such as selection of indicators, identification of data sources, analysis and synthesis, including quality assessment, performance review, communication and use, should be in place for monitoring and evaluation.

Programme performance is evaluated continuously in a comprehensive framework for addressing programmatic inputs, activities, outputs, outcomes and impact (69, 70). An effective monitoring and data management system will also record the performance of all sectors responsible for implementation (70).

The population outcome interventions that are grouped into the six domains above should be evaluated with selected indicators, disaggregated by sex and age. The priorities for health and well-being that are most relevant for each of the domains should be identified to determine the best indicators. Some indicators may be derived from existing indicators and new ones may have to be developed (71–74).
Conclusion

Consensus has been reached on the importance of establishing or strengthening programmes to ensure the survival, health and well-being of children and adolescents. The aim of programmes is to reach all children and adolescents, regardless of their setting. Programmes should be truly inclusive, multidisciplinary and multisectoral to ensure a continuum of services and, when necessary, extra support for those with additional or special needs. This framework document provides the background for developing practical guidance on adapting or establishing a programme for a comprehensive, life-course approach to child and adolescent health and well-being. It includes the roles of the health sector and of other sectors in ensuring that children and adolescents survive and thrive.
References


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Annex 2. Actions, policies, laws and regulations for the health and well-being of children and adolescents

Health sector

Actions

• Establishing and ensuring access to health services responsive to children and adolescents
• Multimedia campaigns for child and adolescent health and well-being
• Engaging community, political and religious leaders and civil society organizations in raising awareness about child and adolescent health and well-being
• Ensuring a competent, adequate health workforce
• Ensuring high-quality health services for all
• Parent and caregiver support delivered through home visits, in groups in community settings and through comprehensive programmes
• Response and support services for preventing and responding to violence, e.g. counselling and therapeutic approaches and screening combined with interventions
• Protecting children and adolescents from unnecessary use of radiation in paediatric imaging
• Providing specialized services, including multidisciplinary assessment and therapy, development services and assistive products
• Setting goals to ensure monitoring and evaluation of child and adolescent health and well-being
• Joint intersectoral activities, training and support

Policies, laws and regulations

• on child-resistant packaging of medicine and household chemicals
• on disposal of unused tablets
• on restricting the amount of medication dispensed
• on restricting the sale of over-the-counter medicines, especially those that contain addictive agents, e.g. codeine in cough syrups
• on universal health coverage
• on health financing and on health insurance for families with disabled children
• on safety and standards for assistive products
on health services responsive to adolescents
• to increase adolescents’ access to contraceptive information and services, including emergency contraceptives
• to enable adolescents to obtain safe abortion, to the full extent of the law

Multi-sectoral approach
The health sector could advocate for multisectoral institutions to ensure the health and well-being of children and adolescents. This section describes the roles of other sectors in achieving this goal (in alphabetical order).

Agriculture sector
Actions
• provision of additional micronutrients by fortifying staple foods with iodine, iron and folate
• educating communities on growing safer fruit and vegetables: practising good personal hygiene, protecting fields from animal faeces, using treated faecal waste, evaluating and managing risks from irrigation water and keeping harvest and storage equipment clean and dry
• building and maintaining adequate food systems and infrastructure (e.g. laboratories) to respond to and manage risks to food safety along the food chain, including during emergencies
• reducing access to and misuse of pesticides

Policies, laws and regulations
• on food labelling for sugar, fat, additives and nutritional value
• on integrating food safety into broader food policies and programmes
• on removing locally hazardous pesticides from agricultural practice, enforcing regulations on the sale of pesticides and reducing use of highly toxic pesticides

Education sector
Actions
• ensuring access to affordable, good-quality early childhood education
• providing comprehensive school nutrition, comprising a healthy diet with varied, adequate foods
• facilitating high-quality pedagogy and teacher education
• facilitating conditional cash transfers to keep girls in school and address cultural barriers
• establishing health-promoting schools that facilitate the physical and psychosocial well-being of children and adolescents, including safe water, sanitation, healthy environments, skills-based health education, positive relationships with teachers and other students, health and nutrition services, menstrual management, electricity, avoiding toxic construction materials, e.g. lead and asbestos, and ensuring no nearby spraying of hazardous agricultural pesticides, providing trees or other shade and mechanisms to prevent injuries

• changing adherence to restrictive and harmful gender and social norms

• providing interventions for positive youth development by promoting the "5 Cs": competence, confidence, connection, character and caring or compassion

• providing age-appropriate, comprehensive sexuality education, including gender equality, human rights and sexual relations and how to protect themselves against sexual violence

• training in life and social skills

• programmes for the prevention of adolescent intimate partner violence

Policies, laws and regulations

• to enforce the minimum age of completion of compulsory schooling

• on free compulsory education (primary and secondary school)

• to provide funding for and enforce health-promoting schools

• to establish a school policy of condemning violence, enforced fairly for everyone

• on disability and inclusive education

• to provide for school continuation, re-entry or alternative schooling for pregnant and parenting adolescent girls

Energy sector

Action and policy

• providing necessary electric energy

• supporting cleaner, more energy-efficient transport, housing, power generation and industry and better municipal waste management through national policies and investments

• enacting and enforcing laws and regulations on hot water temperature regulation and smoke alarms

Environment sector

Actions

• ensuring accessibility and affordability of clean stoves and fuels for households
improving the built environment, such as building barriers, covers on wells, fencing, window guards on tall buildings, roof railings, non-climbable banisters

producing and ensuring access to non-tip lanterns and candle holders

producing and ensuring access to personal flotation devices

producing and ensuring access to child-proof lids on household chemicals and cleaning products

making structural environmental interventions to reduce the availability and acceptability of tobacco and tobacco-free public spaces

**Policies, laws and regulations**

- on four-sided swimming-pool fencing
- on playground equipment standards
- on removing lead from paint
- ratifying, implementing and enforcing relevant international conventions on hazardous chemicals and wastes

**Finance sector**

**Actions**

- increasing financing for child and adolescent health and well-being
- providing adequate resources and income support for all families, such as group saving and loans combined with gender equality training, microfinancing combined with gender norm training
- removing taxes on healthy products, and legislating local production of good-quality, affordable health products, e.g. for oral and menstrual health

**Policies, laws and regulations**

- on taxing alcohol and tobacco, restricting sales to minors, banning advertising, ensuring retailer licensing
- on taxing sugary beverages and foods, banning advertising, limiting sales around schools and health facilities

**Housing and urban planning**

**Actions**

- creating safe, clean recreational spaces
- ensuring universal access to high-quality built environments, proper living conditions and affordable, secure housing, including social housing
• ensuring that housing is equipped with safety devices (such as smoke and carbon monoxide alarms, stair gates and window guards) and measures are taken to reduce hazards that lead to unintentional injuries

**Information, communication and technology sector**

**Policies, laws and regulations**

• on law enforcement and other relevant agencies to protect people under the age of 18 online on all Internet-enabled platforms

• on responsible reporting

• on restricting content during times accessible to children

• to ensuring that mobile devices sold in the country (especially those intended for use by children) comply with WHO and International Telecommunication Union global standards for safe listening devices

**Justice sector**

**Actions**

• facilitating birth registration, including of children with disabilities

• establishing systematic partnerships between police and communities and techniques to alleviate violence

• interrupting the spread of violence

• reducing violence by addressing “hotspots”

• establishing response and support services for preventing and responding to violence, for instance through treatment programmes for juvenile offenders in the criminal justice system

• reducing access to and misuse of firearms

**Policies, laws and regulations**

• on requiring registration of all births

• on banning violent punishment of children by parents, teachers and other caregivers

• on criminalizing sexual abuse and exploitation of children

• on banning drink–driving with a limit of ≤ 0.05g/dL for the general population and ≤ 0.02 g/dL for young and novice drivers

• on punishment of perpetrators of coerced sex with adolescent girls, enforcement of laws and policies such as to empower victims and their families and monitoring of their enforcement
• on obtaining licenses and registration of firearms, safe storage requirements, minimum age for purchase and background checks before purchase

**Labour sector**

**Actions**

• advocating for and allowing breastfeeding in public spaces

• instituting youth employment policies and programmes

• establishing systems to protect children and adolescents from harmful labour

**Policies, laws and regulations**

• on including paid maternal leave for 6 months, including for women in the informal work sector, paternal leave, paid breastfeeding breaks, high-quality child care, breastfeeding rooms and storage facilities

• on ensuring that the minimum age for employment be no lower than the age of completion of compulsory schooling and, in any case, not < 15 years

**Roads and transport sector**

**Actions**

• building safe roads, ensuring safe routes to schools and child-friendly infrastructure

• promoting pedestrian safety, including walking facing oncoming traffic, increasing self-visibility with bright clothing and reflective strips

• organizing road safety campaigns, including enforcing speed limits, discouraging drinking and driving and promoting restrictive and safety wear

**Policies, laws and regulations**

• on restrictive wear (safety belts, car seats) in vehicles, helmets when riding bicycles or motorcycles, minimum vehicle safety standards

**Social protection sector**

**Actions, policies and laws**

• establishing social protection mechanisms

• providing and/or facilitating social support for carers and families delivered through home visits, in groups in community settings and through comprehensive programmes
• establishing prevention programmes to reduce substance use by adolescents
• organizing health promotion to prevent dating violence
• establishing parenting skills training programmes
• raising community awareness on harmful cultural practices such as early marriage and female genital mutilation
• enacting laws to protect children and adolescents from harmful cultural practices, including early marriage and female genital mutilation
• establishing response and support services for preventing and responding to violence, for instance through foster care, involving social welfare services
• establishing community mobilization programmes
• encouraging bystander interventions

**Water, sanitation and hygiene sector**

**Actions, policies and laws**
• promoting safe, clean environments, including clean air, safe water, proper sanitation and waste management
• enacting laws on fluoridation of water
• ensuring access to adequate menstrual hygiene management
Annex 3. Current health system contacts and examples of integrated interventions for child and adolescent health and well-being (Ref. in bibliography)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Added universal</th>
<th>Situational</th>
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<tbody>
<tr>
<td><strong>Antenatal care</strong></td>
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<tr>
<td>Iron and folate supplementation</td>
<td>Nutritional counselling</td>
<td>Distribution of long-lasting insecticidal nets</td>
</tr>
<tr>
<td>Family planning counselling</td>
<td>Breastfeeding counselling</td>
<td>Intermittent preventive treatment for malaria</td>
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<tr>
<td>Birth preparedness and readiness for complications (including in newborns)</td>
<td>Parenting advice</td>
<td>Distribution of hygiene kits</td>
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<tr>
<td>Male involvement</td>
<td>Counselling on responsive caregiving and opportunities for learning</td>
<td>Screening of mothers and infants for tuberculosis</td>
</tr>
<tr>
<td>Health education and counselling in antenatal care</td>
<td>Counselling on physical activity, sedentary behaviour, screen time and sleep for children</td>
<td>Restricting caffeine intake</td>
</tr>
<tr>
<td>Screening for sexually transmitted infections including HIV, tuberculosis, monitoring fetal wellbeing, physical activity and nutritional counselling and early detection of maternal complications</td>
<td>Counselling on signs of illness and timely care-seeking</td>
<td>Calcium supplementation where calcium intake is low</td>
</tr>
<tr>
<td>Immunization (tetanus toxoid-containing vaccine)</td>
<td>Counselling on child safety</td>
<td>Deworming where the prevalence of soil-transmitted helminths is &gt; 20%</td>
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<tr>
<td>Support for maternal mental health</td>
<td>Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes</td>
<td>Community mobilization by participatory learning and action with women’s groups</td>
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<td>Counselling on use of clean household stoves and fuel</td>
<td>Maternity waiting homes</td>
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<td>Partnership with traditional birth attendants</td>
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<td>Provision of culturally appropriate, skilled maternity care</td>
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<td></td>
<td></td>
<td>Community participation in maternal and perinatal death surveillance and response, in quality improvement and in planning and implementation of maternal and neonatal health programmes</td>
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<tr>
<td><strong>Postnatal care</strong></td>
<td>Essential newborn care, with immediate, thorough drying, immediate skin-to-skin contact, delayed cord clamping and cutting, breastfeeding within 1 h of birth and immediate resuscitation of babies who are not breathing&lt;br&gt;Rooming in&lt;br&gt;Birth registration&lt;br&gt;Home visits to assess newborns for signs and symptoms such as convulsions, fever and poor breastfeeding and to assess mothers for signs and symptoms such as excessive bleeding, micturition or breast milk, emotional well-being and signs of domestic abuse and counselling on nutrition, hygiene, illness and contacts for seeking help</td>
<td>Screening and care for hearing and vision&lt;br&gt;Screening and care for congenital anomalies&lt;br&gt;Screening for maternal- and pregnancy-related risk factors and early identification of disability&lt;br&gt;Distribution of home records for continuity of care&lt;br&gt;Counselling on newborn play and stimulation (at least 30 min)&lt;br&gt;Counselling on rooming in&lt;br&gt;Counselling on good-quality sleep for newborns (14–17 h)&lt;br&gt;Counselling on signs of illness and timely care-seeking&lt;br&gt;Counselling on child safety&lt;br&gt;Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes&lt;br&gt;Counselling on use of clean household stoves and fuel&lt;br&gt;Screening for post-natal depression in mothers</td>
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<tr>
<td><strong>Vaccination</strong></td>
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<tr>
<td><strong>Birth dose</strong></td>
<td>BCG, hepatitis B</td>
<td>Oral polio virus vaccine</td>
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<tr>
<td><strong>6 weeks</strong></td>
<td>Hepatitis B; BCG; inactivated poliovirus vaccine; diphtheria-, tetanus- and pertussis-containing vaccine; <em>Haemophilus influenzae</em> B; pneumococcus-containing vaccine; rotavirus&lt;br&gt;Monitoring and promotion of growth&lt;br&gt;Counselling on exclusive breastfeeding</td>
<td>Counselling on play and stimulation (at least 30 min)&lt;br&gt;Counselling on rooming in&lt;br&gt;Counselling on good-quality sleep for newborns (14–17 h)&lt;br&gt;Screening and care for oral health, hearing and vision</td>
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<td>Hepatitis B; BCG; inactivated poliovirus vaccine; diphtheria-, tetanus- and pertussis-containing vaccine; <em>H. influenzae</em> B; pneumococcus-containing vaccine; rotavirus</td>
<td>Counselling on play and stimulation (at least 30 min) Counselling on rooming in Counselling on good-quality sleep for newborns (14–17 h)</td>
<td>Distribution of long-lasting insecticidal nets Intermittent preventive treatment for malaria in infancy Distribution of hygiene kits</td>
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<tr>
<td>Monitoring and promotion of growth Counselling on exclusive breastfeeding</td>
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<th>14 weeks</th>
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<td>Hepatitis B; BCG; inactivated poliovirus vaccine; diphtheria-, tetanus- and pertussis-containing vaccine; <em>H. influenzae</em> B; pneumococcus-containing vaccine; rotavirus</td>
<td>Counselling on play and stimulation (at least 30 min) Counselling on rooming in Counselling on good-quality sleep for newborns (14–17 h)</td>
<td>Distribution of long-lasting insecticidal nets Seasonal malaria chemoprevention and intermittent preventive treatment in infancy Distribution of hygiene kits</td>
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<td>Monitoring and promotion of growth Counselling on exclusive breastfeeding</td>
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<td>9 months</td>
<td>2 years</td>
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<tr>
<td>Measles-containing vaccine</td>
<td>Diphtheria-, tetanus- and pertussis-containing vaccine booster</td>
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<tr>
<td>Monitoring and promotion of growth</td>
<td>Measles-containing vaccine</td>
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<tr>
<td>Counselling on nutrition (adequate, varied diet)</td>
<td>Third dose of pneumococcus-containing vaccine (if 2+1 schedule)</td>
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<tr>
<td>Counselling on continued breastfeeding</td>
<td>Monitoring children’s development</td>
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<td>Counselling on complementary and responsive feeding</td>
<td>Counselling on good-quality sleep (12–16 h)</td>
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<tr>
<td>Counselling on reducing sugar intake to &lt; 10% total energy intake</td>
<td>Counselling on physical activity (at least 30 min) and reducing sedentary time, no screen time</td>
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<td>Counselling on good-quality sleep (12–16 h)</td>
<td>Counselling on opportunities for early learning by reading books and play</td>
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<td>Counselling on safety and injury prevention</td>
<td>Screening and care for oral health, hearing and vision</td>
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<tr>
<td>Monitoring of child’s development</td>
<td>Counselling on an adequate, varied diet, including reducing sugar intake to &lt; 10% total energy intake and reducing sodium intake</td>
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<td>Distribution of long-lasting insecticidal nets Vitamin A supplementation</td>
<td>Distribution of long-lasting insecticidal nets Vitamin A supplementation</td>
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<td>Seasonal malaria chemoprevention and intermittent preventive treatment in infancy</td>
<td>Seasonal malaria chemoprevention</td>
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<td>Distribution of hygiene kits</td>
<td>Distribution of hygiene kits</td>
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<td>Deworming</td>
<td>Deworming</td>
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Investing in our future: A comprehensive agenda for the health and well-being of children and adolescents
| 2–8 years | Diphtheria vaccine booster  
Tetanus vaccine booster | Monitoring of child’s development  
Counselling on an adequate, varied diet, including reducing sugar intake to <10% total energy intake and reducing sodium intake  
Counselling on physical activity (moderate to vigorous exercise for 60 min three times a week) and reducing sedentary time, including screen time  
Screening and care for oral health, hearing and vision  
Group tooth-brushing  
Counselling children on personal hygiene and hand-washing | Distribution of long-lasting insecticidal nets  
Vitamin A supplementation  
Seasonal malaria chemoprevention  
Distribution of hygiene kits  
Deworming  
Iron supplementation if the prevalence of anaemia is >20%, including point-of-use fortification of foods with iron-containing micronutrient powders for children aged 2–12 years with baseline ingredients: iron, vitamin A and zinc |
| 9–19 years | Diphtheria vaccine booster  
Human papillomavirus vaccine  
Tetanus toxoid booster  
Family planning services  
Social and emotional skills building | Counselling on good-quality sleep  
Counselling on physical activity (moderate to vigorous exercise for 60 min three times a week) and reducing sedentary time, including screen time  
Counselling on personal hygiene and hand-washing  
Screening and care for oral health, hearing and vision  
Group tooth-brushing  
Psychosocial counselling | Distribution of hygiene kits  
Distribution of long-lasting insecticidal nets  
Risk assessment or screening and treatment for sexually transmitted infections (including HIV)  
Male circumcision to prevent HIV infection  
Pre-exposure prophylaxis  
Deworming  
Iron supplementation if the prevalence of anaemia is >20%, including point-of-use fortification of foods with iron-containing micronutrient powders for children aged 2–12 years with baseline ingredients: iron, vitamin A and zinc  
Screening for mental health disorders  
Treatment of sexual violence |
Antenatal care


Birth


Postnatal


Childhood and adolescence


