

ONLINE SUPPLEMENTARY DOCUMENT

Title: Child and adolescent health in Europe: towards meeting the 2030 agenda

Authors: Minhye Park, Sanja Budisavljević, Aixa Y. Alemán-Díaz, Susanne Carai, Katharina Schwarz, Aigul Kuttumuratova, Lei B. Jobe, Vivien Hülsen, Yae Eun Lee, Eileen Scott, Ross Whitehead, Martin W. Weber

Appendix S1. Moving forward on child and adolescent health in the European region

The European Programme of Work (EPW) “United Action for Better Health” (2020–2025) sets three core priorities: 1) moving towards universal health coverage (UHC); 2) protecting people better against health emergencies; and 3) promoting health and well-being.

Based on the EPW’s core priorities, a new roadmap for European child and adolescent health was devised (Figure 1). This effort builds on the 2015-2020 European strategy for children and adolescents in order to ensure healthy lives and well-being for all children and adolescents and to meet the SDGs in the WHO European Region by 2030. The new roadmap rests on the guiding principles of a life-course approach to health: policy and planning that is based on an evidence-informed approach; accountability; and a framework that respects the rights of children and adolescents, especially their right to health. This roadmap provides countries with an approach to addressing region-specific causes of mortality and morbidity.

By 2030, it is envisioned that all children and adolescents in the European Region would be aware of their rights to physical and mental health and well-being, and will be able to fully participate in shaping prosperous and sustainable societies.

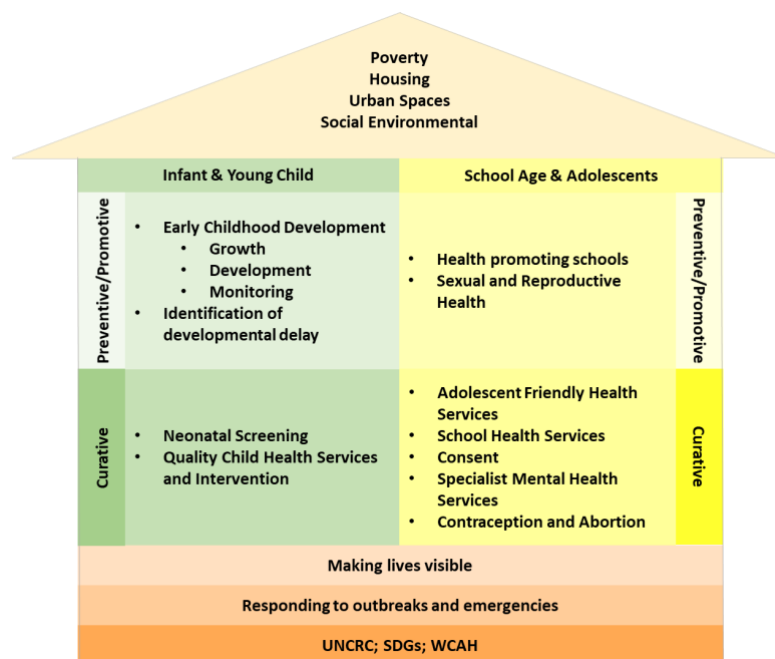


Figure S1. New roadmap for children and adolescents in the European region

Appendix S2. Survey questionnaire

European Child and Adolescent Health Strategy – 2020 Survey

Please note that this document is only for guidance. Please fill in the electronic version.

The purpose of this questionnaire is to collect information on the implementation of the European Child and Adolescent Health Strategy 2015–2020. The content is based on the strategy and associated tools. Information on child and adolescent health issues in countries was obtained by a previous survey in 2017 that was submitted to the regional committee in 2018. In 2020 the Secretariat will present a final report at its 70th session which requires us to collect additional data.

Completing the survey

Begin the survey by clicking **Next**. The survey can be paused and returned to at any time, your responses will be saved every time you click **Next**. Previously saved answers and comments can be altered by clicking **Previous** until you click **Submit** on the last page.

You can download the full version of the survey [here]. Further information about how to complete the survey can be found in the information guide [here]. The survey is available in English and Russian. The language can be changed using the menu in the top right corner.

You will not be able to use Internet Explorer (IE) to complete this survey. Please use one of the following browsers: Chrome, Firefox or Opera.

Submission of the survey

Please submit the survey before **Monday, 6 January 2020** so that they can be incorporated in the analysis.

Helpdesk

If you require any support while completing the survey or have questions on how to complete it, please contact us at CAHsurvey2019@who.int.

1. Do you have a national strategy for child and adolescent health and development that has been adopted within the last five (5) years?

Please review your answer (confirm/change) as appropriate.

Yes In preparation No

Please explain the age range the strategy covers and provide a link to the relevant document(s).

The age range explanation

Link

1.a Is it a “stand-alone” strategy or is it part of another strategy? *For example, a general children’s strategy; an overall population health strategy.*

Please review your answer (confirm/change) as appropriate.

Stand-alone. Part of another strategy

Please explain.

1.b Please indicate at which stage youth have been involved in the child and adolescent health strategy? (check all that apply)

Involvement could include participating in hearings, policy planning, design or running of youth-friendly services, etc.

Please review your answer (confirm/change) as appropriate.

Review Development Implementation

Please explain.

1.c Have you recently reviewed the existing child and adolescent health strategy?

Yes No

1.d Are there plans to review the existing child and adolescent health strategy?

Yes No

2. Do you have a national strategy for sexual, reproductive, maternal, newborn health that has been adopted within the last five (5) years?

Yes No

Please provide a link.

3. Do you publish Sustainable Development Goals (SDG) indicators related to child and adolescent health in your country?

Yes No

Please provide the link or comment:

4. When developing policies in the following areas, did your country consider them in terms of their impact upon the health of children and adolescents? (check all that apply)

Please review your answer (confirm/change) as appropriate.

Justice

Education

Physical health

Economic/financial

Family/maternity

Nutrition

Sexual and reproductive health

Other

Please describe.

5. The next child and adolescent health strategy is meant to address priorities around child and adolescent health. The following problem statements stem from our monitoring work of the current strategy.

Which of the following statement(s) are of priority in your country? (check all that apply)

- Adolescent access to health services
- Over prescription of antibiotics
- Unnecessary admission to hospitals
- Substantial out-of-pocket payments for health care of children and adolescents
- Adolescent mental health
- Low exclusive breastfeeding rates
- Aggressive promotion of unhealthy foods for children
- Increasing number of children who are overweight or obese
- Schools are not a health promoting environment
- Children are not taught in schools what they need to know about their health, present and future
- Parents are not taught parenting skills
- Late identification of children with developmental difficulties
- Low or decreasing vaccination coverage
- High rates of road and other injuries
- Left-behind children whose parents working abroad
- Increasing gambling and gaming among adolescents

6. Is health service utilization analysed in terms of the following differences? (check all that apply)

- Rural, suburban and/or specific urban areas
- Socioeconomic background
- Ethnic background
- Migrant status
- Sex

7. To whom would children under 5 generally present when sick (according to your system)?

- General Practitioner Paediatrician Other

7.a What proportion of these children would be seen by this provider? (%)

7.b Is this data based on estimates or statistics?

- Estimates Statistics

8. To whom would adolescents generally present when sick (according to your system)?

- General Practitioner Paediatrician Other

8.a What proportion of these adolescents would be seen by this provider? (%)

8.b Is this data based on estimates or statistics?

- Estimates Statistics

9. To whom would children under 5 generally present for well-child visits? (e.g. routine check-ups, developmental monitoring, preventative care)

General Practitioner Paediatrician Other

9.a What proportion of these children would be seen by this provider? (%)

9.b Is this data based on estimates or statistics?

Estimates Statistics

10. To whom would adolescents generally present for routine check-ups or preventative care visits?

General Practitioner Paediatrician Other

10.a What proportion of these adolescents would be seen by this provider? (%)

10.b Is this data based on estimates or statistics?

Estimates Statistics

11. Who is the primary care provider for children with complex care needs? (e.g. cerebral palsy, chronic conditions)

General Practitioner Paediatrician Other

12. Do you have a system to coordinate plans and share key information about the care needs of children and adolescents with complex needs across multiple sectors? (e.g. children with cerebral palsy, or autism, in terms of access to school for children with disabilities, or access to social services)

Yes No

Please describe this system and how these children are transitioned into adult care.

13. Do you have any guidelines for paediatric palliative care in your country?

Yes No

Please describe.

comment

14. What is the age of consent for access to healthcare for adolescents without parental consent?

The prefilled information was compiled from different data sources for your country. Please confirm/revise.

Age of consent or based on maturity:

Comment.

15. If adolescents wish to have their access to care remain confidential, how does your country ensure that parents are not made aware of the services their adolescent children receive? (e.g. sexual reproductive health or mental health services, i.e. by receiving an invoice)

Please describe.

16. Do you collect data on out-of-pocket health expenses for children and adolescents?

Yes No

16.a What is the average percentage of out-of-pocket health expenses for children under 5 and adolescents? Please also provide a link.

	Average Percentage	Link
Children <u>under 5</u>		

Adolescents

17. Do you collect information on informal payments to health providers?

Yes No

Please describe how you collect this information.

18. Is dental care for children and adolescents covered under the national health insurance programme?

Yes Partially covered No

Please describe what is covered and until what age.

19. Do you undertake routine assessment of developmental difficulties in children?

Yes No

Please describe at what age(s).

20. Do you undertake routine health assessments of school-aged children?

Yes No

Please describe at what age(s).

20.a What do these routine assessments include?

21. Do you perform the following screenings on newborns and young infants?

The list below was compiled through literature review.

Test	Screening performed on		Explain which subgroup	Estimated coverage of screening (%)
	All children	Subgroup of children		
Hearing with objective methods	<input type="checkbox"/>	<input type="checkbox"/>		
Metabolic diseases (list)				
CH – Congenital hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>		
PKU – Phenylketonuria	<input type="checkbox"/>	<input type="checkbox"/>		
MCADD – Acyl-CoA dehydrogenase deficiency	<input type="checkbox"/>	<input type="checkbox"/>		
GA1 – Glutaric acidemia type 1	<input type="checkbox"/>	<input type="checkbox"/>		
CF – Cystic fibrosis	<input type="checkbox"/>	<input type="checkbox"/>		
CAH – Congenital adrenal hyperplasia	<input type="checkbox"/>	<input type="checkbox"/>		
NSUD – Maple syrup urine disease	<input type="checkbox"/>	<input type="checkbox"/>		
IVA – Isovaleric acidemia	<input type="checkbox"/>	<input type="checkbox"/>		
LCHADD – Long-chain 3 hydroxyacyl CoA dehydrogenase deficiency	<input type="checkbox"/>	<input type="checkbox"/>		
VLCADD – Very long-chain 3 hydroxyacyl CoA dehydrogenase deficiency	<input type="checkbox"/>	<input type="checkbox"/>		
Others	<input type="checkbox"/>	<input type="checkbox"/>		

22. What is the average monthly salary before tax (in local currency) of:

Salary (in local currency)

General paediatricians

General practitioners/Family doctors

Nurses

23. Does your country have a system of home visiting nurses (e.g. nurse practitioners, patronage nurses, community nurses, district nurses) to support child and adolescent health?

Yes No

Please describe the services they provide.

23.a Do these nurses/midwives have authority to initiate treatment or prescribe medicines?

Yes No

Please describe the services they provide.

23.b Does your country have a system for home visits of newborns and young infants?

Yes No

Please describe the services they provide.

24. Is adolescent health included in pre-service training of the following: (check all that apply)

Doctors Nurses

25. What is the total hospitalisation rate for children under 18?

Please update your answer, indicate either number or rate.

	Number	Rate (per 1000 <u>under 18</u>)	Year of latest data
Under 5			
Age 5-9			
Age 10-14			
Age 15-18			

26. What is the hospitalisation rate for pneumonia for children under 5?

Please update your answer, indicate either number or rate.

Number

Rate (per 1000 under 5)

Year of latest data

27. Is treatment for pneumonia cheaper for the patient if they are admitted to the hospital as compared to outpatient treatment?

Yes No

Comment.

28. Are hospital payment systems linked to a minimum stay for children in hospitals?

Yes No

Comment.

29. Do you collect systematic information on maternal alcohol consumption?

Please review your answer (confirm/change) as appropriate.

Yes No

Please describe and include link(s) to relevant documentation.

Description

Link(s)

30. Please provide breastfeeding rates for:

	Rate (%)	Year of latest data
--	----------	---------------------

Exclusive breastfeeding up to 6 months
Breastfeeding initiation within the first hour

31. Is there a national policy for the provision of human donor milk for babies whose mothers cannot produce sufficient breastmilk?

Please review your answer (confirm/change) as appropriate.

Yes No

32. Is there an effective mechanism for inter-sectoral and multi-stakeholder planning and monitoring of child and adolescent mental health services (e.g. including family/carer groups and other civil society organizations)?

Yes No

Please describe and include how often it meets per year.

33. In the last calendar year, what is the rate of children and adolescents under 18 treated by a mental health professional for: Attention deficit hyperactivity disorder, autism and depression?

Rate per 1000 children or adolescents

	Rate	Year of latest data
Attention deficit hyperactivity disorder		
Autism		
Depression		

34. Do you offer community services for early intervention and continuing support to young people with a first episode of a severe mental health problem? (e.g. psychosis)

Yes No

Please describe what the services include.

35. Do you collect data on the marketing of complementary feeding products for children 6-24 months?

Please review your answer (confirm/change) as appropriate.

Yes No

36. Do you regulate marketing of complementary feeding products for children 6-24 months?

Yes No

37. Do you collect data on the prevalence of overweight/obesity of children under 5?

Please review your answer (confirm/change) as appropriate.

Yes No

37.a Please provide the prevalence of overweight, obesity and underweight/wasting of children under 5 in your country?

	Prevalence	Year of latest data
Overweight		
Obesity		
Underweight/wasting		

38. Do you have any laws or regulations which restrict marketing to children?

Please review your answer (confirm/change) as appropriate.

Yes Planned No

Please describe what type of marketing is/will be restricted.

38.a Does it include direct marketing via mobile phone or game platforms?

Yes No

39. Do you have legislation that restricts the availability of unhealthy foods in schools?

Unhealthy foods include foods with high sugar, salt or fat content, particularly those high in saturated and trans fats.

Please review your answer (confirm/change) as appropriate.

Yes No

Please describe the legislation and include link(s) to relevant documentation.

Description

Link(s)

39.a Do you allow the sale of unhealthy foods in schools, such as soft drinks, chips/crisps, sweets, via vending machines or kiosks?

Yes No

40. Are children diagnosed or in contact with tuberculosis (TB) routinely hospitalized or placed in sanatoria?

Hospitalized Sanatoria No such mechanism

Please describe when children are hospitalized/placed in sanatoria.

41. How many children under 3 and under 18 are in long-term institutional care (e.g. due to disability or under the protection of child welfare services)? Includes social services as well as health service institutions but excludes short-term hospitalisations.

	Number	Rate (per 1000 children)
Under 3		
Under 18		

42. What proportion of children under 3 in institutional care are there for the following reasons? Responses should add up to 100 percent within each age category.

Intellectual and developmental disabilities

Court order (child welfare/protection)

Other

42.a What proportion of children under 18 in institutional care are there for the following reasons? Responses should add up to 100 percent within each age category.

Intellectual and developmental disabilities

Court order (child welfare/protection)

Court order (juvenile or youth offenders)

Other

43. What proportion of children and adolescents in institutional care have care plans to place them in the community (e.g. with foster families, sheltered housing)?

Less than 10%. 10-20%. 20-50% 50-80% More than 80%

44. Do children in your country complete child maltreatment population-based surveys?

Yes No No child maltreatment population-based survey

45. Do you collect systematic information on the health of migrant and refugee children?

Please review your answer (confirm/change) as appropriate.

Yes No

Please describe and include link(s) to relevant documentation.

Description

Link(s)

46. Please provide statistics on the number of unaccompanied, underage migrant or refugee children in your country.

	Number
Migrant	
Refugee	

47. Do you have data on the number of children temporarily living under the care of extended family when parents are out of the country for extended periods (e.g. for work, studies)?

Yes No

Please provide number or rate (per 1000 children):

48. Do you have a policy to have nurses in schools?

Yes No

49. Do you have a curriculum for health education in schools?

Yes No

Please provide a link.

50. Do you have a strategy on health promoting schools?

Yes No

51. Do you have a reimbursable medicines list?

Yes No

51.a Does it include antibiotics in paediatric formulation?

Yes No

52. Up to what age are medicines covered free of charge?

Age:

53. Please provide the number of prescriptions for mental and behavioural disorders for children and adolescents under 18 for:

	Number of prescriptions	Year of latest data
Attention deficit hyperactivity disorder		
Autism		
Depression		

54. Are the following drugs available in primary health care facility for the treatment of emergencies in children?

	Yes	No
Morphine (or other opioids)	<input type="checkbox"/>	<input type="checkbox"/>

Diazepam (or other rapid acting benzodiazepines)

Comment.

55. Do you have a policy of having sexuality* education in schools?

Yes No

Please describe.

*The concept of sexuality education in this survey does not refer to only aspects of sexual preference (sexuality) but also includes education on general sexual health.

56. Does sexuality education* in school include issues of homosexuality and gender diversity?

Yes No

Please describe.

*The concept of sexuality education in this survey does not refer to only aspects of sexual preference (sexuality) but also includes education on general sexual health.

57. Do you collect information about children's and adolescent's knowledge on sexuality?

Please review your answer (confirm/change) as appropriate.

Yes No

Please describe and include link(s) to relevant documentation.

Description

Link(s)

58. Are sexual and reproductive health services for adolescents under 18 free of charge?

Yes No

59. Can adolescents under 18 receive contraception without parental consent?

Yes No

59.a What is the age limit for receiving contraception without parental consent?

60. Can adolescents under 18 receive emergency contraception without parental consent?

Yes No

What is the age limit for receiving emergency contraception without parental consent?

61. Is emergency contraception available without prescription for adolescents?

Yes No

62. Is emergency contraception free of charge for adolescents?

Yes No

63. Can a school nurse dispense contraceptives without a doctor's prescription?

Yes No

64. Can a school nurse dispense emergency contraceptives without a doctor's prescription?

Yes No

65. Does your country undertake age and gender appropriate education that addresses sexual/intimate partner violence?

Please review your answer (confirm/change) as appropriate.

Yes No

Please describe.

66. Can adolescents get diagnostic tests for Sexually Transmitted Infections (STI) free of charge?

Yes No

66.a How do you ensure the confidentiality of adolescents accessing treatment for Sexually Transmitted Infections (STI)?

Appendix S3. Statements of problems affecting children and adolescents in Europe

Country	Adolescent access to health services	Over prescription of antibiotics	Unnecessary admission to hospitals	Substantial out-of-pocket payments for health care of children and adolescents	Adolescent mental health problems	Low exclusive breastfeeding rates	Aggressive promotion of unhealthy foods for children	Increasing number of children who are overweight or obese									
Albania	Yes	Yes	No	No	Yes	No	Yes	Yes									
Andorra	-	-	-	-	-	-	-	-									
Armenia	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes									
Austria	No	No	No	No	No	No	Yes	Yes									
Azerbaijan	Yes	Yes	No	No	Yes	Yes	No	No									
Belarus	No	Yes	Yes	No	Yes	Yes	Yes	Yes									
Belgium	No	Yes	Yes	No	Yes	Yes	No	Yes									
Bosnia and Herzegovina	Yes	No	No	No	Yes	Yes	No	Yes									
Bulgaria	Yes	No	No	No	Yes	Yes	No	Yes									
Croatia	No	No	No	No	Yes	Yes	No	Yes									
Cyprus	Yes	Yes	No	No	Yes	Yes	Yes	Yes									
Czechia	No	Yes	No	No	Yes	Yes	Yes	Yes									
Denmark	Yes	No	No	No	Yes	Yes	No	Yes									
Estonia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									
Finland	Yes	No	No	No	Yes	No	No	Yes									
France	Yes	No	No	Yes	Yes	Yes	Yes	Yes									
Georgia	No	Yes	Yes	Yes	Yes	Yes	Yes	No									
Germany	No	No	No	No	Yes	Yes	No	Yes									
Greece	Yes	Yes	No	No	Yes	Yes	Yes	Yes									
Hungary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									
Iceland	-	-	-	-	-	-	-	-									
Ireland	No	No	No	No	No	Yes	Yes	Yes									
Israel	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes									
Italy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									
Kazakhstan	Yes	Yes	No	No	Yes	No	Yes	Yes									
Kyrgyzstan	Yes	Yes	Yes	No	Yes	No	No	Yes									
Latvia	Yes	No	No	Yes	Yes	No	No	Yes									
Lithuania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									
Luxembourg	No	Yes	No	No	Yes	Yes	No	Yes									
Malta	No	No	No	No	Yes	Yes	Yes	Yes									
Monaco	No	No	No	No	Yes	No	No	Yes									
Montenegro	-	-	-	-	-	-	-	-									
Netherlands	Yes	No	No	No	Yes	No	Yes	Yes									
North Macedonia	-	-	-	-	-	-	-	-									
Norway	-	-	-	-	-	-	-	-									
Poland	No	No	No	No	Yes	Yes	Yes	Yes									
Portugal	Yes	Yes	Yes	No	Yes	Yes	No	No									
Republic of Moldova	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes									
Romania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes									
Russian Federation	No	No	No	No	Yes	No	Yes	Yes									
San Marino	-	-	-	-	-	-	-	-									
Serbia	-	-	-	-	-	-	-	-									
Slovakia	No	Yes	No	No	Yes	Yes	No	Yes									
Slovenia	No	No	No	No	No	No	No	No									
Spain	Yes	Yes	No	No	Yes	No	Yes	Yes									
Sweden	No	No	No	No	No	No	No	No									
Switzerland	Yes	Yes	No	No	Yes	Yes	Yes	Yes									
Tajikistan	Yes	Yes	Yes	No	Yes	Yes	No	Yes									
Türkiye	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes									
Turkmenistan	Yes	No	No	No	No	No	No	Yes									
Ukraine	-	-	-	-	-	-	-	-									
United Kingdom	No	No	No	No	No	Yes	Yes	Yes									
Uzbekistan	No	Yes	No	No	No	No	Yes	Yes									
% Overall	Yes, No	60	40	58	58	33	67	18	82	84	16	69	31	60	40	89	11
% EU14	Yes, No	57	43	43	57	21	79	14	86	79	21	29	71	50	50	86	14
% EU13	Yes, No	46	54	46	54	31	69	38	62	77	23	69	31	62	38	77	23
% CIS	Yes, No	70	30	70	30	50	50	0	100	80	20	50	50	50	50	80	20
% SEEHN	Yes, No	67	33	67	33	50	50	17	83	67	33	50	50	67	33	67	33

Schools are not a health promoting environment	Children are not taught in schools what they need to know about their health, present and future	Parents are not taught parenting skills	Late identification of children with developmental difficulties	Low or decreasing vaccination coverage	High rates of road and other injuries	Left-behind children whose parents working abroad	Increasing gambling and gaming among adolescents	Country									
No	No	Yes	No	No	Yes	No	Yes	Albania									
-	-	-	-	-	-	-	-	Andorra									
Yes	No	Yes	Yes	Yes	Yes	No	Yes	Armenia									
Yes	Yes	Yes	No	Yes	No	No	No	Austria									
No	No	No	No	No	No	No	Yes	Azerbaijan									
Yes	No	No	No	No	No	No	Yes	Belarus									
No	Yes	No	No	Yes	Yes	No	Yes	Belgium									
No	No	No	No	Yes	No	No	Yes	Bosnia and Herzegovina									
No	No	No	No	No	No	Yes	Yes	Bulgaria									
Yes	No	No	Yes	Yes	Yes	No	No	Croatia									
No	No	Yes	Yes	No	Yes	No	No	Cyprus									
No	No	No	No	Yes	No	No	Yes	Czechia									
No	No	No	No	Yes	No	No	No	Denmark									
Yes	Yes	Yes	Yes	Yes	Yes	No	No	Estonia									
No	No	No	Yes	No	No	No	No	Finland									
No	No	No	Yes	Yes	Yes	No	Yes	France									
Yes	Yes	No	Yes	No	Yes	Yes	Yes	Georgia									
No	No	No	No	Yes	No	No	No	Germany									
Yes	Yes	No	No	Yes	Yes	No	No	Greece									
Yes	Yes	Yes	Yes	No	Yes	No	Yes	Hungary									
-	-	-	-	-	-	-	-	Iceland									
No	No	No	No	No	No	No	No	Ireland									
Yes	Yes	No	Yes	Yes	Yes	No	No	Israel									
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Italy									
No	No	Yes	No	No	Yes	No	Yes	Kazakhstan									
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Kyrgyzstan									
No	Yes	Yes	Yes	No	Yes	No	Yes	Latvia									
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Lithuania									
Yes	No	No	Yes	Yes	Yes	No	No	Luxembourg									
No	No	No	No	Yes	Yes	No	Yes	Malta									
No	No	No	No	Yes	No	No	No	Monaco									
-	-	-	-	-	-	-	-	Montenegro									
Yes	No	No	No	Yes	No	No	No	Netherlands									
-	-	-	-	-	-	-	-	North Macedonia									
-	-	-	-	-	-	-	-	Norway									
No	No	No	No	No	No	No	No	Poland									
Yes	Yes	Yes	No	No	Yes	No	Yes	Portugal									
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Republic of Moldova									
Yes	Yes	Yes	Yes	Yes	No	Yes	No	Romania									
No	No	No	No	No	No	No	Yes	Russian Federation									
-	-	-	-	-	-	-	-	San Marino									
-	-	-	-	-	-	-	-	Serbia									
No	No	No	No	Yes	No	No	Yes	Slovakia									
No	No	No	No	No	No	No	No	Slovenia									
No	No	No	No	No	No	No	Yes	Spain									
No	No	No	No	No	No	No	No	Sweden									
Yes	Yes	Yes	No	No	No	No	No	Switzerland									
Yes	Yes	Yes	Yes	No	No	No	No	Tajikistan									
Yes	No	No	No	Yes	Yes	No	No	Türkiye									
No	No	No	No	No	No	No	No	Turkmenistan									
-	-	-	-	-	-	-	-	Ukraine									
No	No	No	No	No	No	No	No	United Kingdom									
No	No	No	No	No	No	No	No	Uzbekistan									
44	56	36	64	36	64	38	62	51	49	47	53	13	87	47	53	% Overall	Yes, No
43	57	36	64	21	79	29	71	64	36	43	57	0	100	36	64	% EU14	Yes, No
38	62	38	62	46	54	54	46	46	54	54	46	15	85	38	62	% EU13	Yes, No
50	50	30	70	50	50	40	60	30	70	40	60	20	80	60	40	% CIS	Yes, No
50	50	50	50	50	50	0	50	50	50	50	50	33	67	17	83	% SEEHN	Yes, No

Appendix S4. Early Childhood Development Framework



The European framework on Early childhood development aims to inform countries on measures they can take to enable young children to reach their full potential. It highlights three areas: (1) young children's needs, (2) monitoring a child's development and responding to developmental concerns, and (3) the social and environmental risks to development. The document provides an adaptation for the European context of the global Nurturing Care Framework and gives additional guidance on how ECD can be promoted and how developmental difficulties can be prevented, identified and addressed within the diverse health systems in the Region. The framework, an action-oriented policy document, is complemented by a tool to assess the situation of countries in this area.

Figure S2. ECD Framework in Europe

Link: <https://apps.who.int/iris/handle/10665/332068>

Appendix S5. Addressing the needs of primary care providers: a pocket book

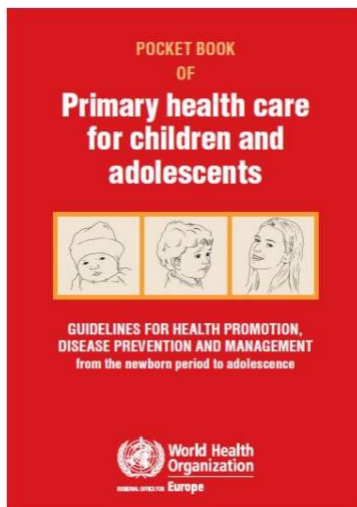


Figure S3. Pocket book for primary health care

The WHO *Pocket Book of Primary Health Care for Children and Adolescents* defines evidence-based standards of health care according to which every child attending primary health care services across the European Region should be cared for. It is organized around frequent complaints for which children seek care at the primary healthcare level and by causes of major mortality and morbidity. It includes a chapter that is specific to the newborn period and also one for adolescence. The chapter on well child visits and health promotion focuses on prevention. The Pocket Book is for use by doctors, nurses and other health workers who are responsible for the care of newborns, children, and adolescents at the PHC level and sets standards to which equipment and health care services should be available.

The *Pocket Book* aims to deliver on the promise of quality primary health care: its focus on evidence-based practices and prevention aims to counteract inappropriate medicalisation of health services (i.e. preferring invasive or active treatment over conservative or watchful management, intravenous treatment over oral rehydration therapy; and multiple drugs over just one) and prevent unnecessary treatment and hospitalization.

Link: <https://apps.who.int/iris/handle/10665/352485>

Appendix S6. Health Behaviour in School-aged Children (HBSC) study

For over 30 years the Health Behaviour in School-aged Children (HBSC) study, a WHO collaborative study, provides insights into adolescents' health behaviours and well-being. The study, undertaken every four years in 46 countries, representatively samples 11, 13 and 15 years old school children in Europe to get insights into their health-related knowledge and behaviours. The survey includes data on families, school, nutrition, physical activity, risk-taking and exploratory behaviours, and mental health among other areas. The shared questionnaire across countries enables comparison between countries, and since core questions remain over the years, trends can also be observed.

Country teams routinely prepare national reports and launch them with policy stakeholders, including adolescents, to discuss the findings and what should be done about them. This data strengthens regional data collection efforts and informs policy and practice nationally and regionally. The last study round took place in 2017/18. The 2017/2018 HBSC international report was launched in May 2020, together with a special issue of scientific papers.

Since the adoption of the European Child and Adolescent Health Strategy in 2015, eight new members (Azerbaijan, Cyprus, Georgia, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan and Uzbekistan) have joined the study (see Figure 1). A new round is being undertaken in 2021/22, which will give insights into the impact of the COVID-19 pandemic on this age group.

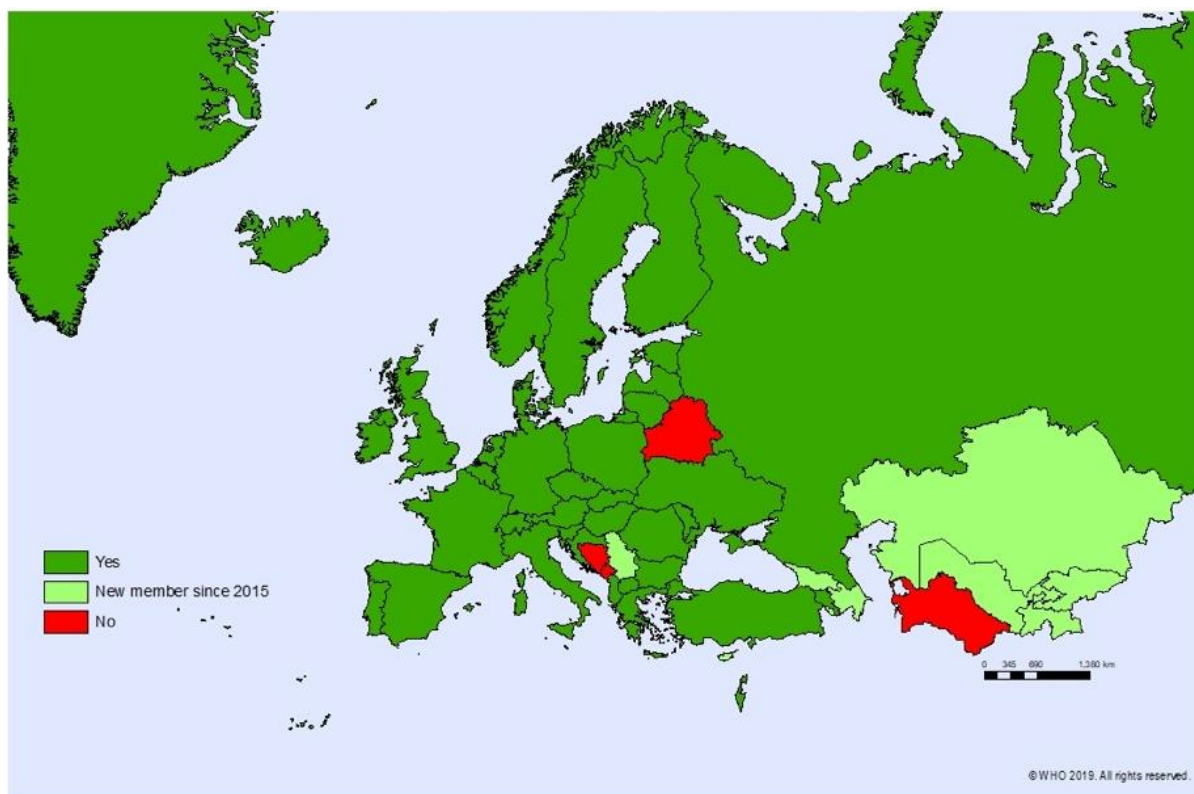


Figure S4. Member countries and regions of HBSC, 2020