



World Health  
Organization

REGIONAL OFFICE FOR

Europe

# DRAFT DECLARATION

## Partnerships for the health and well-being of our young and future generations

### & DRAFT REGIONAL ACTION FRAMEWORK

WORKING TOGETHER FOR BETTER HEALTH AND WELL-BEING

Promoting Intersectoral and Interagency Action for Health and  
Well-being in the WHO European Region

High-level Conference

7–8 December 2016, Paris, France





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# Partnerships for the health and well-being of our young and future generations

### Declaration from the High-level Conference: Working together for better health and well-being

Promoting intersectoral and interagency action for health and well-being in the WHO European Region

7–8 December 2016 | Paris, France

## 1.0 We commit to act together for the health and well-being of our young and future generations

- 1.1 We, representatives of the Member States of the WHO European Region, bringing together the health, education, social and other relevant sectors, United Nations agencies, the Organisation for Economic Co-operation and Development and other international organizations as well as civil society organizations, have gathered in Paris, France on 7–8 December 2016 for a High-level Conference on promoting intersectoral and interagency action for health and well-being in the WHO European Region.
- 1.2 We have convened with a sense of urgency to act together to address health inequalities, improve the social and economic determinants of health and improve the health and well-being of our young and future generations. Good health and well-being for all of our children, from infants to adolescents, and their families and communities is essential to reduce inequities and achieve sustainable development: this means exploring transformative pathways and adopting responsive policies, and mix of interventions to ensure:
  - universal social protection floors for better health and well-being for all children and adolescents;
  - schools and preschools promoting health and well-being for all children and adolescents; and
  - good governance for the health and well-being of all children and adolescents.
- 1.3 We recognize that the adoption of the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals requires a transformative approach to tackling today's greatest challenges. Health 2020, the European strategy and policy framework for health and well-being and its supporting evidence call for empowered populations, community resilience and, supported by the adoption of the Minsk Declaration on the Life-course Approach, putting

children and their families at the centre of whole-of-government policy development and service provision.

- 1.4 We commit to leaving no one behind. We acknowledge the need to recognize vulnerability in order to fight inequality. We take a life-course perspective, acknowledging the co-clustering of behaviours in specific groups and communities, which have complex political, economic, social, gender and environmental causes and result in people in the European Region living inequitable lives. We recognize that people may have multiple and overlapping types of vulnerability and that these require integrated and culturally sensitive solutions.
- 1.5 We commit to scaling up transformative actions – in partnership across Member States, international organizations, different sectors and levels of government as well as with civil society and our populations themselves – to improve health and well-being, reduce health inequalities and promote social justice. We acknowledge the urgent need to use transformative approaches with children and adolescents, their families and communities as participating partners, to meet our goals of sustainable development and inclusive growth in all our countries, enabling our current and future populations to thrive.

## 2.0 Universal social protection floors for better health and well-being for all children and adolescents

- 2.1 We recognize that the earliest years of life set the tone for the whole of the lifespan. Universal social protection policies for all across the life-course need to be a priority investment in the health and well-being of children and future generations. Gender-responsive social protection should reduce poverty among all children and adolescents to improve their health and well-being and enable them to start life with the best chance to fulfil their potential. They are fundamental in determining future employment, giving young people dignity and the opportunity for independence and income. Universal health coverage and basic income security for all children and adolescents and their families and communities are central to social protection floors as well as access to nutrition, education, care and any other necessary goods and services based on fair funding mechanisms.

## 3.0 Schools and preschools promoting health and well-being for all children and adolescents

- 3.1 We recognize that inclusive and equitable high-quality education is a key determinant of the health and well-being of children and adolescents. The quality and length of education is important and has effects throughout the life-course, including in determining future employment. The preschool and school must be safe, non-discriminatory and non-violent and act as a setting for promoting health and establishing healthy behaviour. Schools have an important role in reducing the number of dropouts and providing children and adolescents with access to key

services, including sexuality education<sup>1</sup> and health services. Building literacy, including health literacy, interpersonal and social skills is important to the empowerment and resilience of children and communities, particularly given the social, economic, environmental and demographic challenges facing many countries.

## 4.0 Good governance for the health and well-being of all children and adolescents

- 4.1 We recognize that achieving change in improving the health and well-being of children and adolescents requires whole-of-government approaches. This means a political decision to put the health and well-being of children, adolescents and their families high on the national agenda; allocating adequate budgets and financing for key sectors that develop human capital such as the health, education and social sectors as well as youth employment policies and programmes; adopting mechanisms and instruments to strengthen intersectoral action; strengthening the responsiveness of decision-making and the capacity for trust and partnership building; and ensuring that indicators and measures as well as data and evidence are fit for the demands of a transformative, equitable and sustainable agenda.

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<sup>1</sup> Sexuality education should be based on full and accurate information for all adolescents and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians and with the active involvement of all relevant stakeholders.

# ANNEX 1- DRAFT REGIONAL ACTION FRAMEWORK FOR COOPERATION AND COHERENCE

Implementing the commitments for greater intersectoral action to improve the health of our future generations means ensuring coherence with existing work, frameworks, policies and commitments in the European Region. The following European framework for action will therefore guide this work in the context of the implementation of Agenda 2030, Health 2020 and the life-course approach to health.

## 1.1 **Invest in health through national development policies and strategies**

Continue to design, implement and monitor national development policies and strategies that include investing in health, education and social policies alongside other relevant policies such as key investment in human capital, inclusive societies and sustainable development.

## 1.2 **Invest in and implement intersectoral and equity-focused policies, strategies and plans**

Continue to design and implement national health, education and social policies and other relevant strategies and plans that address inequalities, improve governance and promote intersectoral approaches to child and adolescent health, education and well-being. This means fostering better collaboration among health, education, social and other services at the national and local levels supported by joint working bodies and procedures with clear leadership, tasks, capacity and reporting obligations. This includes strengthening commitment to and exploring synergies with existing networks such as the WHO European Healthy Cities Network and the Regions for Health Network. It also includes strengthening the monitoring and evaluation of the policies, strategies and plans.

## 1.3 **Support and expand settings approaches to health and well-being**

Support and expand the Schools for Health in Europe network, which would in this framework include proposing Europe-wide standards for early childhood development, support the adoption of school health and health literacy programmes, promote mental health and well-being, reduce the exposure to marketing in schools settings and promote adequate water, sanitation and health (WASH) facilities. This also includes strengthening collaboration between the Schools for Health in Europe network and the WHO European Healthy Cities Network and Regions for Health Network. Explore the role of new settings, such as the online space, which mark new and emerging challenges for health promotion.

## 1.4 **Propose European Region guidelines for public health, social and education programmes**

Propose European Region guidelines for developing national public health, social, education and joint sectoral programmes that are integrated, gender and culture responsive, deliver on empowering children and adolescents and their families and communities and provide for including other sectors in their design, delivery and evaluation. Setting minimum regional standards is important, but they can be set higher in individual countries.

### 1.5 **Build the capacity of the workforce to facilitate transformative action**

Build the capacity of the workforce in each sector by investing in the systemic development, supervision and support of current workers and by adapting training curricula to increase the knowledge and skills on how to address inequalities, manage participation and implement intersectoral approaches. Provide opportunities for the workforce from different sectors to develop a common understanding of health and well-being among children and adolescents: for example, through joint intersectoral activities, training and support mechanisms. Enabling the workforce to facilitate transformative action also means includes developing decent working conditions and transforming unpaid jobs into formal employment.

### 1.6 **Invest in a regional approach to the commercial factors affecting the determinants of health**

Invest in a regional approach to address the governance issues related to the commercial factors affecting the social, economic, environmental and lifestyle determinants of health. Advertising, marketing, accessibility, availability and affordability of tobacco, drugs, alcohol and food high in salt, sugar and fat, digital technology and gaming strongly affect the health of children and adolescents and must therefore be addressed in a multinational approach. This should include setting policy principles and guidelines that will serve as promoters for countries that may face inside opposition from the public or private and commercial sectors because of resistance to change or an effect on their activities and outcomes.

### 1.7 **Collect data and evidence strategically to provide evidence-informed policies**

Strengthen better understanding of the challenges and improving evidence-informed policies through greater and more strategic collection of data and evidence, including qualitative information that is sensitive to gender, culture and social position and that includes information on access to education, health and social care for all children and adolescents and their families. Data need to be regularly analysed to support incremental positive changes based on evidence, to use the results of analysis to inform and refine policy as well as planning. This could include exploring joint health, social and education research programmes.

### 1.8 **Strengthen regional cooperation for better health and well-being for all in the Region**

Commit to strengthened regional cooperation between countries for improving the design and implementation of policies and programmes and increasing the transferability and exchange of good practices. This includes supporting the establishment of or continuing national platforms to support intersectoral cooperation as well as supporting potential common areas of work among various interested countries. It also includes committing to continuing a regional dialogue between countries, United Nations agencies, international partners, civil society, academia, the media and the private sector to improve the health and well-being of all children and adolescents, a key step in the commitment to address health inequalities and the social determinants of health in the European Region.

## ANNEX 2 - MEMORANDUM TO THE DECLARATION

### 1.0 Act with urgency to improve health equity and the socioeconomic determinants of health

#### 1.1 **Start early, act on time and act in partnership to implement the life-course approach**

Addressing inequalities and social exclusion and improving health and well-being require starting early, acting on time on transitions and acting in partnership. This means giving children the best start in life, including children with delayed development, difficulties and disabilities, by early interventions and support for them and their families; taking actions appropriate to the moments of transition across the life-course, such as adolescence, parenthood and retirement; and adopting approaches involving all sectors across government, in partnership with local and regional authorities, civil society, community organizations, academia, the media, private sector and the populations themselves.

#### 1.2 **Improve the health of all families and create empowered and resilient communities**

Starting with the health, education and social sectors, it is imperative that we move towards improving the financial, environmental, psychosocial and material conditions for children, adolescents and their families; improving their access to integrated high-quality services across the health, education and social spectrum; and addressing their needs for optimal physical and mental health while working towards empowered populations and resilient communities that are partners in co-creating health and well-being.

#### 1.3 **Adopt a rights-based and gender-transformative approach to ensuring health and well-being**

Building on the commitments made through international and regional human rights treaties and recognizing the indivisibility of rights related to health, education and social protection, it is essential to reaffirm the importance of a rights-based and gender-transformative approach to achieving the highest attainable standard of educational and social outcomes, health and well-being.

### 2.0 Rationale for action

#### 2.1 **Life expectancy is increasing but not equally**

Although average life expectancy is increasing in all countries across the European Region and the difference between the countries with the lowest and highest life expectancy in the Region has decreased, differences persist in the levels of preventable illness and premature death not only between countries but also between groups within countries. In addition to this, the number of healthy life-years is not increasing at the same pace as life expectancy, meaning that our populations are living longer but too often in poor health.



## 2.2 **Multiple and intersecting factors determine health**

Health and well-being are affected by the number of years in education and its quality, gender inequality and stereotypes, working conditions, access to services and public spaces, income level and employment status, family and community resources and services, housing quality and environmental exposure. Also important are emerging technologies and social norms and attitudes, including exclusion, discrimination and stigmatization as well as family and community relationships.

## 2.3 **A good start in life for all children is key to health throughout the life-course**

The evidence is clear: giving children a good start in life is an important way to generate dividends for the well-being, development, sustainability and resilience of today's society and for future generations. Developments during the first stages of life and the early years of childhood affect future physical and mental health, levels of education, opportunities for participation in the labour market and in society and well-being outcomes. In addition to emphasizing the first 1000 days, interventions at critical moments across the life-course such as adolescence provide opportunities to ensure that young people are able to fulfil their potential.

## 2.4 **Inequality gaps among children and adolescents and their families can be tackled**

Tackling the health inequalities among children and adolescents in the European Region means focusing generally on all children and adolescents while paying particular attention to those who are excluded and are at greatest risk of falling through the gaps. Investing in a mix of policies that promote health and give priority to the social, economic and environmental determinants of health and well-being is therefore an important political choice in tackling inequalities.

## 2.5 **Existing policies set the scene for putting evidence into action**

The Member States of the WHO European Region are already taking many steps and are committed to respond to the health and well-being needs of children and adolescents. The implementation of the United Nations 2030 Agenda for Sustainable Development in the spirit of Health 2020 provides a renewed impetus to put the evidence into action.

# 3.0 **Universal social protection floors for better health and well-being for all children and adolescents**

The earliest years of life set the tone for the whole lifespan. Social protection includes a wide variety of goods and services constituting essential health services and basic income security, providing access to nutrition, education, care and any other necessary goods and services for children, families and communities.

## 3.1 **Make universal social protection a priority for a healthy future for all**

Universal social protection policies and strategies across the life-course should be a priority investment in the health and well-being of children and future generations. Social protection policies include universal health coverage and basic income security for all children and adolescents and their families and communities and include nutrition, education, care and any

other necessary goods and services. National policies should be universal, rights-based, adequate, equitable and based on fair financing mechanisms. They should be gender-responsive, since the level of participation in the labour force and the burden of care are unequally distributed among women and men, affecting their health and the health of family members.

### **3.2 Collaborate across sectors to deliver on safe pregnancy and neonatal survival**

Ensuring universal coverage of health and social services and protection benefits, including universal access to sexual and reproductive health services and screening for disabilities, is paramount to safe pregnancy and neonatal survival. Mothers and infants at risk need more intense support designed around evidence-informed community-based preventive services spanning the health, education and social sectors, which should include support for breastfeeding and childhood immunization as well as mental health, such as access to interventions to prevent pregnancy-related depression. Successful implementation requires strengthening the provision of culturally sensitive and tailored support, including addressing stigma associated with some services, alongside more formal, highly structured programmes to families that are finding things difficult.

### **3.3 Coordinate across sectors to improve antenatal and children's health services**

Robust antenatal and children's health services that support early childhood development should be provided to all families. This includes early referral to parenting support for the families of children who are struggling, promoting health and social literacy among new or young parents, which includes breastfeeding support and vaccination, destigmatizing accessing services such as mental health services and providing concrete programmes that assist in strengthening and empowering families in parenting skills. Joint work with the education sector is key to allow young parents to continue education and in providing high-quality early childhood education for preschool children. These services should meet the needs of single parents and migrant and other vulnerable families, be gender responsive and in conducive environments without stigma and strive to prevent the abandonment of children while being also available to children in foster and residential care.

### **3.4 Health-promoting nurseries and preschools for all children**

Affordable nursery and preschool places should be accessible to all children, be equipped with good early childhood development programmes and have ownership from local communities. Preschool settings should be conducive to health and well-being, including health-promoting nutrition policies and adequate opportunities for physical activity and cognitive stimulation. Universal preschool policies, such as ensuring the accessibility and affordability of preschools, also contribute to reducing gender inequalities by facilitating women's participation in the labour market, which is a key determinant of future family health and well-being.

### **3.5 Adequate resources and income support for all families and young people**

Adequate resources and income support for all families are crucial for children's health. This applies to young people and the adults who are out of work or transitioning back to work but also for those who are employed but experiencing in-work poverty. The transition between school and

work can be a long and difficult process and is a critical moment in which the cycle of poverty and inequality can be broken. Good policies and interventions through whole-of-government approaches can play a role in securing opportunities for further education, the transition from education to work, opportunities for entrepreneurship and decent conditions of work for young people. In-work benefits such as access to counselling for stress and depression, flexible working hours, paid sick leave and social insurance schemes to prevent catastrophic out-of-pocket expenditure are crucial for the family's health and therefore for children's health and well-being. Policies to mitigate food poverty should be nutritionally sound and not stigmatizing.

**3.6 Ensure that adequate parental leave is available to all to give children the best start in life**

Maternity and paternity leave as well as other forms of parental leave that are adequately paid and of adequate length are needed to enable bonding, breastfeeding and adequate postnatal maternal and newborn and infant care. This should be available to all parents, without risking income loss, as a crucial intervention for early childhood development. Other interventions include gender-transformative measures that increase fathers' participation in childcare to reduce women's burden of care and promote role models that break the traditional gender stereotype of care models. It is important that these be supported by high-quality childcare services for all working parents and families.

**3.7 Ensure proper living conditions – essential for children's health and well-being**

High-quality and affordable housing in safe and clean neighbourhoods is essential to ensure children's health and well-being. Too many children live in insecure or low-quality housing, often without proper sanitation and water supply. Overcrowded unclean environments and poor living conditions, or with few or poor facilities for play and learning, undermine children's development potential and affects their well-being and ability to perform at school. Ensuring accessible housing with proximity to services, schools and transport and in clean and safe environments plays a key role in ensuring the best start for all children and adolescents.

**3.8 Take intersectoral action to identify children at higher risk early in life**

For vulnerable children, educational and health problems coexist with other social challenges: health, social and education providers should take action to identify children at higher risk early in life. This includes joint approaches to child protection issues and services as well as early detection and intervention of children with developmental delays, difficulties and disabilities. Ensuring that collaboration between sectors is child-focused and culturally sensitive is important and clear protocols for reporting and follow-up are crucial. Accountability should be shared across the sectors, and the participation of children and families in the decisions that affect them should be strengthened, whether directly or through mediators, with a focus on empowerment.

**3.9 Ensure intersectoral information sharing, referral procedures and follow-up**

Vulnerable children may be forced to deal with domestic violence at home, chaotic or transient family situations, including separation from families such as through migration, allowing them to fall through the gaps in services. Information sharing, seamless referral procedures and outreach and follow-up between sectors – for example, schools, health services, child protection and social

services – can help to protect and support children through turbulent times and prevent children from missing out.

## 4.0 Schools and preschools promoting health and well-being for all children and adolescents

Inclusive and equitable high-quality education is a key determinant for the employment, health and well-being of children and adolescents, and its impact continues throughout the life-course. The quality and length of education plays an important role in addition to the school as a safe, non-discriminatory and non-violent setting for promoting health and establishing healthy behaviour. Providing health and social literacy as well as education for sustainable development and sustainable lifestyles, building interpersonal and social skills and promoting global citizenship, are important to the empowerment and resilience of children and communities and sustainable development. The school setting is also important for the health and well-being of teachers and other personnel, plays a wider role with families and communities and acts as a nexus of many sectors as well as local government.

### 4.1 **Work together to ensure that all children and adolescents are in education**

Education is a key determinant of future health and well-being. Immediate, targeted and sustained action should be taken to ensure that all children are in school and are learning. Implementing the right to education is essential. This means ensuring access to and completion of high-quality education for all children and adolescents to at least 12 years of free, publicly funded, inclusive and equitable high-quality primary and secondary education, of which at least nine years are compulsory. Ensuring that all students develop foundational literacy and numeracy skills are building blocks for further learning. This also means ensuring providing at least one year of free and compulsory pre-primary education of good quality. It also includes setting a minimum working age to keep children in education and prevent child labour.

### 4.2 **Take differentiated approaches to learning to give everyone an equal chance**

Supporting all children in developing their potential and in strengthening their interests and positive qualities regardless of social and economic background is an important equalizer that education policies can deliver. Including different approaches to learning offers children different routes through which they can perform at school and gives all children an equal chance to complete secondary education. Better-educated individuals live longer, healthier lives.

### 4.3 **Act urgently and together to stop the most vulnerable children and adolescents from missing out on education**

Urgent action must be taken to reach children and adolescents who are at risk of marginalization and who are in vulnerable situations. Universal measures should be combined with targeted interventions addressing the needs and circumstances of those experiencing marginalization and vulnerability. This includes children and adolescents who are not in full formal education or are missing out on it, such as refugees, internally displaced people, people with disabilities, young people with mental health issues, children and adolescents who are required to act as caregivers

or to work to support their families, children left behind without parental care, adolescents who become parents, children who experience adverse childhood experiences, including separation from parents and siblings as well as those exposed to bullying, violence, poverty and deprivation.

#### **4.4 Invest in health and social literacy for empowerment and resilience**

Investing in health and social literacy, education for sustainable development and sustainable lifestyles as well as school-based health promotion and health education programmes is crucial for contributing to empowering children and adolescents and building resilience and critical thinking for sustainable development. Health education should be rights-based, evidence-based, gender-responsive, age-specific, participatory and action-oriented rather than theoretical and should take into account the students' own concepts of health and well-being and include comprehensive sexuality education. High-quality programmes should use new technologies and media, address online behaviour affecting health and well-being, support teachers and engage families in delivering health and social literacy programmes within a community approach.

#### **4.5 Promote health, well-being and equity in a safe, inclusive and accessible school environment**

All schools in the European Region should aim to promote health and well-being. Physical education and social, personal and civic skills that are culturally sensitive and globally relevant play an important role in the curriculum. All children and adolescents in the European Region should benefit from a school environment that is child and learner-centred, safe, non-discriminatory and non-violent, accessible, inclusive and equipped with safe drinking-water and adequate sanitation, learning and active play facilities, as well as adequate opportunities for physical activity and appropriate nutrition. This includes the option of active transport to school. The school setting is an opportunity to reduce inequalities, including gender inequalities and addressing specific risks such as injuries, mental health and bullying, HIV and other communicable diseases, violence (including gender-based violence), early and unintended pregnancy and substance use.

#### **4.6 Use preschool and school settings to tackle noncommunicable diseases**

The burden of noncommunicable diseases is growing throughout European Region populations; young people are vulnerable to marketing pressure and to taking up behaviour that increases their risk of noncommunicable diseases. The school setting provides an opportunity to improve healthy behaviour. This includes supporting regulatory frameworks that provide tobacco-free schools, nutritious school food and access to safe drinking-water and restrict the marketing and availability of high-sugar beverages and energy drinks in schools and at events organized by schools for their students. Priority should be given to physical activity and sport, including active play and active transport to school, especially among girls, who are more likely to become inactive during adolescence, and ensuring that food and beverages provided are nutritious and not high in sugar, salt and fat. Ensuring the provision of nutritious school meals, preferably free of charge, in a sensitive way that does not cause stigmatization is an important measure to address food poverty and improve children's health, including their concentration.

#### **4.7 Ensure that all preschools and schools promote water, sanitation and hygiene (WASH)**

Ensuring access to functioning and clean WASH facilities and school policies that promote healthy behaviour – such as handwashing, regular voiding and fluid intake – is vital to promote the health and well-being of children and adolescents, while at the same time improving learning performance and attention and preventing absenteeism. Adequate WASH includes adequate menstrual hygiene management and education, which must also be accessible in all schools for the dignity and well-being of girls. Adequate WASH reduces the risk of infectious diseases, bladder dysfunction, constipation and urinary tract infections, which occur where restrictive school policies or toilet conditions lead to toilet avoidance. These benefits can only be achieved through joint efforts by all involved sectors and stakeholders in providing sex-separated, clean and accessible toilets, providing privacy, water and hygiene consumables (such as toilet paper and soap) as well as providing sanitary products (such as sanitary bags and pads) and bins to ensure the best learning environment for girls, even during menstruation.

#### **4.8 Provide and promote school-based, adolescent-friendly health services**

Increasing the use of adolescent-friendly and culturally appropriate health services in and around the school setting, including age-appropriate, comprehensive and scientifically accurate information and services for sexual and reproductive health, is essential to improve and sustain the health and well-being of children and to target the key point of transition between childhood and adulthood. Within the context of universal health coverage, this includes: raising awareness about the available services, providing adolescent-friendly counselling, sexual and reproductive health, including contraception, preventing early and unwanted pregnancies, preventing and treating sexually transmitted infections and HIV, providing counselling and treatment for other health problems such as violence and abuse, bullying and mental health problems as well as risk-taking behaviour such as tobacco, alcohol and drugs.

#### **4.9 Take a community-wide participatory approach to health-promoting schools**

Participatory approaches, reaching out to families and communities and developing community-wide endorsement for health-promoting school policies, strategies and actions are essential for improving the health of children and adolescents. This includes engaging community organizations and networks, civil society, youth organizations and nongovernmental organizations to enable schools to become change agents in the health and well-being of children and adolescents, teachers, families and the broader community in which they live.

#### **4.10 Address gender stereotypes and inequalities in school settings**

Gender inequalities should be challenged early in school settings, leading to benefits in health outcomes, in educational achievements and in job opportunities. Gender stereotypes and power relations in society determine differences in areas such as mental health, exposure to risk factors for noncommunicable diseases such as physical exercise, diet and substance use, differences in the impact of violence and unequal access to comprehensive evidence-based education on human sexuality. Sexuality education should be based on full and accurate information for all adolescents and youth, in a manner consistent with their evolving capacities, with appropriate direction and guidance from parents and legal guardians and with the active involvement of all

relevant stakeholders. Gender stereotypes and gender inequality also influence the educational choices and opportunities for girls and boys and the quality of jobs they can access. Revising school curricula and strengthening the capacity of teachers and health providers to break the stereotypes would enable schools to transform the negative outcomes of gender dynamics.

## 5.0 Good governance for the health and well-being of all children and adolescents

Strengthening the capacity of sectors and partners to adopt intersectoral approaches and improve the governance of health requires a systems approach. This means putting health and social outcomes high on the development agenda and reducing the negative effects of economic cycles. This also calls for new approaches to commercial determinants of health, investment in the workforce, shared accountability and new approaches to evidence and data.

### 5.1 **Take a whole-of-government approach to make health and social outcomes a sustained priority**

Achieving change in improving the health and well-being of children and adolescents requires a whole-of-government approach. This means a political decision to put the health and well-being of children, adolescents and their families high on the national agenda; allocating adequate budgets and financing for key sectors that develop human capital such as the health, education and social sectors; adopting mechanisms and instruments to strengthen intersectoral action between sectors; strengthening the responsiveness of decision-making and the capacity for trust and partnership building; and ensuring that indicators and measures as well as data and evidence are fit for the demands of a transformative, equitable and sustainable agenda.

### 5.2 **Reduce the negative effects of economic cycles on the most vulnerable groups**

Whole-of-government approaches such as adopting countercyclical economic policies that reduce the negative effects of economic cycles on the most vulnerable groups and strengthening the safety net for individuals and groups at risk of poverty are important for reducing poverty and inequality. Recognizing, understanding and seeking approaches to tackle new forms of poverty are essential: for example, in young families in which young parents are facing poverty because of long-term unemployment or various forms of precarious employment, including in-work poverty.

### 5.3 **Take action to address the commercial determinants of health**

The commercial determinants of health shape the environment in which children and adolescents live, learn and play, including in online spaces. This includes reducing the negative effects of marketing to children and adolescent, including in social media. Further, this includes marketing and promoting tobacco products, alcohol, food high in salt, sugar and fat, drugs, gambling and other health-harming behaviour targeting children and adolescents. Increasing the accountability of industries that are harmful to health and their influence on health policies, strategies and plans is also important.

#### 5.4 **Adopt coherent investment strategies in the health, social and education workforce**

Countries should adopt coherent investment strategies in the health, social and education workforce that address skills shortages and demographic challenges and promote health and well-being. Targeted investment in these sectors, which are key employers of women, young people and ethnic minorities, is both a key enabler of job creation and human capital development and a critical element in achieving inclusive growth and the Sustainable Development Goals. This will include scaling up and transforming education, workforce planning and optimizing the skills mix, which will improve the performance, quality and impact of the workforce through evidence-informed policies that contribute to healthy lives and well-being among children and adolescents and their families and communities.

#### 5.5 **Share accountability for outcomes across the health, education and social sectors**

Accountability for health, educational and social outcomes should be shared between the health, education and social sectors. Policies and strategies across sectors that affect children, adolescents, their families and communities should be aligned and coherent. This includes: adopting intersectoral targets, for example on health literacy; instruments and mechanisms, including those for monitoring progress; and adopting horizontal actions in and beyond government that are jointly led across sectors as well as increasing the participation of communities, and especially socially excluded groups, whether directly or through mediators, in decisions that affect them. Participation is important for strengthening equity and empowerment and building trust and ownership and helps to ensure that people are at the heart of policy-making and service delivery.

#### 5.6 **Improve coordination between sectors to deliver essential evidence and data**

Improving the health and well-being of children and adolescents and their families and communities in the European Region requires new types of evidence and data, including qualitative information, collected in various ways, including results from health in all policies processes: for example, on health literacy, socioeconomic status and gender. A transformative agenda requires adopting national development measures for objective and subjective health and well-being, improving coordination between sectors on data sharing, increasing the harmonization of health and equity, including indicators of development among children and adolescents, agreement on their definitions, good integration of information systems from different sources and appropriate use of qualitative information.

#### 5.7 **Lead by example**

Countries should lead by example and ensure decent working conditions and environment within the health, education and social sectors and make these sectors champions in addressing the inequalities within their own workforces. This includes adequate pay and equal pay for equal work, paid sick leave, adequate paid parental leave, safe and health-promoting workplaces, emphasizing finding tools to prevent or reduce mental stress at the workplace, job security, protection from workplace violence, safe staffing levels and access to ongoing education and training.



## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

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