

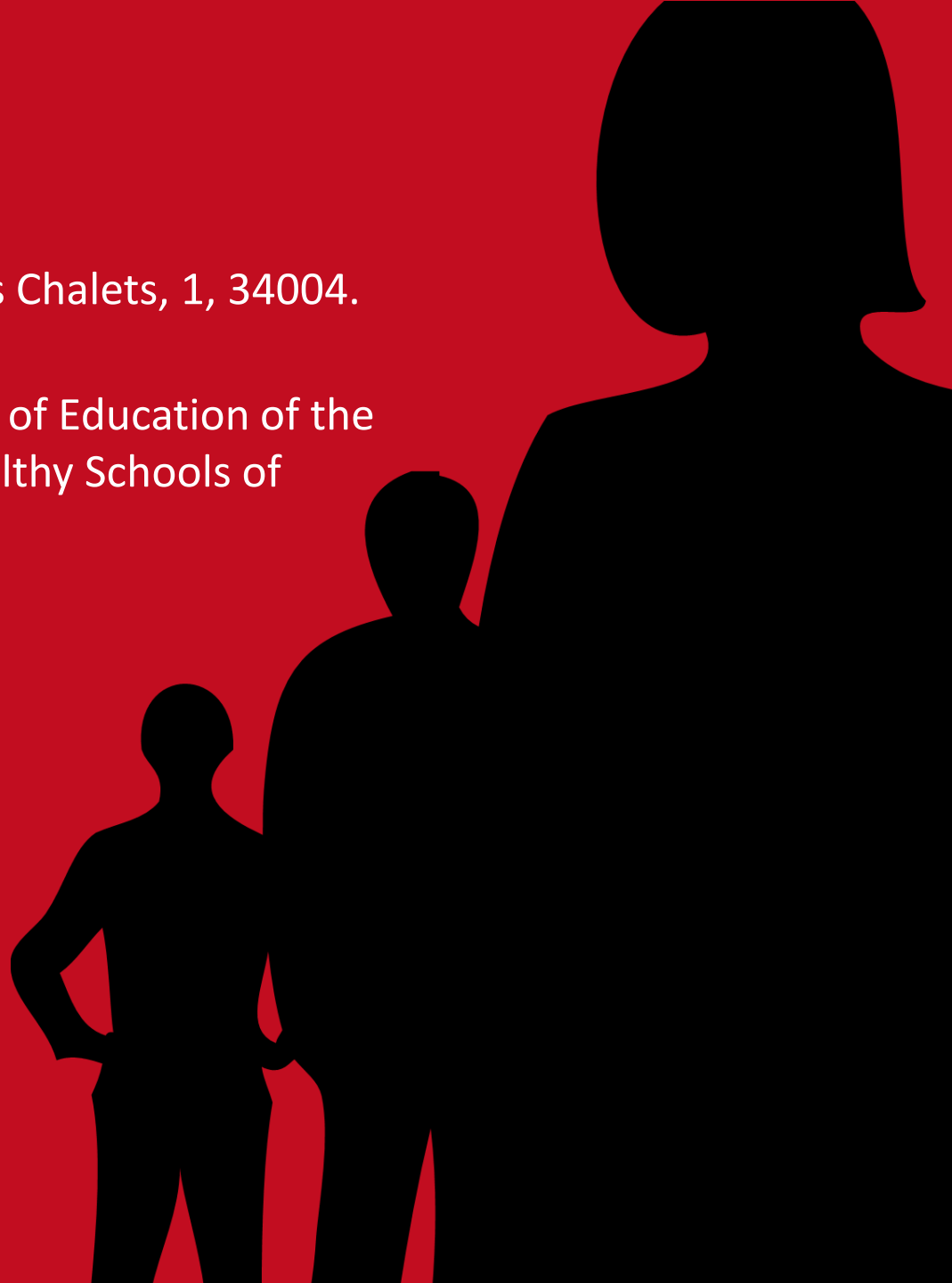


Youth Complex in Palencia (Calle Los Chalets, 1, 34004.  
Palencia-Spain)

Conference planned by the Ministry of Education of the  
Educational Innovation Project "Healthy Schools of  
Castilla y León"

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26th of April 2023





# Child and adolescent health in Europe

Most children and adolescents in the **WHO European Region** enjoy a **high standard of health and well-being**.

However, **disparities** in child health between and within countries persist.

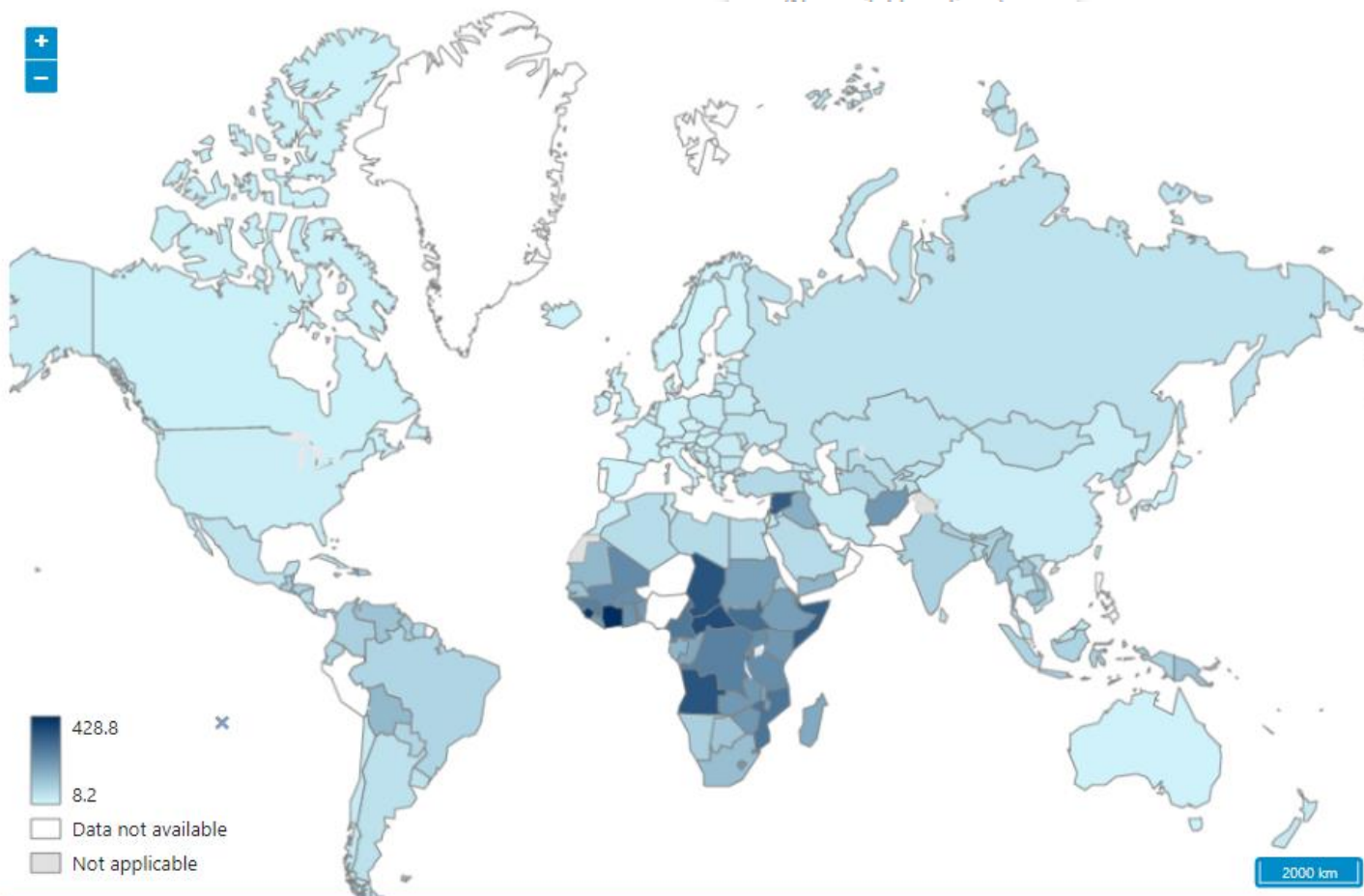
The Region includes countries with the lowest infant and child mortality rates in the world, but mortality in countries with the highest rate for children under 5 years is up to 20 times higher than that in countries with the lowest rate.

Every year, too many children in the Region die before the age of 5 – 52% of them in the first month of life.

SOURCE: [https://www.who.int/europe/health-topics/child-health#tab=tab\\_1](https://www.who.int/europe/health-topics/child-health#tab=tab_1)



# Adolescent mortality rate (per 100 000 population)



## Disclaimer

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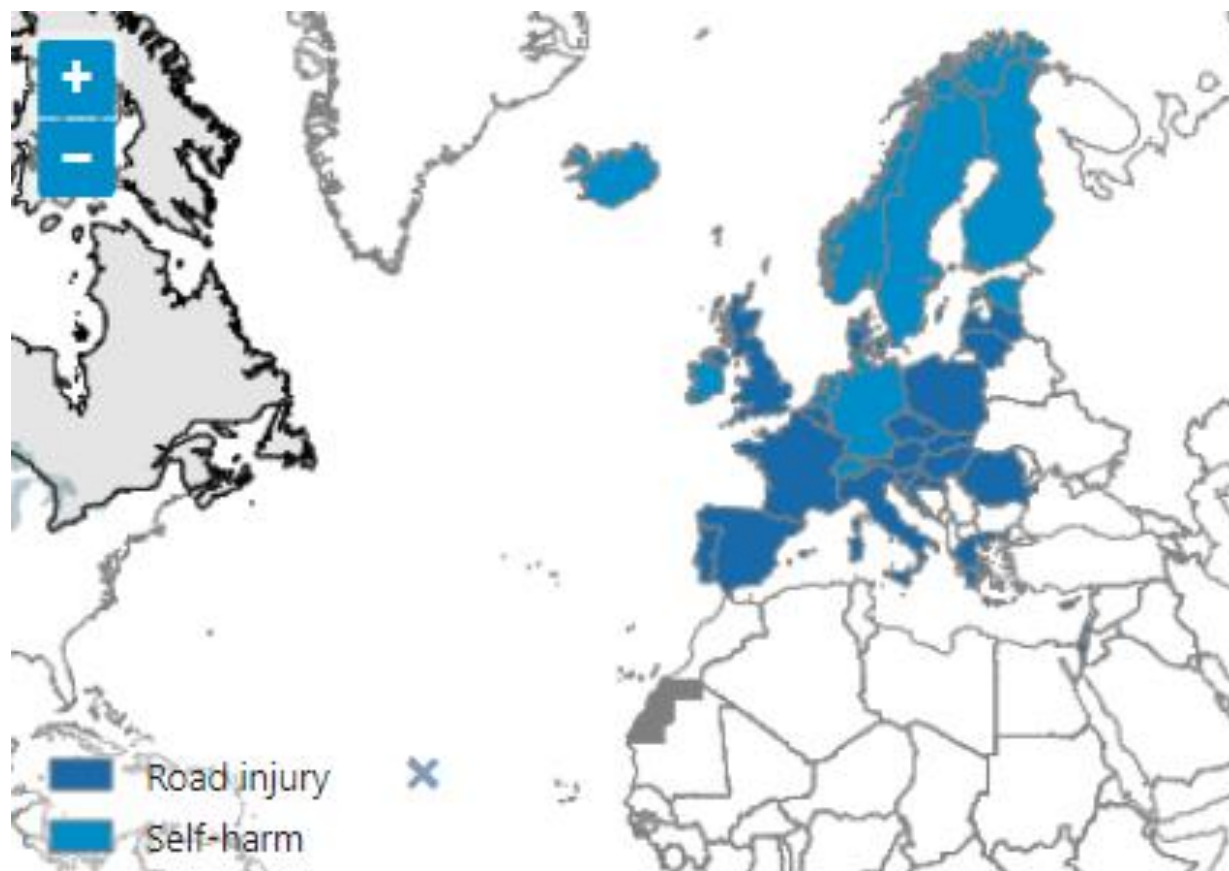


**World Health Organization**

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# Adolescent mortality ranking





# Child and adolescent health in Europe

Much of the morbidity and mortality among children and young people is preventable.

Low-cost measures that have been shown to work – whether they target road traffic accidents or poverty – could prevent two thirds of deaths.

Children are particularly vulnerable to environmental pollution, and poor environments aggravate socioeconomic disparities in cities.

Children and adolescents need clean air, safe housing, nutritious food, clean water and a healthy way of life; they need friendly services that they can reach and that can reach them.

SOURCE: [https://www.who.int/europe/health-topics/child-health#tab=tab\\_1](https://www.who.int/europe/health-topics/child-health#tab=tab_1)



# Child and adolescent health in Europe

Children still die due to preventable causes such as **pneumonia and diarrhoea**, and there are warning signs of the **return of diseases** previously under control, such as **diphtheria and tuberculosis**. Young people are also affected by the **increase of noncommunicable diseases such as asthma and allergies**, and from **substance abuse, injuries and mental disorders**. Further, adverse effects on children's and adolescents' health result from increasing socioeconomic inequalities across the Region, the consequences of **armed conflict, child labour and sexual exploitation**.

SOURCE: [https://www.who.int/europe/health-topics/child-health#tab=tab\\_1](https://www.who.int/europe/health-topics/child-health#tab=tab_1)



# Child and adolescent health before COVID



- **Health Behaviour in School-aged Children (HBSC)**, a WHO collaborative cross-national study, has provided information about the health, well-being, social environment and health behaviour of 11-, 13- and 15-year-old boys and girls for over 30 years. The 2017/2018 survey report presents data from **over 220 000 young people in 45 countries** and regions in Europe and Canada.
- The data focus on social context (relations with family, peers, school and online communication), health outcomes (subjective health, mental health, overweight and obesity, and injuries), health behaviours (patterns of eating, physical activity and toothbrushing) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying) relevant to young people's health and well-being..
- **Citation:** World Health Organization. Regional Office for Europe. (2020). Spotlight on adolescent health and well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Volume 1. Key findings. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/332091>. License: CC BY-NC-SA 3.0 IGO



# Child and adolescent health before COVID – HBSC 2017/2018



- Most adolescents are failing to meet current nutritional recommendations, undermining their capacity for healthy development. More than four out of 10 adolescents do not eat breakfast every school day.
- Fewer than one in five adolescents meet the WHO global physical activity recommendations of 60 minutes or more of moderate-to-vigorous physical activity (MVPA) each day.
- Overweight and obesity affect one in five adolescents, with higher levels among boys and younger adolescents.
- Problematic social media use affects 7% of adolescents overall but is highest among older girls.
- The most common health complaints are nervousness, irritability and sleep difficulties.

SOURCE: <https://apps.who.int/iris/bitstream/handle/10665/332091/9789289055000-eng.pdf?sequence=1&isAllowed=y>





# Child and adolescent health before COVID – HBSC 2017/2018



- The most common health complaints are nervousness, irritability and sleep difficulties.
- Risky sexual behaviour remains worrying, with a quarter of sexually active 15-year-olds using neither condom nor pill at last sexual intercourse.
- Alcohol is the most commonly used substance by 15-year-olds: 59% have ever drunk alcohol compared with 28% for cigarette-smoking and 13% for cannabis use. In relation to current use, 37% of 15-year-olds had drunk alcohol in the last 30 days, 15% had smoked cigarettes and 7% had used cannabis. The sharpest increases in both alcohol use and smoking are seen between ages 13 and 15. Substance use is more common in boys, with the gender gap narrowing at age 15. Social inequalities in substance use are only evident for alcohol use, mainly among boys.

SOURCE:

<https://apps.who.int/iris/bitstream/handle/10665/332091/9789289055000-eng.pdf?sequence=1&isAllowed=y>



# Child and adolescent health before COVID – HBSC 2017/2018

- More than half of adolescents report high levels of support from their fellow students and their teachers, but only around a quarter like school a lot. In most countries/regions, school experience worsens with age: school satisfaction and support from teachers and classmates decline, and schoolwork pressure increases. Gender differences in schoolwork pressure increase with age, with 15-year-old girls reporting higher levels than boys in most countries/regions.

SOURCE: <https://apps.who.int/iris/bitstream/handle/10665/332091/9789289055000-eng.pdf?sequence=1&isAllowed=y>





## Child and adolescent health and COVID

Children and adolescents face specific challenges based on their phase of life and how both the COVID-19 disease and measures designed to contain the disease impact them.

SOURCE: [https://www.who.int/europe/health-topics/child-health#tab=tab\\_1](https://www.who.int/europe/health-topics/child-health#tab=tab_1)

Stressors:

- Social distancing
- Restriction of gatherings
- Masks
- Frequent testing
- Stay at home
- Closing schools
- Illness and death in the family
- Unemployment/excessive employment of parents
- Poor access to health and social services

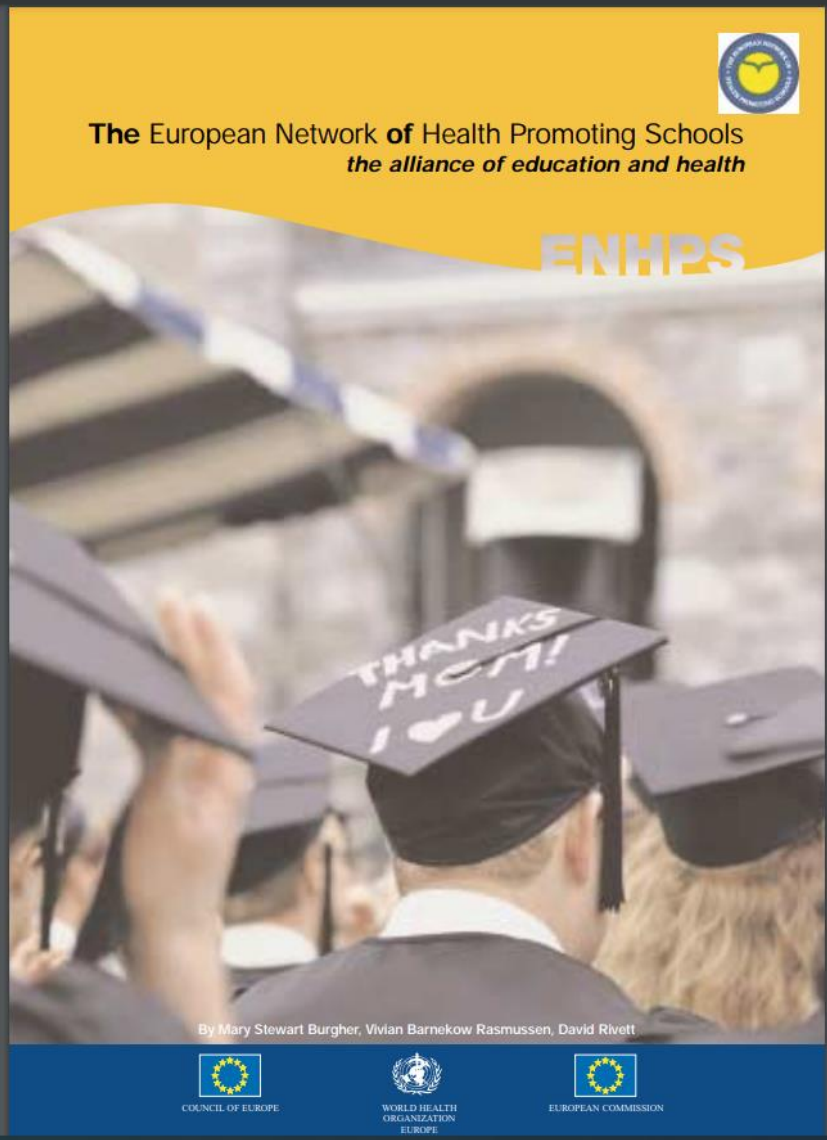


# **Schools for Health in Europe (SHE) network**

The SHE network is a continuation of the European Network of Health Promoting Schools (ENHPS) founded in 1992.

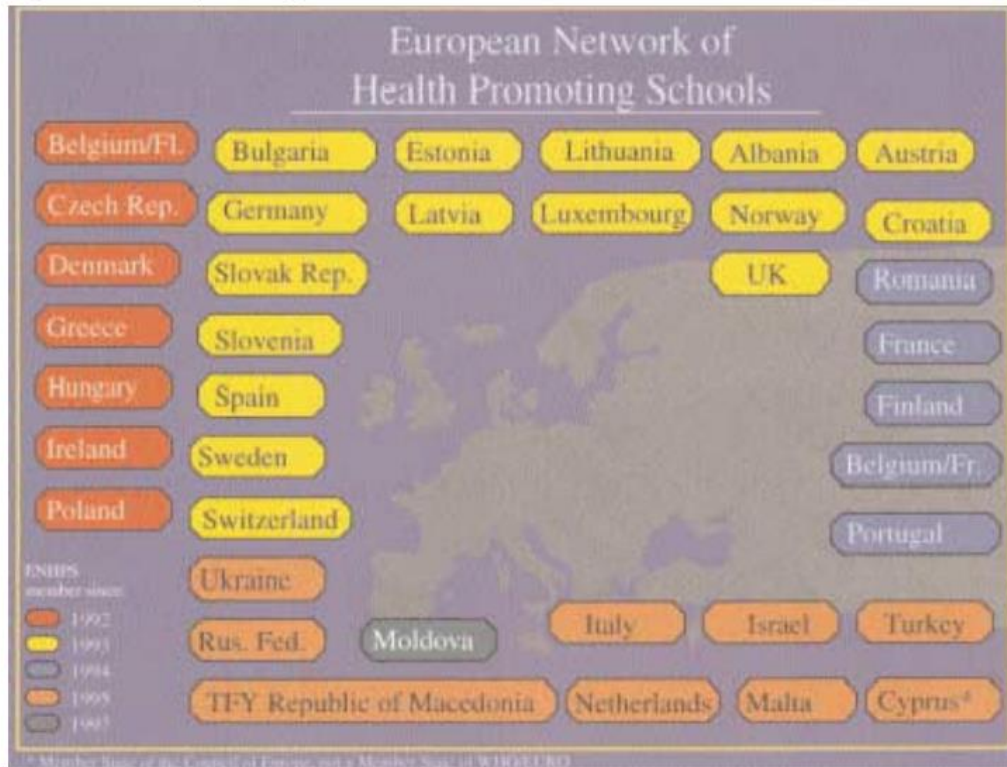
Currently there are 40 countries from Europe and Central Asia represented by the national coordinators. The SHE network has a key role in the further development and implementation of the health promoting schools concept in the European region.

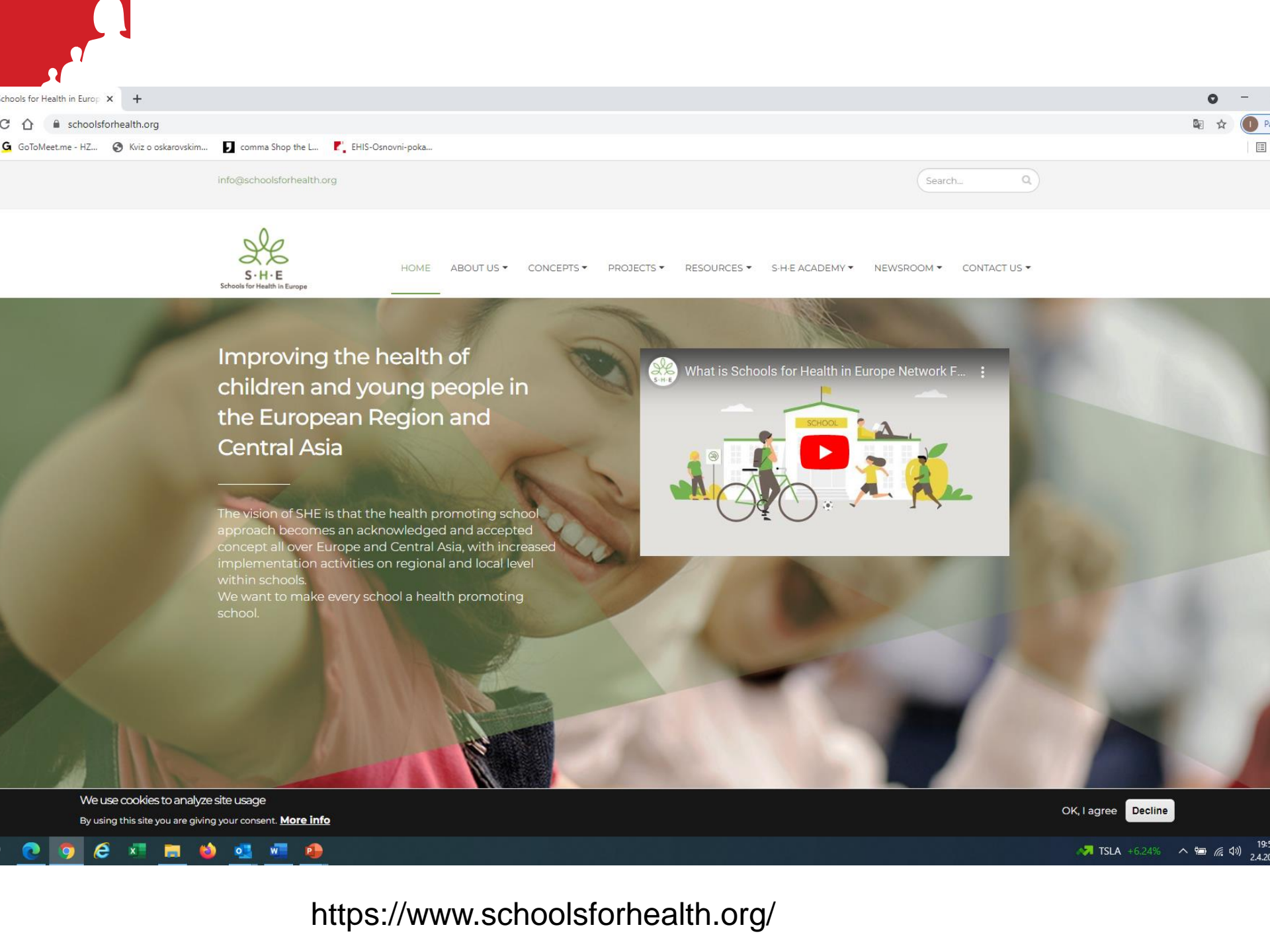
The health promoting school aims at achieving healthy lifestyles for the whole school population by developing supportive environments conducive to the promotion of health. It offers opportunities for and requires commitment to the provision of a social and physical environment that is safe and enhances health.



# FIG. 1.

Fig. 1. WHO European Region





- HOME
- ABOUT US ▾
- CONCEPTS ▾
- PROJECTS ▾
- RESOURCES ▾
- S-H-E ACADEMY ▾
- NEWSROOM ▾
- CONTACT US ▾

## Improving the health of children and young people in the European Region and Central Asia

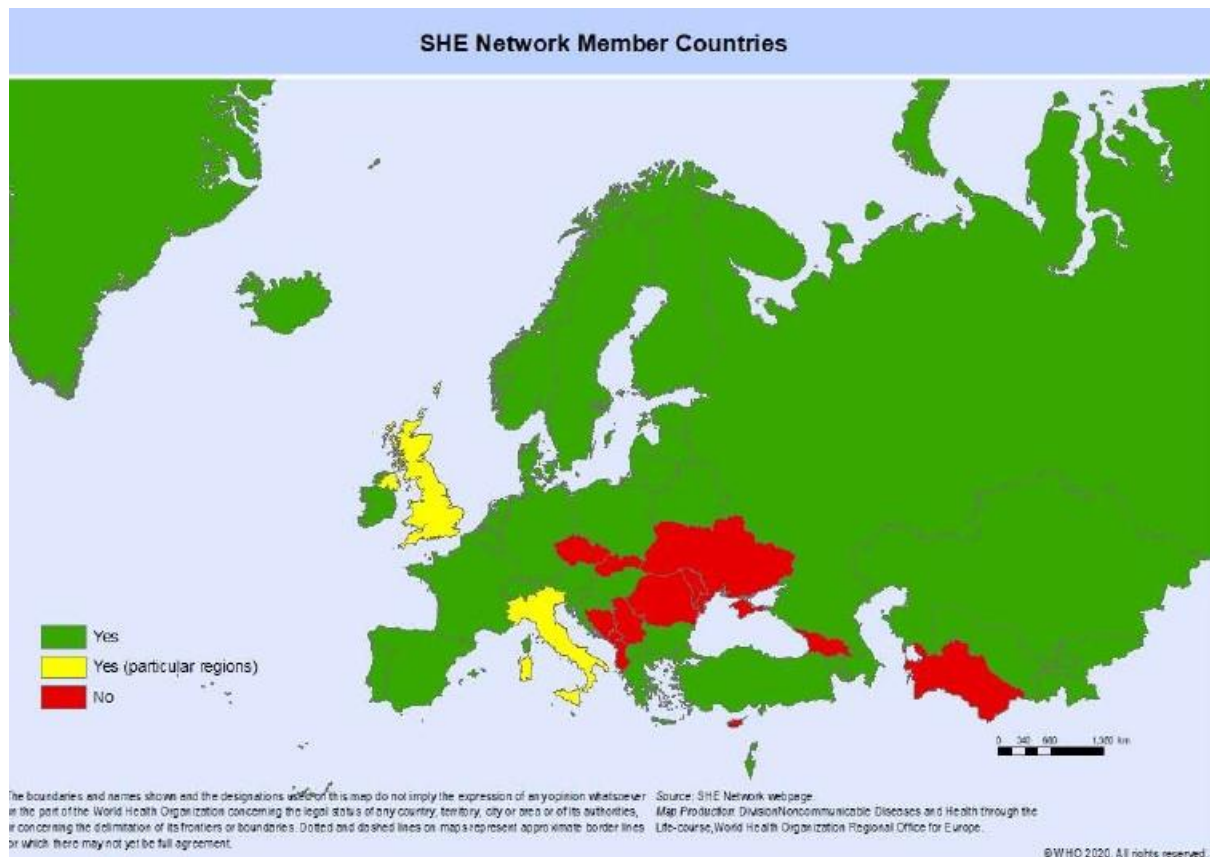
The vision of SHE is that the health promoting school approach becomes an acknowledged and accepted concept all over Europe and Central Asia, with increased implementation activities on regional and local level within schools. We want to make every school a health promoting school.

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- SHE Core Values
- **Equity.** Equal access for all to education and health.
- **Sustainability.** Health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period.
- **Inclusion.** Diversity is celebrated. Schools are communities of learning, where all feel trusted and respected.
- **Empowerment.** All members of the school community are actively involved.
- **Democracy.** Health promoting schools are based on democratic values.



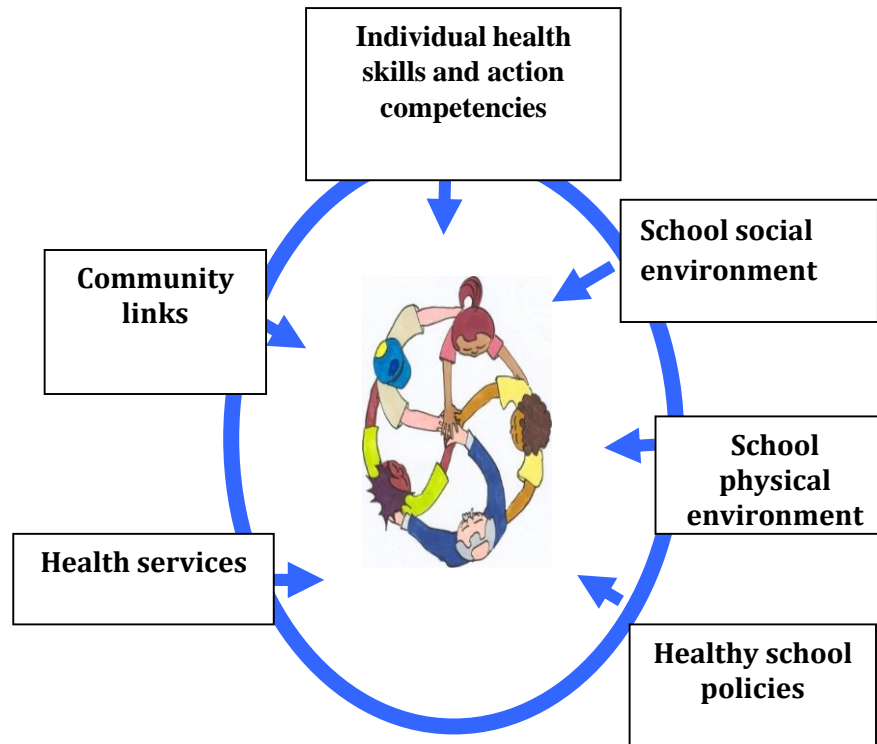
- SHE Pillars
- **Whole school approach to health promotion.** Combine health education in the classroom with development of school policies, the school environment, life competencies and involving the whole school community.
- **Participation.** A sense of ownership by students, staff and parents.
- **School quality.** Health promoting schools create better teaching and learning processes and outcomes. Healthy students learn better; healthy staff works better.
- **Evidence.** Development of new approaches and practices based on existing and emerging research.
- **School and community.** Schools are seen as active agents for community development.



# A whole-school approach



**WORLD HEALTH ORGANIZATION  
EUROPE**



**COUNCIL OF EUROPE  
CONSEIL DE L'EUROPE**



**EUROPEAN COMMISSION**



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# A whole-school approach

- A whole-school approach recognizes that all aspects of the school community can impact upon students' health and wellbeing, and that learning and health are linked.
- SHE recommends focus on six components in order to seek to achieve a whole-school approach.



# A whole-school approach

- **1.**  
**Healthy school policies** are clearly defined documents or in accepted practice that are designed to promote health and well-being. These policies may regulate which foods can be served at the school or describe how to prevent or address school bullying. The policies are part of the school plan.
- **2.**  
**School physical environment** includes the buildings, grounds and school surroundings. For example, creating a healthy physical environment may include making the school grounds more appealing for recreation and physical activity.



# A whole-school approach

- **3.**  
**School social environment** relates to the quality of the relationships among and between school community members, e.g., between students and students and school staff. The social environment is influenced by the relationships with parents and the broader community.
- **4.**  
**Individual health skills and action competencies** can be promoted through the curriculum such as through school health education and through activities that develop knowledge and skills which enables students to build competencies and take action related to health, well-being and educational attainment.



# A whole-school approach

- **5.**  
**Community links** are links between the school and the students' families and the school and key groups/individuals in the surrounding community. Consulting and collaborating with community stakeholders will support health promoting school efforts and support the school community in their health promoting actions.
- **6.**  
**Health services** are the local and regional school health services or school-linked services that are responsible for the students' health care and health promotion by providing direct student services. This includes students with special needs. Health service workers can work with teachers on specific issues, e.g., hygiene and sexual education.

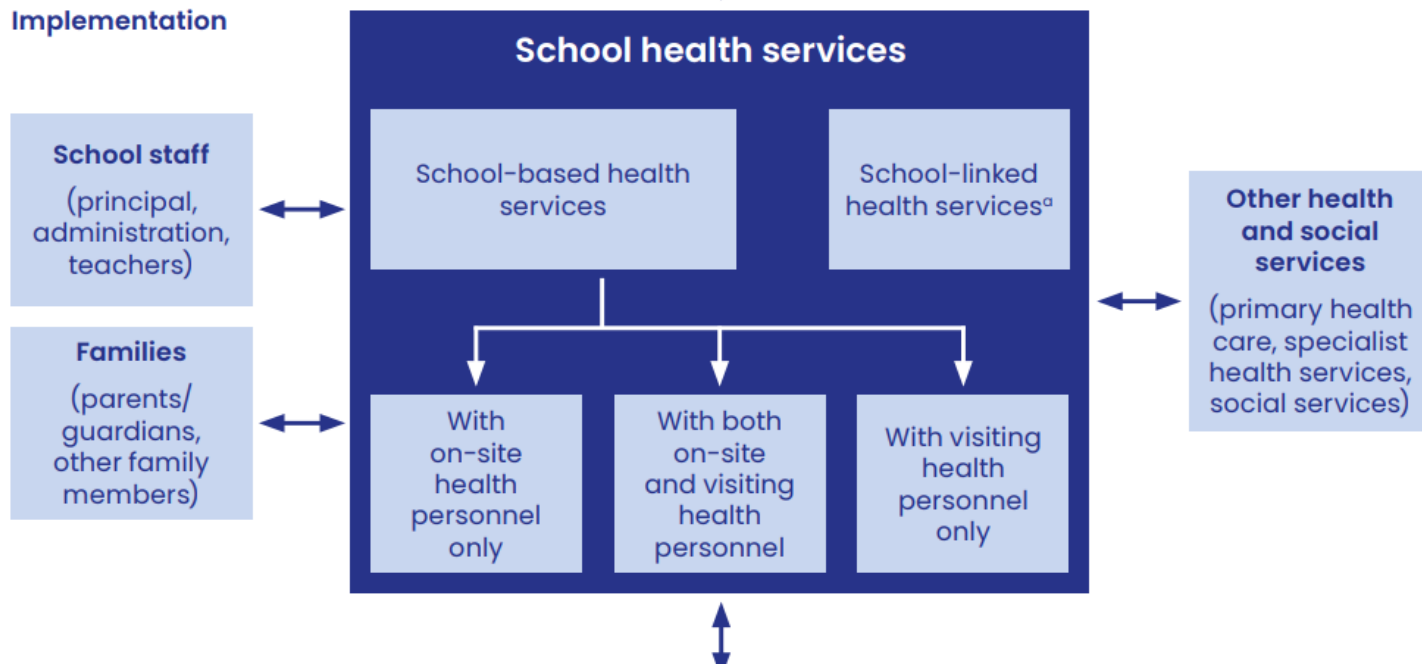




# WHO guideline on school health services



## Implementation





## SHE current state

- The SHE secretariat is responsible for the daily management and operates as the central contact point between members of the SHE network and key organisations.
- Until 2022 the SHE secretariat was hosted by University College South Denmark (UC SYD). The chairperson of the board of the SHE network foundation (SHE board), Anette Schulz was in charge of the SHE secretariat until 16 February 2023, and has now accepted a new job.
- The SHE board agreed that Ivana Pavic Simetin takes over the position as SHE manager for a period of 6 months (ending August 16, 2023). During this period the SHE Board under the leadership of Ivana Pavic Simetin will set up a new secretariat.



## **SHE current state**

- Initiative of UNESCO Chair on Global Health & Education as well as the WHO Collaborating Centre for Research in Education and Health:
- Establishment of the SHE secretariat in the Croatian Institute of Public Health under my supervision



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## SHE futur?

The SHE secretariat in CIPH will have the task of:

- 1. re-establishing the SHE networks in such a way that each country re-appoints a national coordinator, and
- 2. re-establishing permanent communication within the network/with re-appointed national coordinators through the website, meeting (on-line or/and FtF) and other means.

Main activities:

- networking,
- strategic recommendations,
- exchange of experiences and application of good practice



## SHE futur?

Taking into account the long-standing tradition of the European Network of Health Promoting Schools (ENHPS) as the predecessor of the SHE network, the name ENHPS might be highlighted in addition to the name SHE, for example in the following way: **SHE-ENHPS**.

IUHPE in Lodz (IUHPE European Conference on Health Promotion) in June 2024- a first meeting of the SHE-ENHPS?



# Greetings from Croatia, the land of 1000 islands and great football success!

