Declaration

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

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
DECLARATION

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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, from 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 to participate in the 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 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, adopting responsive policies and a 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
- 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. This is in accordance with the United Nations Convention on the Rights of the Child.

1.4 We commit to leaving no one behind. We acknowledge the need to recognize vulnerability in order to fight inequality and to reduce inequalities across the social gradient. 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 exploring transformative approaches, in partnership across Member States, international organizations, different sectors and levels of government, as well as with civil society and our populations— to improve health and well-being for all, reduce inequalities and promote social justice, taking into account country-specific situations and in accordance with national legislation and national circumstances. We therefore acknowledge the urgent need to include 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.

1.6 We welcome the proposal of a Regional Platform for Working Together for Better Health and Well-being to support and facilitate intersectoral action for the health and well-being of all, in an action-oriented manner, and to ensure coherence between existing commitments and processes at the regional level.

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 that enables combining family and work life 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 for all children and adolescents, their families and communities are central to social protection floors, as well as access to healthy nutrition, education, care and any other necessary goods and services based on fair funding mechanisms. In addition, comprehensive early-intervention programmes are necessary to enable all children to have a good start in life.

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, including preschool education, is a key determinant of the health and well-being of all 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 physical, social, cognitive and mental health and
establishing healthy behaviour. This includes nutritious preschool and school meals, opportunities for physical activity and active transport to and from school. Schools have an important role in reducing the number of dropouts and providing children and adolescents with access to key services, including sexuality education\textsuperscript{1} and health services. Building literacy, including health literacy and mental health skills, as well as interpersonal and social skills, is important for the empowerment and resilience of children and adolescents, their families and communities, particularly given the social, economic, environmental and demographic challenges facing many countries.

4.0 Governance for the health and well-being of all children and adolescents

4.1 We recognize that achieving change to improve the health and well-being of all children and adolescents requires whole-of-government approaches, including coherence across and between the national, regional and local levels. This requires a political decision to put the health and well-being of children and adolescents, their families and communities high on the national agenda, ensuring the allocation of 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. It also requires adopting mechanisms and instruments to strengthen intersectoral action and accountability for health and social outcomes. It is essential to strengthen the responsiveness of decision-making and the capacity for trust and partnership building and to ensure that indicators, measures, data and evidence are fit for the demands of a transformative, equitable and sustainable agenda.

4.2 We recognize the importance of identifying synergy and building on existing strategies and mechanisms to achieve the goals of the Declaration in the most efficient and effective ways.

\textsuperscript{1} 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, with the active involvement of all relevant stakeholders and in accordance with national standards.
ANNEX 1. REGIONAL ACTION FRAMEWORK FOR COOPERATION AND COHERENCE

Implementing the commitments for greater intersectoral action to improve the health and well-being of our future generations, taking into account country-specific situations and in accordance with national legislation and national circumstances, requires 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 and well-being through national development policies and strategies

Continue to design, monitor, implement and maintain 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 relevant 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, the Regions for Health Network and the Schools for Health in Europe network. It also includes strengthening the monitoring and evaluation of 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 in this framework would include proposing Europe-wide standards for early childhood development; supporting the adoption of school health and health literacy programmes; promoting mental health and well-being; reducing the exposure to marketing in schools settings; and promoting 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 for better health and well-being that are integrated, gender and culture responsive, deliver on empowering children and adolescents, their families and communities and provide for including other sectors in their design, delivery and evaluation. Setting advisory
minimum regional standards is an important baseline, 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 to facilitate transformative action by developing decent working conditions and transforming unpaid jobs into formal employment. Invest in the systemic development, supervision and support of current workers and, through adapting training curricula, 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.

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 health-harming products such as tobacco, drugs, alcohol as well as foods high in energy, saturated fat, trans-fat, sugar and/or salt 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 improved evidence-informed policies through greater and more strategic collection of data and evidence, including the better use of qualitative information that is sensitive to gender, culture and social position and that includes information on access to education, health, health literacy and social care for all children, 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, through the establishment of a Regional Platform for Working Together for Better Health and Well-being, 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 all children the best start in life, including those with delayed development, difficulties and disabilities and chronic conditions, by early interventions and support for them and their families to guarantee equity and to attend to their differential needs; 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 people themselves.

1.2 Improve the health and well-being 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 for all

Building on the commitments made through international and regional human rights treaties that the Member States are parties to 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, in a culturally sensitive manner and in accordance with the national context, to achieve the highest attainable standard of educational and social outcomes, health and well-being for all.

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 has decreased, differences persist in the levels of preventable illness and premature death, not only between
countries but also between groups within countries. Additionally, 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 and well-being**

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 crucial 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 societies and for future generations. Developments during pregnancy, the first stages of life and the early years of childhood affect future physical and mental health and well-being, 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, or improving existing, policies that promote health and well-being and give priority to the social, economic and environmental determinants of health, 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 appropriate nutrition, physical activity, education, care and any other necessary goods and services for children and adolescents, their 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 market 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 for 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 families at risk of vulnerability, 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 mental health, health-promoting nutrition policies and adequate opportunities for physical activity and cognitive stimulation. Preschool settings should ensure the inclusion of children with medical conditions. 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, 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 and those who are employed but experiencing in-work poverty and to families with a chronically ill child. 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 implemented 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 all 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, for example, bonding, breastfeeding and adequate postnatal maternal and newborn and infant care. This should be available to all parents, as a crucial intervention for early childhood development. Interventions such as parental leave and gender-transformative measures support the increase in 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 in the European Region 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 children at risk of vulnerability, 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

Children at risk of vulnerability 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 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 well-being and establishing healthy behaviour. Providing health and social literacy as well as education for sustainable development and a balanced and healthy diet 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 and adolescents 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 taking into account the national context, ensuring providing at least one year of 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 children and adolescents at the greatest risk of vulnerability from missing out on education**

Urgent action must be taken to reach children and adolescents who are at risk of marginalization and vulnerability. 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 or chronic health conditions, 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, healthy and balanced diets 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 and address bullying, hate speech and social exclusion. 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 **Make every school in the European Region a setting that promotes health and well-being for all**

Promote health, well-being and equity in a safe, inclusive and accessible school environment. 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 and inclusive. Food options should be nutritious, and the school environment should be free of advertising and marketing. In addition, schools should provide safe drinking-water and adequate sanitation, learning and active play facilities, as well as adequate opportunities for physical activity. 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. School 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 and from 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 energy, saturated fat, trans-fat, sugar and/or salt. Ensuring the provision of nutritious and accessible school meals, 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 on issues related to 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. Such action should be implemented in accordance with the national legislation and context.

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 schools**

Inequalities should be challenged early in schools, 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 **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 and accountability for health and social outcomes; 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 groups at the highest risk of vulnerability**

Whole-of-government approaches such as adopting countercyclical economic policies that reduce the negative effects of economic cycles on the groups at the highest risk of vulnerability 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. Some forms of precarious employment may be used in vocational training and improve employability.
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. Responding to the commercial determinants of health involves understanding how commercial factors affect the broader determinants of health as well as reducing the negative effects of marketing on children and adolescents, including in social media. Commercial determinants encompass the marketing and promoting of tobacco products, alcohol, food high in energy, saturated fat, trans-fat, sugar and/or salt and other health-harming behaviour targeting children and adolescents. Increasing the accountability of the responsible industries 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. It is essential that sectoral social partners be invited to participate in the process.

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

Accountability for health, educational and social outcomes should be shared where appropriate 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 through a whole-of-society approach, 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, adolescents, 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 environments 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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Declaration

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

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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