

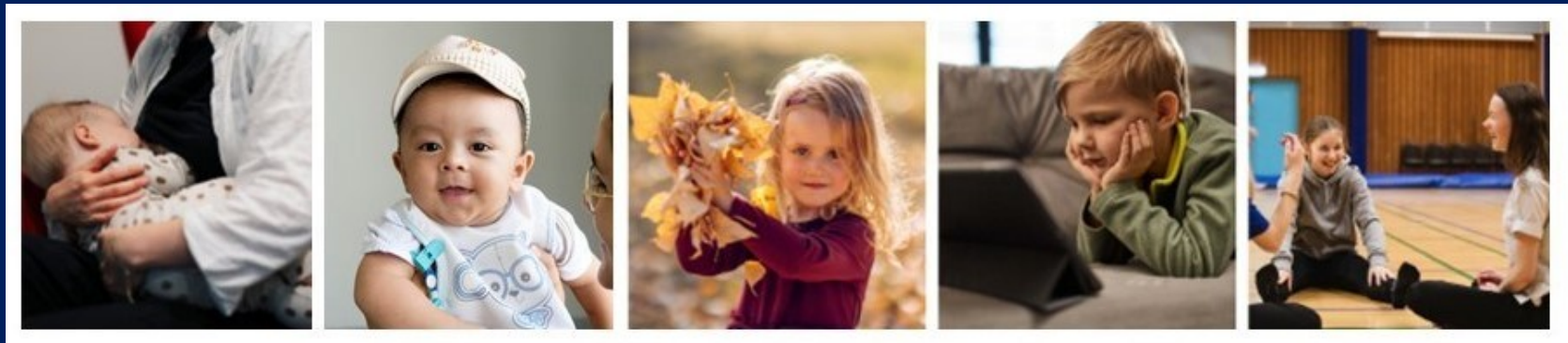
Un inizio sano per una vita sana

Rafforzare le Scuole che Promuovono Salute nella Regione Europea dell'OMS

4 Marzo 2026

Dr Sophie Jullien

Ufficio Regionale per l'Europa dell'OMS



La salute di bambini e adolescenti in Europa

Child and adolescent health in Europe



L'Europa e l'Asia Centrale stanno trascurando i bambini

“ In conclusione,
Noi dell'OMS e dell'UNICEF
invitiamo i governi, la società civile
e gli enti internazionali a lavorare
per un futuro sostenibile e sano
per tutti — con bambini e
adolescenti come partner a pieno
titolo.
È in gioco il nostro stesso futuro. . ”

Future-proofing Europe and Central Asia: a renewed focus on child and adolescent health

The data are clear: Europe and Central Asia are failing their children. Hard-earned reductions in child mortality in the region are reversing or stagnating. Mental health concerns have doubled since the COVID-19 pandemic, with one in four children younger than 18 years affected.¹ Immunisation coverage is decreasing or stagnant. Outbreaks of measles are reappearing.² An estimated 5 million young children are at risk of developmental difficulties, and with many identified too late, their contributions to society will be curtailed.³ One in three primary school children is living with overweight or obesity.⁴ Making matters worse, the impacts of these failures will be felt for decades to come.

Over the past decades, governments across Europe and Central Asia have greatly improved the health and wellbeing of their citizens, including children. But

(including their mental health), development, and education yield lifelong benefits. The basis for ageing in good health is set in childhood, and any prevention efforts throughout the life course aimed at reducing the burden of non-communicable diseases need to begin in the early years. Countries that prioritise children's wellbeing have seen substantial health and economic advancements. Yet many European and Central Asian children still experience poverty and exclusion. Health and education sectors remain underfunded in many countries. Children deserve a long-term plan that reaches across political aisles and is sustained well past the next election cycle.

The second principle is the duty of care and protection to every child. Quality primary and specialist health care, access to nutritious food in and around schools, and support for families such as paid parental leave are essential to the health and wellbeing of both children and society at large. Standards of quality care need to be implemented widely, supported by well functioning health systems sustained by the necessary financial and human resources and effective governance. Making every

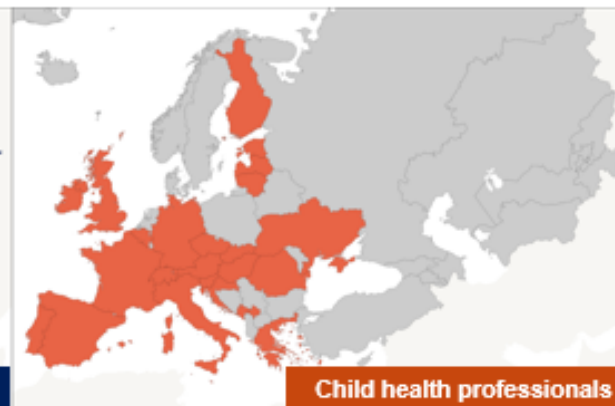
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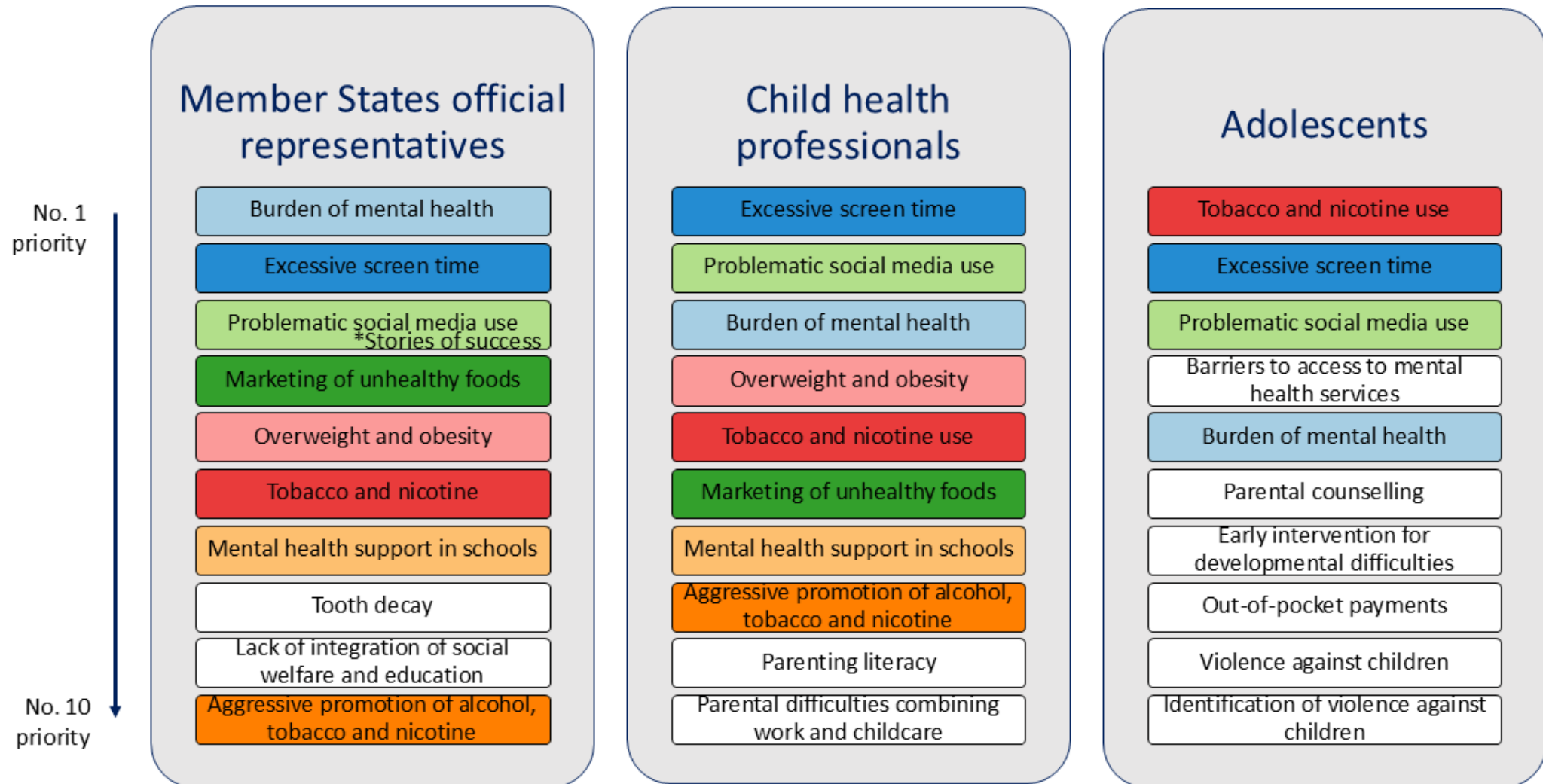
La salute di bambini e adolescenti in Europa

verso una nuova strategia regionale

- Strategia OMS 2015-2020
- Progress report 2021
- Ricerca sulle priorità di salute di bambini e adolescenti (CAH)



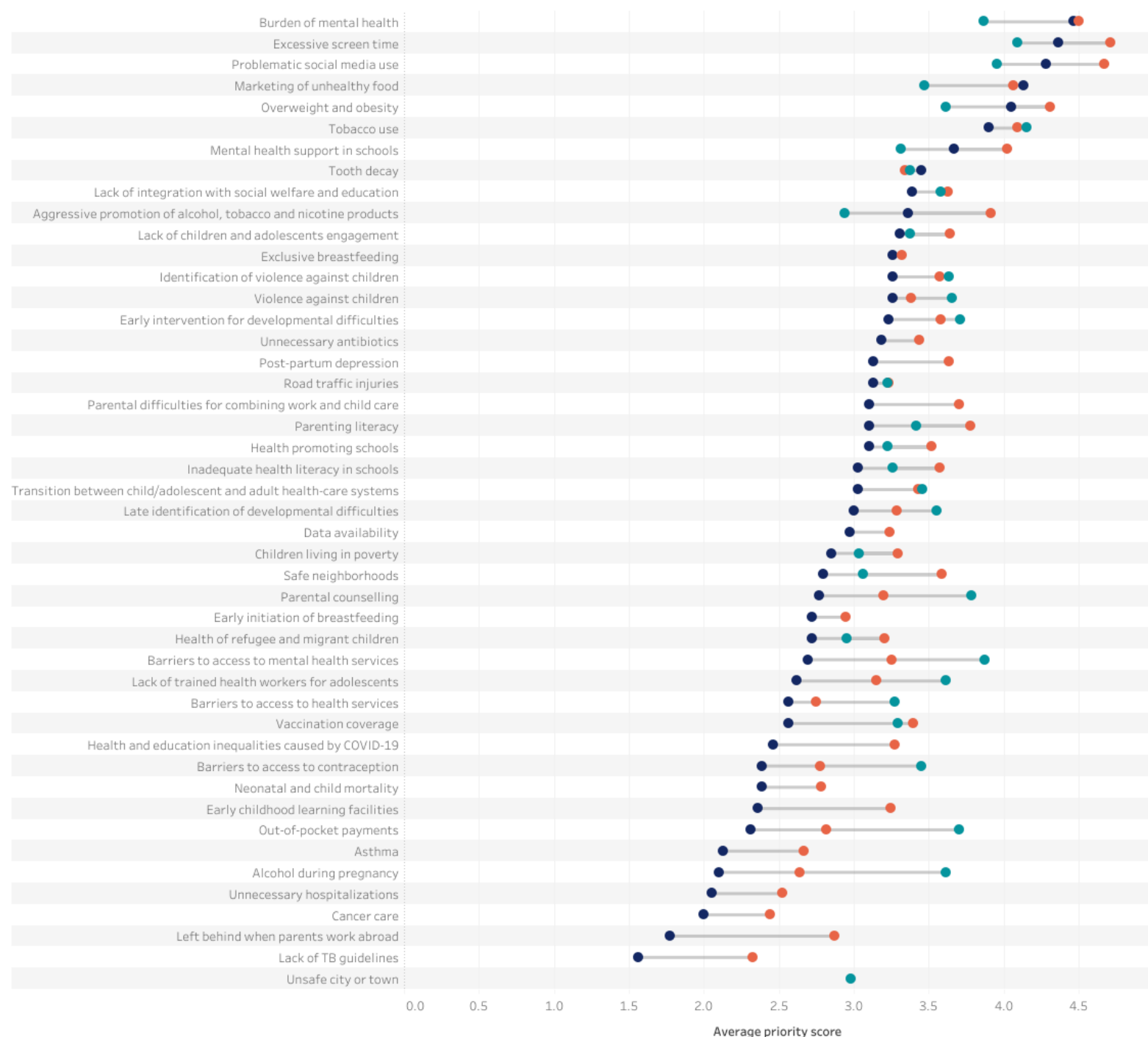
Le 10 priorità dei diversi stakeholder



Confronto delle opinioni tra Stati membri, professionisti sanitari e adolescenti

Gruppo di stakeholder

- Rappresentanti degli Stati Membri
- Professionisti sanitari
- Adolescenti



Comprendere le priorità degli Stati Membri

- Priorità comuni
- Priorità specifiche diverse nei vari Paesi

		WHO European Member State																																											
		Romania	Uzbekistan	Georgia	Tajikistan	Bosnia and Herzegovina	Bulgaria	North Macedonia	Italy	United Kingdom	Montenegro	Armenia	Belgium	Greece	France	Portugal	Latvia	Kazakhstan	Slovakia	Republic of Moldova	Sweden	Denmark	Russian Federation	Norway	Lithuania	Turkmenistan	Spain	Luxembourg	Azerbaijan	Cyprus	Ireland	Türkiye	Iceland	Poland	Austria	Finland	Germany	Switzerland	Hungary	Czechia	San Marino				
Child and adolescent health problem statement	Burden of mental health	5	4	4	5	5	3	5	5	4	5	5	5	5	5	5	4	4	5	4	5	4	5	5	5	5	5	5	3	3	5	4	5	4	5	4	4	4	4	4	3	3	5	4	
	Excessive screen time	5	5	5	5	5	5	5	5	3	4	4	4	4	5	4	5	4	4	5	4	4	5	5	4	4	5	4	5	3	4	5	5	4	5	5	4	4	4	4	4	3	4	3	4
	Problematic social media use	5	4	5	5	5	4	5	5	3	4	4	4	4	5	4	5	4	5	4	5	4	4	5	5	3	4	5	5	4	5	3	4	5	4	4	4	4	4	4	3	4	3	4	
	Marketing of unhealthy foods	5	4	5	5	4	2	5		5	4	4	4	4	5	4	5	4	5	4	4	5	5	5	4	3	5	5	5	4	4	5	5	4	4	5	3	4	3	5	3	4	3	3	1
	Overweight and obesity	5	3	4	5	4	5	5	4	4	4	5	4	4	4	3	4	5	3	5	3	5	5	5	4	4	4	5	5	4	5	3	3	4	4	3	4	3	1	5	3	4	4		
	Tobacco use	5	3	5	5	5	4	4	2	4	4	4	2	5	5	4	4	2	5	3	3	5	5	5	4	5	1	5	5	4	5	5	1	4	4	3	4	2	4	4	3	4			
	Mental health support in schools	5	4	5	5	4	5	4	4	5	1	5	4	4	5	4	3	4	4	4	4	4	3	1	4	5	4	3	4	4	4	3	5	3	2	3	4	5	2	1	1	1			
	Tooth decay	5	5	5	4	5	5	4		5	4	4	3	4	4	3	4	3	4	3	5	5	3	1	2	2	4	3	3	3	3	3	4		2	4	3	3	2	3	3	2	1		
	Lack of integration with social welfare and education	4	5	5	4	5	5	3	4	4	3	4	4	4	1	3	3	5	3	5	4	3	2	2	3	3	3	2	4	4	2	4	4	3	3	3	3	5	2	2	2	3			
	Aggressive promotion of alcohol, tobacco and nicotine products	3	3	5	3	5	4	4	4	5	4	2	4	5	5	3	2	1	3	3	3	5	3	3	4	1	5	4	2	4	5	1	4	4	2	3	3	4	2	2	2	3	4		
	Lack of children and adolescents' engagement	5	5	5	5	4	4	2		3	3	4	3	5	1	3	3	4	4	3	4	4	2	3	3	3	3	4	4	2	1	4	4	3	4	3	4	4	2	1	1	1	1		
	Violence against children	4	4	3	3	3	3	3		5	4	4	4	5	4	3	3	3	2	3	5	3	4	5	3	4	2	3	5	4	3	3	1	5	3	3	3	3	3	2	1	2	1		
	Early intervention for developmental difficulties	5	4	5	4	3	5	3	5	4	3	4	5	3	1	2	4	3	4	3	4	3	4	3	4	5	4	3	3	4	4	3	4	4	3	3	1	2	3	3	2	1	2	2	
	Exclusive breastfeeding	4	2	5	4	3	3	4	4	3	4	3	4	4	3	4	3	3	3	3	3	4	3	4	3	4	5	4	3	3	4	4	3	5	2	1	3	3	2	3	1	2	2	2	
	Identification of violence against children	3	5	4	4	3	5	3		3	4	4	4	5	2	3	3	4	4	3	4	4	5	4	5	4	2	3	4	3	4	3	1	3	4	2	3	3	3	2	1	2	2	1	
	Unnecessary antibiotics	5	4	4	5	5	4	5		3	3	5	2	2	5	3	2	3	3	3	2	2	5	4	3	5	2	3	4	3	4	4	1		2	3	3	2	3	1	2	2	2		
	Parental difficulties for combining work and childcare	4	4	3	5	4	4		5	4	4	4	1	3	5	3	3	4	3	4	3	4	3	1	2	2	5	1	3	3	3	2	4	3	2	2	4	3	2	3	1	1	1	1	
	Postpartum depression	5	4	5	4	5	2	4	4	3	4	4	4	3	5	4	4	2	2	3	3	3	2	4	5	3	3	3	2	3	2		2	4	2	3	2	1	1	2	2	2			
	Parenting literacy	4	5	4	3	5	4	4	4	3	3	3	3	3	1	3	3	3	4	2	3	3	4	3	4	3	4	2	3	4	3	1	3	5	2	1	3	2	4	3	4	1			
	Health-promoting schools	4	4	4	4	3	5	4	4	3	4	4	4	3	5	3	2	4	2	3	4	3	3	4	3	2	2	4	3	2	2	3	2	2	3	4	3	4	3	2	1	1	1		
	Road traffic injuries	4	5	3	4	3	4	3	2	3	4	5	3	5	4	3	3	2	4	4	2	2	3	3	3	3	3	2	1	2	3	3	5	2	3	4	3	3	2	3	1	3	3		
	Transition between child/adolescent and adult health-care systems	5	4	4	3	4	3	2	4	4	4	3	3	5	1	4	4	4	4	4	4	4	2	2	2	3	1	5	2	1	3	2	4	3	3	2	2	3	2	2	2	1	1		
	Late identification of developmental difficulties	4	4	3	4	2	5	2	4	4	4	5	5	3	3	2	4	3	1	4	4	4	4	3	5	4	4	3	3	2	4	2	2	1	1	3	2	1	2	1	2	1	2		
	Inadequate health literacy in schools	5	5	4	3	4	4	4	3	3	4	3	3	3	4	2	4	4	4	3	5	1	4	3	3	3	3	2	4	2	2	1	2	2	3	3	3	3	2	1	1	1	1		
	Data availability	5	5	3	4	3	4	4	2	4	3	3	4	4	4	4	2	5	1	3	5	1	4	3	3	1	2	5	2	4	2	2	2	2	2	3	2	2	3	1	1	1	1		
	Children living in poverty	5	2	4	3	3	4	4		5	4	2	4	3	2	4	3	3	4	2	3	4	2	4	2	1	3	2	1	3	2	1	5	2	3	4	1	1	2	4	3	1	1		
	Safe neighbourhoods	3	5	3	2	3	5	3		5	4	2	4	2	4	2	4	5	4	1	2	3	2	2	3	2	1	3	1	2	4	4	4	1	3	1	1	3	3	3	1	1	1		
	Parental counselling	4	4	5	3	5	4	5	2	3	2	3	2	2	4	2	3	4	4	3	3	1	3	2	2	4	2	3	4	3	4	3	1	2	2	2	1	2	2	2	2	2	1		
	Early initiation of breastfeeding	5	1	3	4	3	4	4	4	3	4	4	3	1	4	3	3	2	2	3	3	3	2	1	4	1	5	1	4	3	5	4	1	1	1	2	2	1	2	2	1	2	2		
	Health of refugee and migrant children	4	5	4	3	3	4	5		3	3	2	4	3	2	4	2	3	2	2	3	4	2	4	2	1	2	2	1	2	2	1	4	4	2	2	2	3	2	2	2	1			
Barriers to access to mental health services	5	5	4	5	3	5	2	1	3	2	2	4	5	4	1	5	4	2	1	1	2	2	2	1	4	1	1	2	5	3	4	3	2	2	1	2	2	1	2	1	2	1			
Vaccination coverage	5	3	2	3	4	3	4		5	4	4	3	1	2	2	2	2	4	4	1	1	3	2	5	5	1	1	2	2	3	1	2	2	3	2	2	2	2	1	1	2	1	2	2	
Lack of trained health workers for adolescents	4	5	3	4	5	2	3	2	3	4	3	3	5	1	4	2	4	1	3	3	3	1	1	2	4	1	3	2	2	3	2	2	3	2	2	1	2	2	3	1	1	2			
Barriers to access to health services	3	5	3	3	3	1	3	2	4	3	2	3	4	1	3	3	3	3	1	3	3	2	4	2	3	1	2	1	1	3	2	4	3	2	3	2	4	1	2	1	1	2			
Health and education inequalities caused by coronavirus disease (COVID-19)	3	3	2	1	3	3	3		4	1	1	3	1	4	4	2	4	3	3	4	2	5	2	1	1	3	1	1	5	2	3	2	2	2	3	2	2	1	1	2	1	2			
Early childhood learning facilities	4	5	4	3	3	3	2	3	5	3	4	2	2	2	2	3	4	1	2	3	4	1	2	3	1	2	1	3	2	3	1	1	2	2	2	3	3	2	2	1	1	1	1		
Neonatal and child mortality	5	5	5	4	2	5	2		4	4	5	1	1	4	3	2	3	1	5	1	1	2	1	1	5	1	1	3	1	1	2	1	1	1	1	1	1	1	1	3	1	2			
Barriers to access to contraception	5	5	5	4	5	4	2	1	1	3	2	2	2	1	3	2	4	3	1	1	1	2	1	3	2	1	1	4	5	3	2	1	3	1	1	2	2	1	1	1	1	1	1		
Out-of-pocket payments	3	5	3	4	2	4	4	2	4	1	2	4	1	4	1	4	3	2	2	1	1	3	1	2	3	1	1	2	1	4	3	2	1	2	1	1	1	1	4	2	2	2			
Asthma	2	3	2	5	3	2	3	4	3	3	2	1	3	2	3	1	2	1	2	1	2	2	2	2	3	1	1	1	1	1	1	5	1	3	3	2	1	1	1	2	1	2			
Alcohol during pregnancy	4	1	2	1	3	1	3	4	4	3	1	4	1	5	2	4	1	1	3	4	2	2	3	1	3	1	1	1	3	1	1	2	1	3	3	1	1	1	1	2	1	1			
Unnecessary hospitalizations	3	4	3	5	3	1	4		1	3	5	2	1	1	2	2	1	1	3	1	1	4	1	1	3	1	3	3	1	1		1	2	2	2	2	2	1	1	1	1	1			
Cancer care	2	5	3	3	4	4	2	2	3	3	1	1	4	1	1	3	1	1	2	1	1	2	1	2	3	1	2	1	1	1	1	1	3	3	2	1	1	1	1	2	1	1			
Left behind when parents work abroad	5	4	3	3	3	4	4		1	3	1	1	1	1	1	2	1	1	2	1	1	2	1	2	2	3	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Lack of tuberculosis (TB) guidelines	2	3	2	3	4	1	3	2	2	1	1	2	1	5	1	1	3	1	1	2	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

Per ulteriori
informazioni:



Electronic supplementary material:
The online version of this article contains supplementary material.

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Priorities for child and adolescent health in Europe and Central Asia: insights to inform regional strategy from a multi-stakeholder survey

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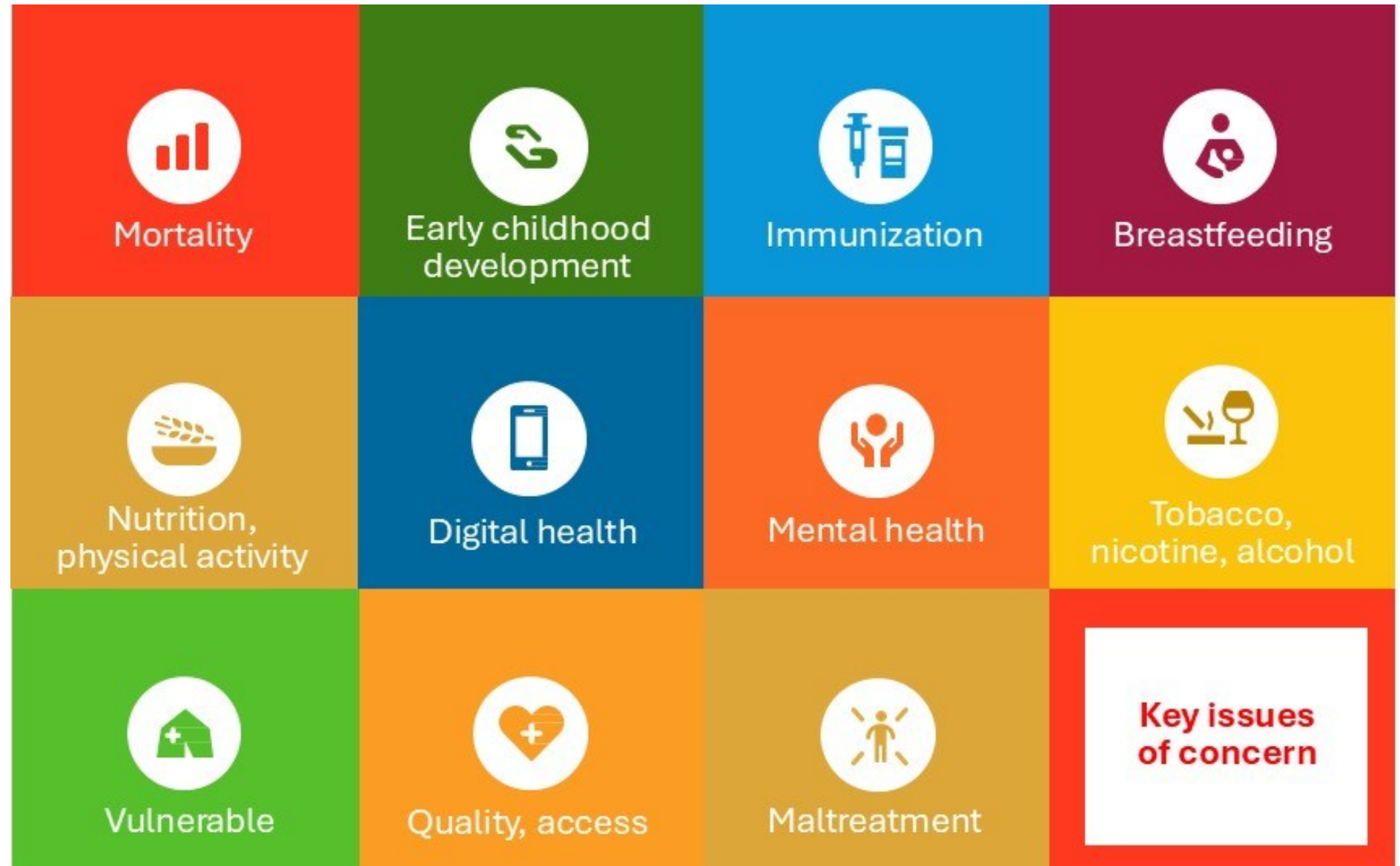
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Background Childhood and adolescence (0–19 years) is a critical time for laying the foundations for life-long good health and well-being. To support the development of the new World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) European Regional Strategy for Child and Adolescent Health and Well-being, we undertook a European Region-wide survey of representatives of Member States (MS), child health professionals (CHPs), and adolescents to determine priority areas for action.

Methods Stakeholders participated via structured online questionnaires in which they rated a series of problem statements concerning child and adolescent health and well-being using a five-point scale of concern. We performed descriptive analyses and calculated a regional average rating of concern for each problem statement by stakeholder group to enable them to be ranked.

Results We received responses from 40 MS representatives, 204 CHPs, and 2789 adolescents. The burden of mental health, access to mental health services, excessive screen time, problematic social media use and tobacco and nicotine product use emerged as top ten priorities across all three groups. Adolescents expressed a distinct set of priorities that nonetheless align with broader concerns, such as barriers to health care access and violence against children, including the perceived failure of health professionals to identify and act on such cases in time. Concern ratings for some problem statements varied significantly between countries, highlighting the diversity of challenges across the Region. We presented the survey findings during MS consultations to inform strat-

Questioni chiave per bambini e adolescenti



Un inizio sano per una vita sana



European Region

Regional Committee for Europe
75th session

Copenhagen, Denmark, 28–30 October 2025

EUR/RC75/20

10 October 2025 | 250503

ORIGINAL: ENGLISH

Provisional agenda item 8

A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030

The draft strategy *A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030*, developed jointly by the WHO Regional Office for Europe and the United Nations Children's Fund (UNICEF), aims to support Member States working to enhance the health and well-being of children and adolescents from infancy to adulthood, improving their lives and thereby their life opportunities. It does so in the context of a period of significant change and unprecedented health challenges. The strategy identifies five priority areas for action:

- investing strategically in child and adolescent health and well-being for long-term benefits;
- delivering comprehensive and equitable high-quality health care specific to the needs of children and adolescents;
- regulating to protect children and adolescents against the harmful effects of commercial goods and services;
- fostering a multisectoral approach for comprehensive child and adolescent health policies; and
- monitoring progress for accountability.

Each priority area includes a set of concrete actions to tackle Region-specific causes of mortality and morbidity and drive improved health outcomes for children and adolescents.

The draft strategy will be submitted for consideration to the WHO Regional Committee for Europe at its 75th session.



European Region





INVESTIRE nei PRIMI ANNI



ENGAGEMENT
MULTI-SETTORIALE

**Tutti i bambini e gli
adolescenti vedono
riconosciuti i propri
diritti alla salute e al
benessere fisico,
mentale e sociale**



PROTEGGERE



**CURE DI ALTA
QUALITÀ**

MONITORARE

Strumenti per migliorare gli esiti di salute



RISULTATI MIGLIORI PER OGNI SFIDA PRINCIPALE IN AMBITO SANITARIO



Promuovere un **approccio multisettoriale** per policy sanitarie integrate rivolte a bambini e adolescenti

Gli esiti di salute dei bambini sono determinati anche da settori oltre quello sanitario: **istruzione**, sport, servizi igienico-sanitari, alimentazione, pianificazione urbana, trasporti e assistenza sociale



- Policy e meccanismi (gruppi di lavoro interministeriali) per garantire il **coordinamento multisettoriale** nell'attuazione e nella definizione del bilancio delle misure di salute e benessere per bambini e adolescenti
- **Istruzione**
 - a) Adottare, rafforzare ed espandere l'**approccio delle Scuole che Promuovono Salute**; condurre una valutazione baseline e stabilire obiettivi per la sua espansione fino a quando ogni scuola dell'infanzia e primaria diventerà una scuola promotrice di salute
 - b) Introdurre **nei programmi scolastici** lo **sviluppo delle life skill** e l'educazione alla salute basata sulle life skill, compresa un'educazione sui comportamenti sanitari e sulla sessualità.



➤ Istruzione

- c) Sviluppare e implementare **policy per scuole prive di nicotina e tabacco**.
- d) Promuovere un ambiente scolastico **senza alcol** e **limitare l'accesso a cibi ad alto contenuto di grassi, sale e zuccheri** a scuola.
- e) Garantire la presenza o il collegamento con il **personale sanitario** nelle scuole e rafforzarne il ruolo e le capacità. Ciò potrebbe riguardare infermieri scolastici, psicologi scolastici, consulenti di salute mentale, consulenti di promozione della salute e personale di collegamento per l'educazione sanitaria.
- f) Rafforzare la **collaborazione** tra governi, organizzazioni sanitarie, scuole e comunità per creare culture che diano priorità alle esigenze dei bambini e degli adolescenti nelle policy, nei finanziamenti e nella pratica.
- g) Istituire **attività di presa in carico e sostegno** rivolte ai bambini e agli adolescenti che non frequentano la scuola, al fine di garantire loro l'**accesso** ai servizi sanitari, educativi e sociali.



➤ Istruzione

- h) Promuovere i **legami sociali** tra gli adolescenti attraverso programmi scolastici, comunitari e di mentoring, nonché attività inclusive che rafforzino la resilienza e il senso di appartenenza.
- i) Creare programmi che favoriscano le **relazioni intergenerazionali** per promuovere il sostegno reciproco, lo scambio di conoscenze e i legami comunitari.
- j) Creare ambienti a misura di bambino e adolescente, promuovendo la **Rete Europea delle Città Sane dell'OMS** e attuando misure quali l'accesso agli spazi verdi e il miglioramento della sicurezza stradale.
- k) Coordinare l'azione in tutti i settori attraverso policy e programmi e sensibilizzare l'opinione pubblica per prevenire e proteggere i bambini e gli adolescenti da **ogni forma di violenza**.
- l) Migliorare l'**health literacy** dei genitori e di chi si prende cura dei bambini offrendo corsi di genitorialità dalla prima infanzia all'adolescenza, mettendo in atto programmi di promozione dell'health literacy e sensibilizzando l'opinione pubblica con campagne comunitarie.



Azioni per OMS/Europa e UNICEF

- a) Sostenere gli Stati Membri nell'**attuazione di strategie e piani d'azione multisettoriali** in materia di salute di bambini e adolescenti, compresa la creazione di meccanismi di coordinamento multisettoriali e la condivisione delle conoscenze tra gli Stati Membri.
- b) Sostenere l'**implementazione** dell'approccio delle Scuole che Promuovono Salute, compresa l'implementazione di **standard globali** e **reti** interregionali. Sostenere le valutazioni di base, l'implementazione e il monitoraggio delle Scuole che Promuovono Salute e sviluppare standard per le Scuole dell'Infanzia che Promuovono Salute.
- c) Sostenere l'**integrazione di tematiche relative alla salute nei programmi scolastici**, compreso l'apprendimento basato sul gioco e un'educazione su temi di salute adeguata all'età di riferimento, come l'educazione sessuale completa e la sicurezza digitale.

Dalla strategia all'azione

European Network for Health Promoting Schools



WHO Regional Office for Europe

76,861 followers

4d •

What does a health-promoting **#school** actually look like?

It is a school where healthy food is available in the canteen, where physical activity is built into the day, where mental health support is accessible to every child, and where the environment itself, the playground, the canteen, and the classroom all support well-being.

Today, Member States launched the European Network on Health Promoting Schools under A healthy start for a healthy life, the new WHO/UNICEF child and adolescent health strategy in the European Region.

All 53 Member States adopted the strategy in October. Today's meeting is the first step towards putting it into practice, with delegations from both health and education ministries working together on shared priorities.





Making every school a health-promoting school

Dichiarazione della conferenza di Parigi (2016)

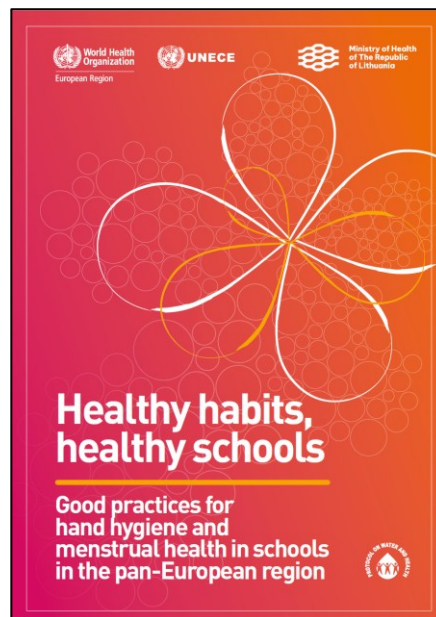
Ogni Scuola che
Promuove Salute
fornisce:

Alimentazione
salutare

Acqua, servizi
igienico-sanitari
e igiene

Ambienti liberi da
nicotina e tabacco

Health literacy

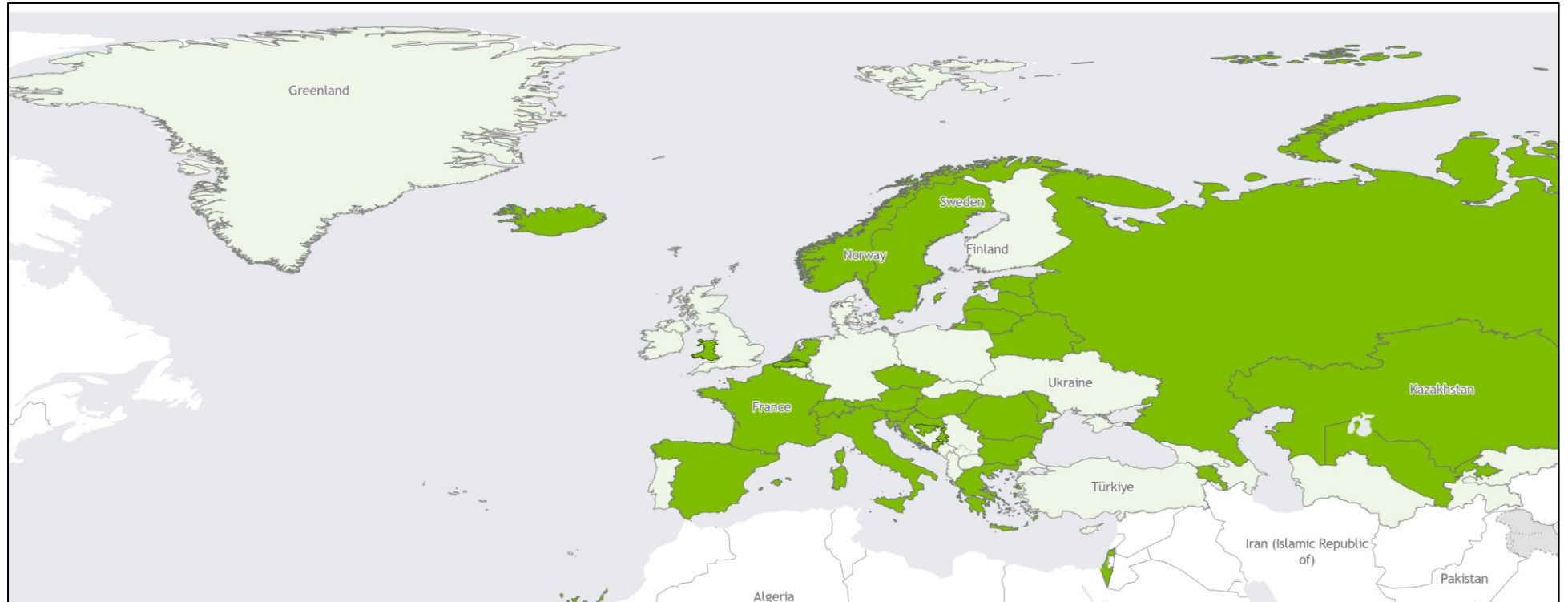


Il punto della situazione: Scuole che Promuovono Salute nella Regione Europea

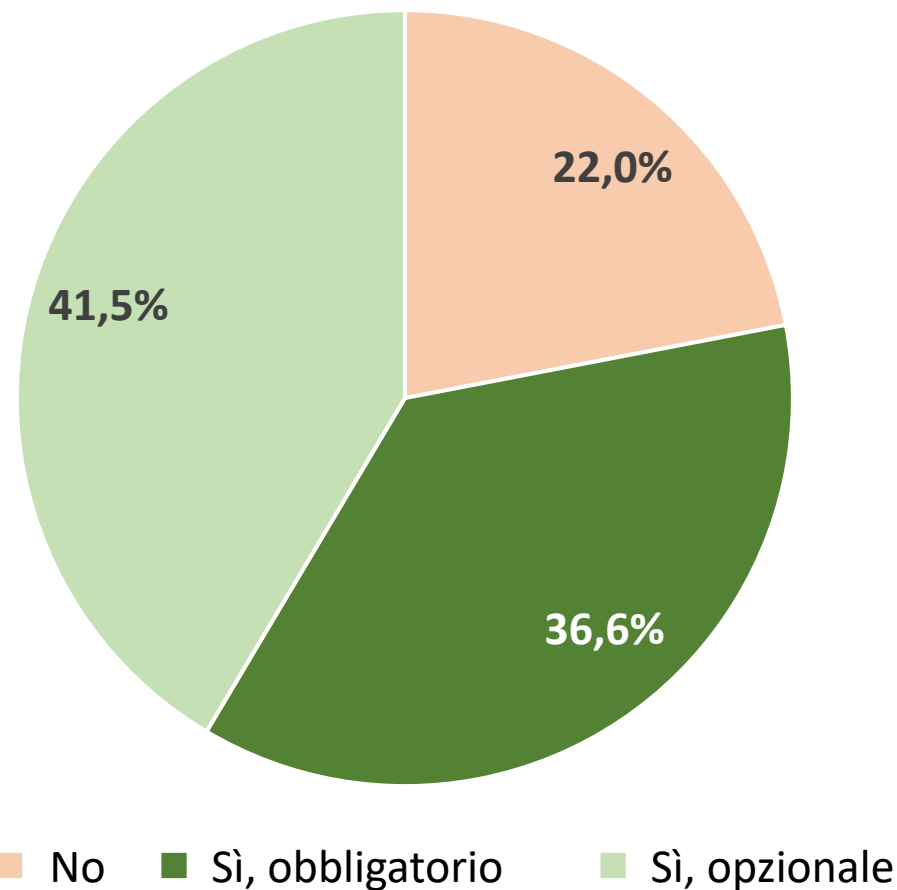
Sophie Jullien, WHO/Europe

Risultati chiave dalla mappatura delle policy di salute scolastiche

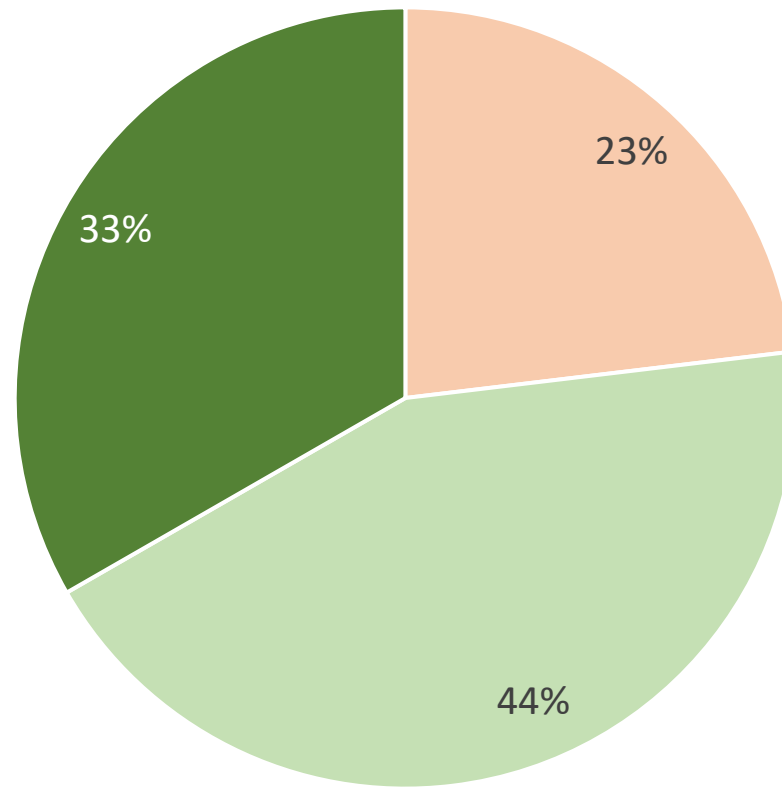
- 48 risposte (42 incluse nell'analisi)
- 35 countries (30 incluse nell'analisi)



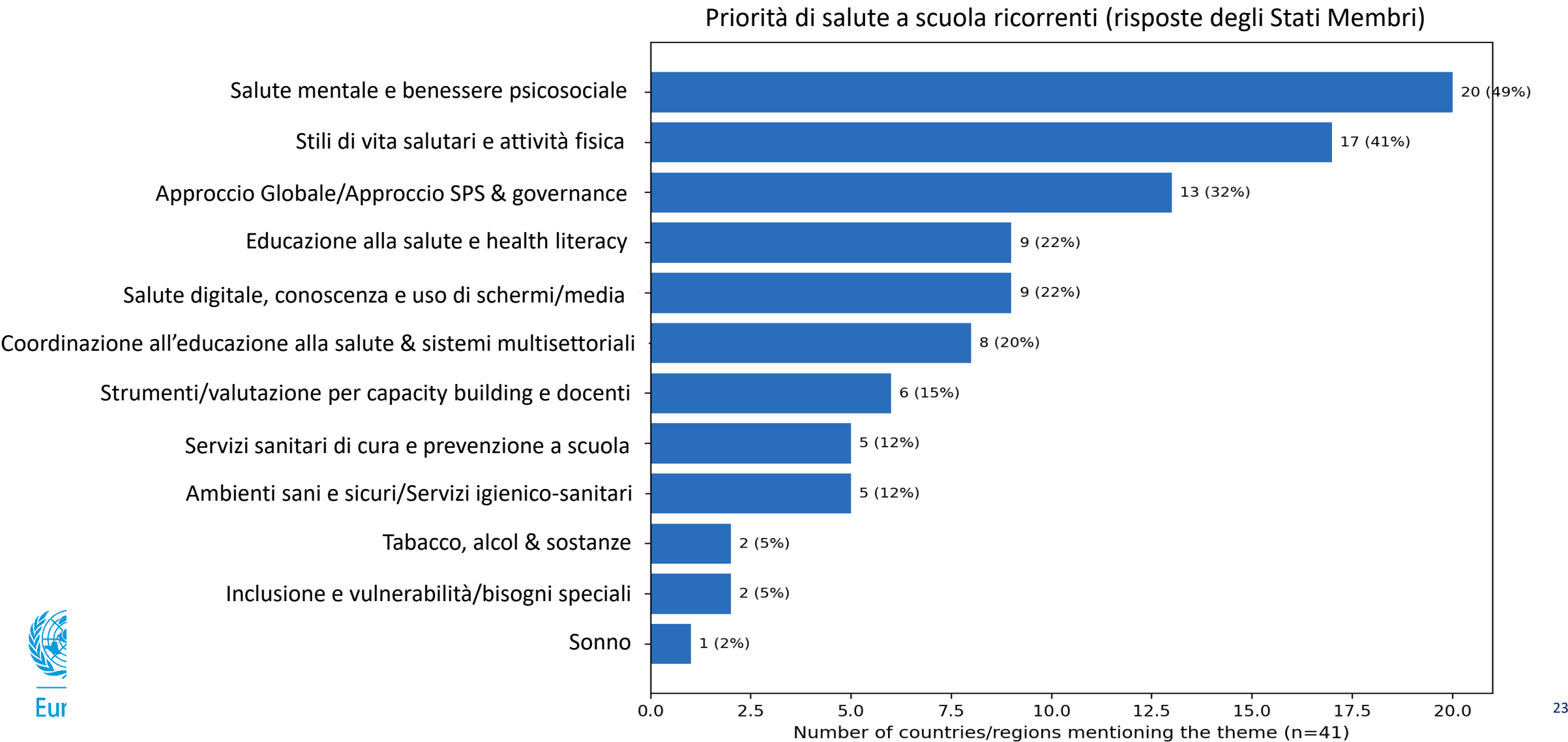
Il Suo Paese ha una policy o un piano strategico per la salute a scuola?



La salute, in generale o rispetto a temi specifici, è parte del percorso formativo dei docenti nel Suo Paese?

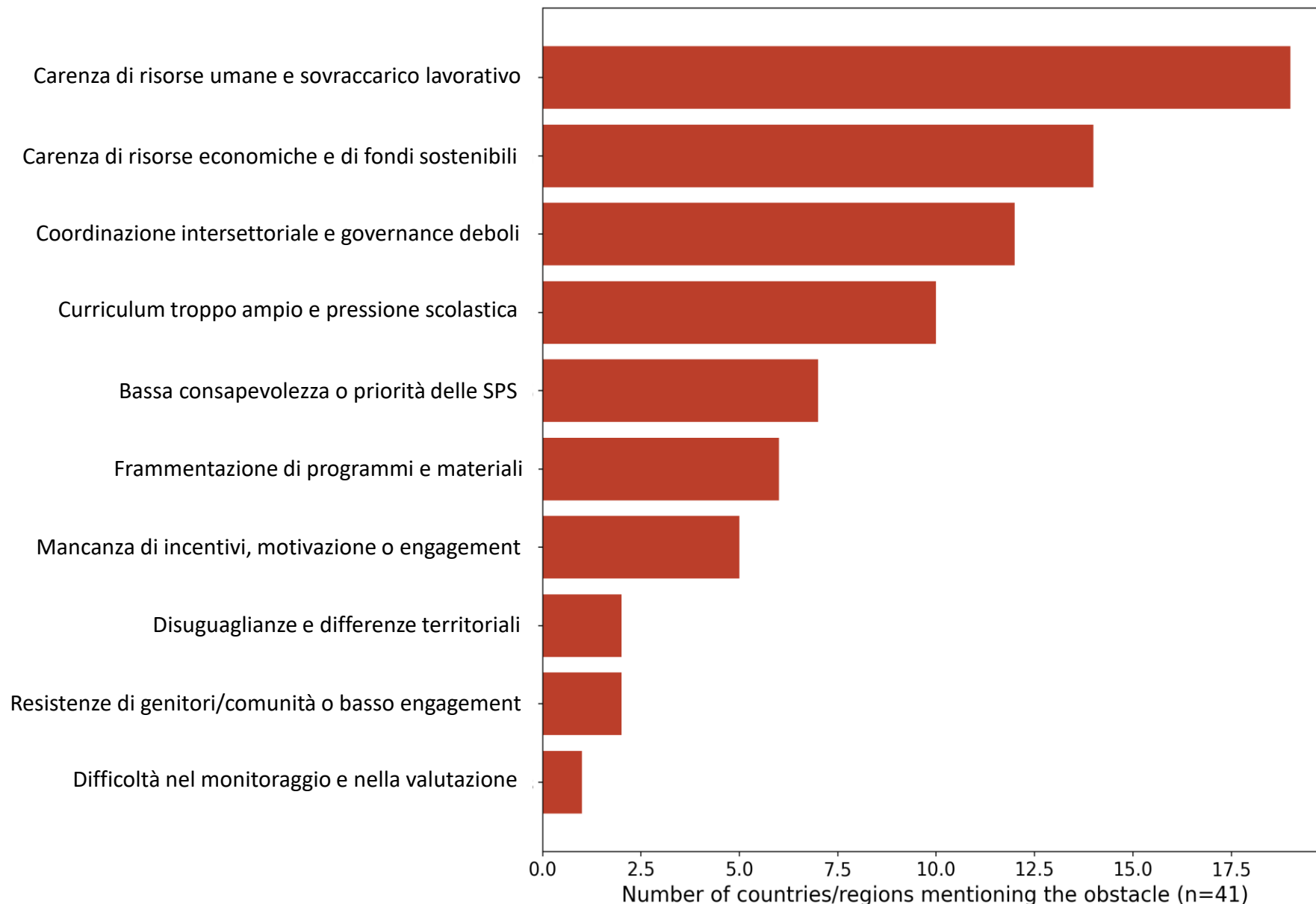


Priorità di promozione della salute a scuola a livello nazionale o regionale



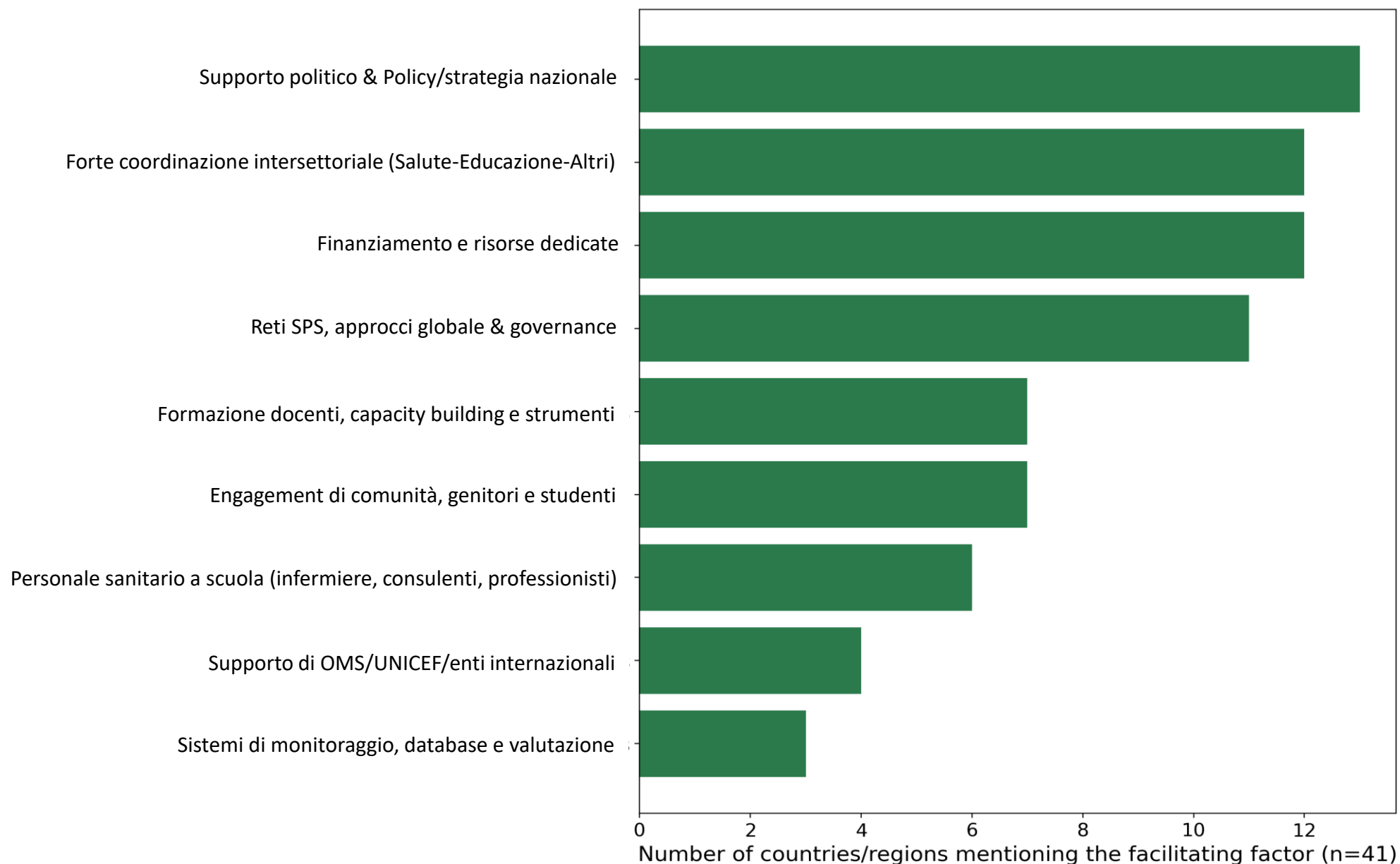
Principali ostacoli all'implementazione SPS a livello nazionale o regionale

Principali ostacoli all'implementazione SPS a scuola



Fattori facilitanti più importanti

Fattori facilitanti le attività di promozione della salute a scuola



Grazie



World Health
Organization

European Region

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