

WORKING DOCUMENT

Investing in our future: A comprehensive agenda for the health and well-being of children and adolescents

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Definitions



Health: Health is defined as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Caregivers: parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child

Childhood disabilities: any difficulties experienced in any of three areas of functioning – impairment, activity limitation and restricted participation – as a result of a health condition and its interaction with the environment. Include chronic health conditions such as asthma, diabetes, epilepsy and obesity.

Developmental disabilities: conditions due to physical impairment or in learning, language or behaviour. Begin during the developmental period, may affect day-to-day functioning and usually last throughout the person's lifetime. Include impairments of hearing and vision and cerebral palsy.

Neurodevelopmental disorders: behavioural and cognitive disorders that arise during development, resulting in significant difficulty in the acquisition and execution of specific intellectual, motor or social functions.

Adolescent well-being: Adolescents having the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights

Impacts¹: Direct or indirect, intended or unintended positive and negative, primary and secondary long-term effects of a development intervention.

Outcomes: Probable or achieved short- and medium-term effects of an intervention.

Outputs: Products, capital goods and services that result from a development intervention; may include changes resulting from the intervention that are relevant to the achievement of outcomes.

Activities: Actions taken, or work performed through which inputs, such as funds, technical assistance and other types of resources, are mobilized to produce specific outputs.

Inputs: Financial, human and material resources used in a development intervention.

Introduction

Attainment of the Sustainable Development Goals, which is essential for the future health and prosperity of societies, depends on children and adolescents reaching their full potential (1). The foundations of health, education, productivity and social and emotional well-being are built from pre-conception, to form human capital that has an impact throughout the life-course. In addition, the gains made are transmitted to the next generation.

Under the Convention on the Rights of the Child (2), children's right to health (as defined in Article 24) must be viewed as an inclusive right, which extends not only to timely, appropriate preventive, promotive, curative, rehabilitative and palliative services but also to the right to grow and develop to their full potential and live in conditions that enable them to attain the highest standard of health. This can be achieved by implementation of programmes to address the determinants of health and enabling environments of laws, policies and services that are rights-based and family- and child-centred.

Healthy growth and development of children and adolescents which has both biological and social aspects is largely influenced by environmental exposures and interactions throughout the life-course (3). Protective factors promote healthy growth and development and enable children to develop resilience even in adversity; however, risk factors often cluster in families and individuals, leading to a vicious circle of unmet needs. As the biological and social components are difficult to separate, emphasis should be placed on preventive interventions for whole families and communities.

Since 1990, mortality of children under 5 years has been reduced substantially, by almost 60% in 2019, and mortality is now concentrated mainly in certain regions (in particular sub-Saharan Africa) and in vulnerable populations (4). Increased coverage of targeted, high-

impact interventions such as vaccination has made an important contribution to children's survival; however, 47% of deaths of children under 5 years occur during the neonatal period, the leading causes being preterm birth complications, intrapartum complications, infections and birth defects (4). Infectious causes such as pneumonia, diarrhoea and malaria remain the leading causes of death in sub-Saharan Africa and South East Asia (4). Moreover, it is estimated that one of three children in this age group will not reach their developmental potential because of poverty and stunting alone. The growth of a large proportion of children is not monitored beyond infancy, so that children who survive do not necessarily thrive. Globally, about 52.9 million children under 5 years have a developmental disability (5).

Mortality decreases among children aged 5–9 and 10–14 years and then increases among adolescents aged 15–19 years (4). In 2019, children 5–9 years of age experienced the largest decrease (61%) in mortality since 1990. For children in these age groups, infectious diseases are the leading causes of death; however, it is now recognized that adolescents have a substantial burden of preventable mortality and morbidity. In those aged 10–19 years, the main causes of death are injury, including road traffic accidents and drowning, interpersonal violence, and self-harm. Maternal conditions are an increasingly important cause of death among young women.

¹ Definitions of inputs, activities, outputs, outcomes and impact are from Glossary of key terms in evaluations and results-based management. Paris: Organization for Economic Co-operation and Development; 2002, reprinted in 2010.



Nevertheless, global progress in reducing the non-fatal disease burden has been limited. In 2016, the total number of Years Lost due to Disability (YLD) globally among children and adolescent aged 0-19 years was about 130 million or 5,142 (uncertainty interval: 3,781-6,723) per 100,000 population. The most important causes of YLDs included iron-deficiency anaemia and skin diseases for both sexes, across age groups and regions. For young children under 5 years of age, congenital anomalies, protein-energy malnutrition, and diarrhoeal diseases were important causes of YLDs, while childhood behavioural disorders, asthma, anxiety disorders and depressive disorders were important causes for older children and adolescents.

Further facts and figures

Children under 5 years of age

- Between 1990 and 2014, the global average rate of caesarean section increased by 12.4%. Current rates, except in the least-developed countries, are consistently higher than that considered medically justifiable. Caesarean sections carry risks of morbidity and mortality for mothers and their newborns (6).
- The births of one in four children under the age of 5 are not registered, and they therefore do not officially exist (7).
- Fewer than half of all infants under 6 months of age are exclusively breastfed (8).
- About 21% of children under the age of 5 are stunted (9), whereas the number of those who are overweight or obese increased by almost one third between 1990 and 2016 (10).
- Fewer than half of young children in one third of countries for which data were available receive the benefits of early stimulation by adults at home.
- In most countries, more than two of three children aged 1-14 are subjected to violent discipline by caregivers (11).
- In half of the countries for which data were available, fewer than three quarters of children aged 36-59 months are on track in at least three key domains of development: literacy and numeracy, physical, social, and emotional and learning.
- In low- and middle-income countries, iron-deficiency anaemia, protein-energy malnutrition, diarrhoeal diseases, skin diseases and congenital anomalies are the top cause of YLDs in children under five years of age (12).

Children 5-9 years of age

- Globally, malaria, HIV/AIDS, iron deficiency anaemia, diarrhoeal disease and lower respiratory tract infections are the main causes of decreased disability-adjusted life years among 5-9-year olds (12).
- In the least-developed countries, slightly more than one in four children aged 5-17 years are engaged in labour that is considered detrimental to their health and development (13).

Adolescents 10-19 years of age

- At least 10 million unintended pregnancies occur each year among adolescent girls aged 15-19 years in the developing world (14).
- Complications during pregnancy and childbirth are the leading cause of death for 15-19-year-old girls globally (15).
- Over one in five young women in the world were married before the age of 18, the highest prevalence being in sub-Saharan Africa (16).
- Every 7 min, somewhere in the world, an adolescent is killed by an act of violence (17).
- Suicide is the third leading cause of death among 15-19-year olds (18).
- 10-20% of adolescents globally experience mental health conditions (18).
- In 31 countries for which there are nationally representative prevalence data, about one in three girls aged 15-19 have undergone genital mutilation (19).

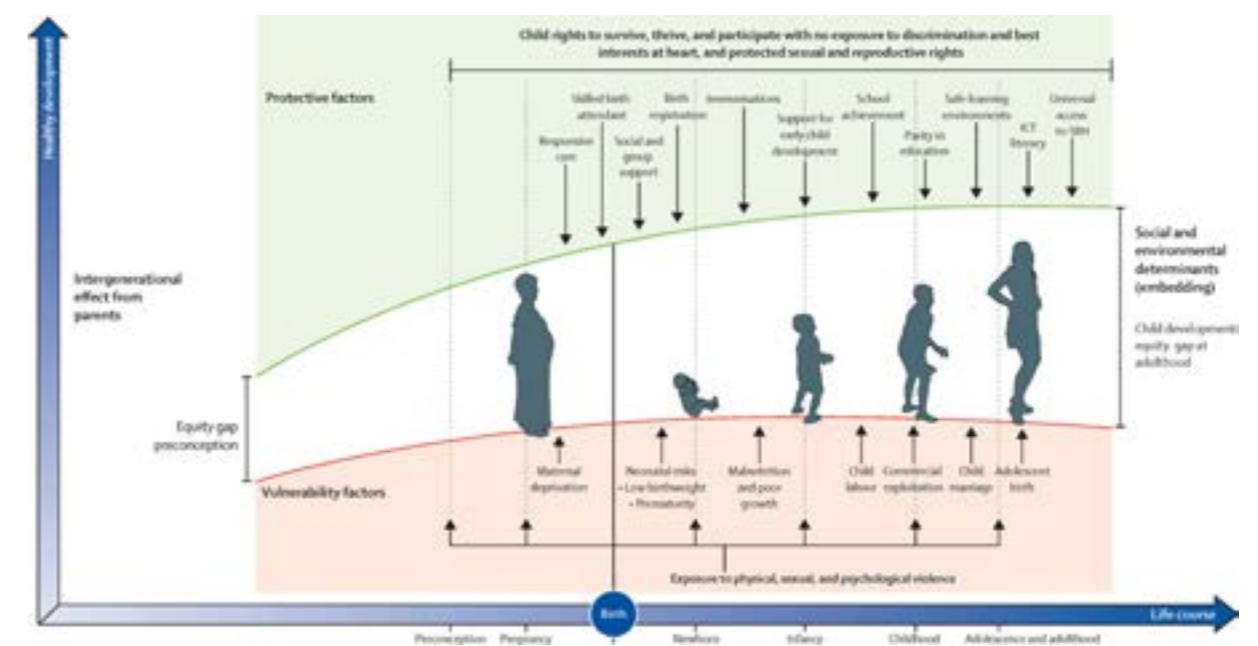


Life course approach

Child and adolescent development is a dynamic process, with interdependent, consecutive dimensions. Progress or decline in one period is shaped by influences and events in preceding periods when different biological and social factors throughout life independently, cumulatively, and interactively influence health and disease in later life. Gains made in one stage of life can easily be lost if they are not well supported in the next stage, while appropriate inputs can shift development upwards, even for children on a compromised developmental trajectory.

A life course approach to programming for a continuum of care throughout ages and life stages (Fig. 1) is therefore essential to reduce disease risk and promote health and wellbeing. It requires a package of universal health services and interventions that are available to all children and adolescents everywhere and to their parents or the members of the extended family or community according to local custom, legal guardians or others legally responsible for the child (Article 5 of the Convention on the Rights of the Child (2)). It also requires the institution of public health measures to protect, promote and support health and well-being from before conception to 19 years of age. Programming should also include additional support (or linkage to support systems) for children with special developmental, health and security needs, such as in humanitarian settings.

Fig. 1. Programming for a continuum of care throughout ages and stages



Source: Reference 20



Strategic shifts

Strategic shifts must be made to meet the challenges of to the health and well-being of children and adolescents:

Global challenge	Strategic shift
The reduction in mortality between 1990 and 2019 has not been matched by a reduction in non-fatal disease.	From survival to “survive, thrive and transform”.
Changing epidemiology calls for a greater focus on neonatal conditions and emerging diseases.	From children under 5 years to preconception and through the first two decades of life.
Social determinants are as important as biological factors for health and well-being.	From health services to an ecological, patient-centred approach.
A continuum of care buffers adversities and builds resilience throughout the life-course.	From the health sector only to multisectoral actions.
Integrated strategies and services are required, but integrated management of childhood illnesses alone is insufficient.	From building the skills of the workforce to strengthening health systems.

This document is intended for policy-makers, professionals at many levels of the health system, educators, child care and social workers, law enforcement officials, community leaders, civil society organizations and implementation and funding partners.

The aim of the new agenda is to ensure that all children and adolescents survive and thrive. In other words, to ensure that every person 0–19 years old is optimally healthy, being raised in a safe, secure environment, is appropriately prepared physically, mentally and emotionally to accomplish developmentally appropriate tasks, will reach adulthood successfully and eventually contribute socially and economically to their society.

Guiding principles

The guiding principle of the new agenda are:

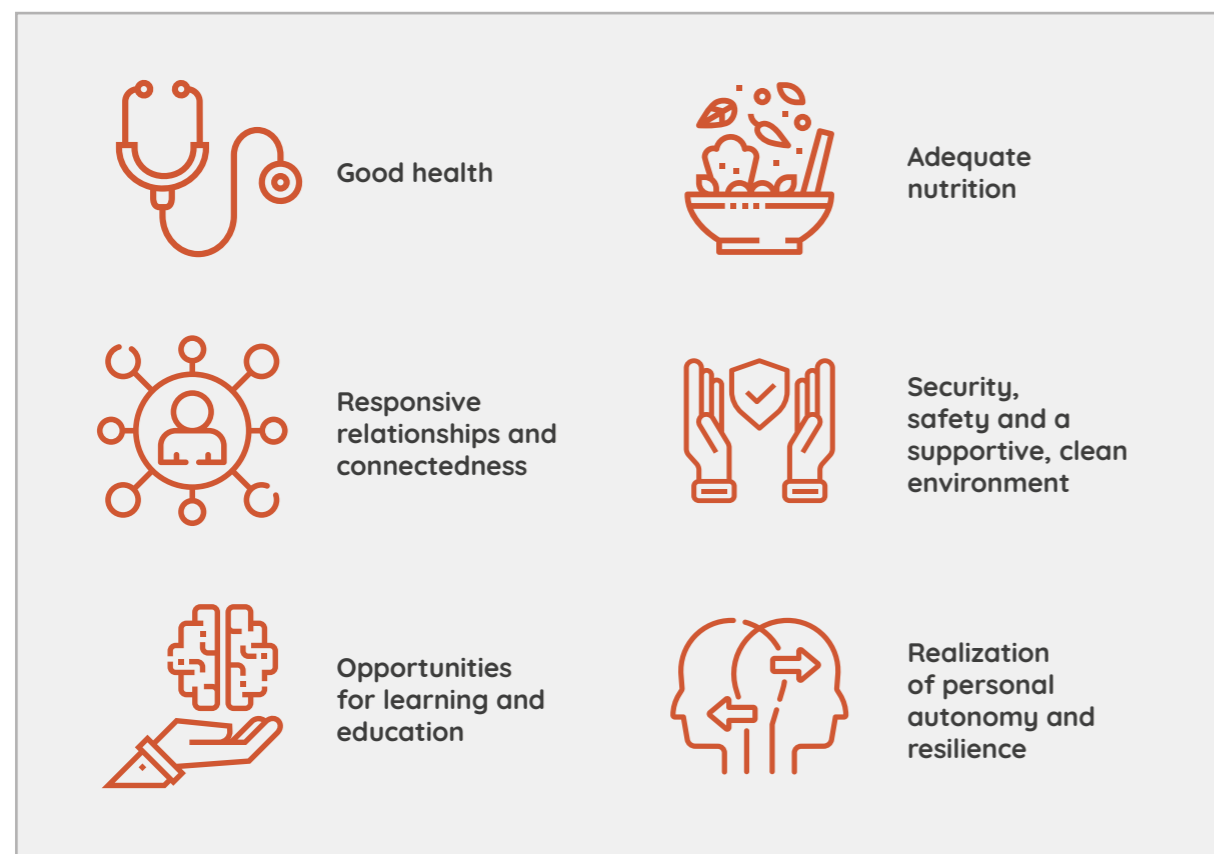
- **a life-course approach**, with attention to the broader determinants of child and adolescent health and well-being;
- **translation of child rights** into equitable laws and policies and universal access to evidence-based services for all with extra effort directed to the most vulnerable and disadvantaged;
- **meaningful participation** of adolescents, families and communities in the design, implementation and monitoring of activities that support child and adolescent health and well-being;
- **family-, child- and adolescent-centred, respectful care** with integrated interventions delivered in high-quality services; and
- **whole-of-government, whole-of-society** engagement in building enabling environments for children and adolescents to survive and thrive.

Dimensions of health and wellbeing

The term 'health and wellbeing' as used in this document is to emphasise the broad view of health and a focus on the person as a whole. Six domains have been identified in which actions are required for child and adolescent health and well-being (Fig. 2). Together they represent where actions are required while recognising that investment and early intervention along the life course produces greater returns. The life-course approach ensures that what happens at each developmental stage is shaped and influenced by what happened in all earlier stages.

This framework builds on and extends the nurturing care framework, which focused on early childhood development, and on the adolescent health and well-being framework, to include older children and adolescents, recognizing that their needs are similar but specific, depending on the period of life (21,22).

Fig. 2. Domains of actions to support child and adolescent health and well-being



1. Good health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. To ensure good health, it is essential that children's daily needs for care and learning be met, with promotion of health, prevention of disease and exposure to risk factors and universal access to preventive, curative and rehabilitative services.

2. Adequate nutrition

Adequate nutrition is essential for optimal health and well-being throughout the life-course. Starting from the preconception period, adequate maternal nutrition has positive effects on the mother's health and that of her offspring. Adequate nutrition differs with age and stage of life; a newborn, for instance, requires early initiation of and exclusive breastfeeding for the first 6 months both to provide enough nutrition and for proper development, while older children and adolescents require an adequate diet that is varied and balanced in nutrients. In addition, food safety and security are critical for adequate nutrition and should be reinforced with enabling policies and practices.

3. Opportunities for learning and education

People learn throughout the life-course, starting as early as in pregnancy, when biological changes in growing infants depend on the environment to which they are exposed (epigenetics) (21). Children's brain connections are stimulated through social interaction, which enriches learning. Thus, ensuring developmentally suitable learning opportunities is critical for children's cognitive and social development. For older children and adolescents, this involves early learning and formal education, life skills training, enhancing their confidence and competence to thrive, including knowing their rights and realizing them, and learning how to plan and make choices.

4. Security, safety and a supportive, clean environment

Children and adolescents must be safe and secure, and this is inseparable from the family and the environment in which they are raised. Safety has both physical and psychological aspects, comprising protection from harm, whether intentional or unintentional, and from its lifelong effects of emotional, mental and social maladjustment, and access to daily essentials and adequate and stable housing. Their personal, cultural and spiritual needs should be met, and the right to an identity, non-discrimination and financial security should be realized. Children and adolescents need a clean, safe environment, protection from environmental risks such as air pollution and environmental toxins and access to safe water and sanitation and hygiene to enable them to thrive. They should also be protected from commercial influences that harm their well-being and from excessive screen time.

5. Responsive relationships and connectedness

Responsive relationships enhance children's and adolescents' psychosocial stability and resilience. Responsive caregiving for infants and young children entails engagement, mutually enjoyable interactions, emotional bonding and language. "Connectedness" refers to positive, meaningful relationships with others, including family, peers and, when relevant, teachers in positive social and cultural networks. These bonds lead to the development of individuals who are responsible, caring and respectful of others, with a sense of ethics, integrity and morality to contribute to change and development in their own lives and in their communities.



6. Realization of personal autonomy and resilience

Personal autonomy is the ability to develop incrementally the capacity to make meaningful choices, have self-esteem and express and direct oneself according to one’s evolving capacities and stage of development. It includes having a sense of purpose, a desire to succeed and optimism about the future, with the ability to handle adversity both now and later.

Table 1 outlines the requirements for each domain.

Table 1. Child and adolescent health and well-being: domains and requirements

Domain	Requirements
Good health	<ul style="list-style-type: none"> • General physical health • Provision of children’s and adolescents’ daily needs, such as food, clothing and shelter • Ensuring good hygiene practices and minimizing infections • Preventing accidents, injuries and self-harm and diseases, including through vaccination • Access to valid, relevant health information • Parental health, including support for caregivers’ mental health • Appropriate care-seeking • Appropriate assessment and management of children’s and adolescents’ diseases • Age-appropriate, high-quality, inclusive, accessible, welcoming health services, care and support • Provision of psychosocial interventions to promote positive mental health and prevent or reduce suicidal behaviour, mental disorders (such as depression and anxiety), aggressive, disruptive and oppositional behaviour and substance use • Timely identification, treatment and rehabilitative care for children with developmental difficulties and disabilities • Avoidance of drugs, alcohol and tobacco use • Policies and laws to support child and adolescent health, including universal health coverage, increased financing, health system strengthening and reduced access to means of self-harm
Adequate nutrition	<ul style="list-style-type: none"> • Adequate maternal nutrition before and during pregnancy and breastfeeding • Early initiation of breastfeeding and exclusive breastfeeding for 6 months • Continued breastfeeding and appropriate complementary feeding up to 2 years or beyond • An appropriate, age-specific, balanced diet of a variety of nutritious foods in childhood • Micronutrient supplements or treatment for malnutrition • Adequate nutrition and healthy diets for older children and adolescents • Regulation of harmful promotion of breastmilk substitutes and unhealthy foods to children and adolescents • Growth monitoring and counselling • Food safety and security, reinforced by enabling policies, laws and practices

Opportunities for learning and education	<ul style="list-style-type: none"> • Early learning and social interaction, starting as early as during pregnancy • Developmentally appropriate learning opportunities that are inclusive and accessible to all, including for children and adolescents who are not at school • Provision of individualized support for learning and participation, such as accessible learning materials and assistive technology • Support for a commitment to and motivation for continuous learning • Access and opportunities for developing life skills and competence • Policies and laws that support universal, inclusive schooling • Parent training and parent-mediated interventions for children with developmental delays and disabilities
Security, safety and a supportive environment	<ul style="list-style-type: none"> • Birth and death registration • Access to safe water, sanitation and hygiene • Clean air and a safe, secure family environment, free from pollutants • Parenting and family psychological interventions for children and adolescents with emotional or behavioural problems and disorders • Financial security, including specific measures to identify the most vulnerable to enhance equity • Protection from harm, whether intentional or unintentional, including online and road safety and prevention of drowning • Awareness, education and literacy about children’s and adolescent’s rights for policy-makers, health professionals, caregivers, children and adolescents, including addressing stigmatization and discrimination against children and adolescents with disabilities • Involvement of children and adolescents in decision-making in accordance with their evolving capacities • Ensuring privacy and confidentiality • Reduction of access to means of self-harm
Responsive relationships and connectedness	<ul style="list-style-type: none"> • Nurturing engagement between children and their families • Responsive caregiving, including responsive feeding • Age-appropriate learning activities • Support to form positive, meaningful relationships with others, develop empathy, respect and care for others and integrity
Realization of personal autonomy and resilience	<ul style="list-style-type: none"> • Incremental independent decision-making • Access to opportunities to enhance self-esteem and enable meaningful choices • Agency to realize personal goals • Supportive household environment that is gender equitable

Universal and situational interventions

Health status reflects cumulative life conditions, thus, while interventions should be tailored to specific developmental stages, they should take into consideration the differential health impacts of enabling policies across communities, and variability in opportunities, resources, and vulnerabilities.

Universal access to interventions and services is an important foundation for health and wellbeing and plays an important role in identifying vulnerable children. While all children and adolescents will require universal actions that promote health, growth and development and prevent disease or risk factors, a few will need additional actions to manage disease and other health problems, disability, rehabilitation and social protection, including vulnerable children and those in humanitarian settings (Figs 3 and 4).

Fig. 3. Universal and situational interventions

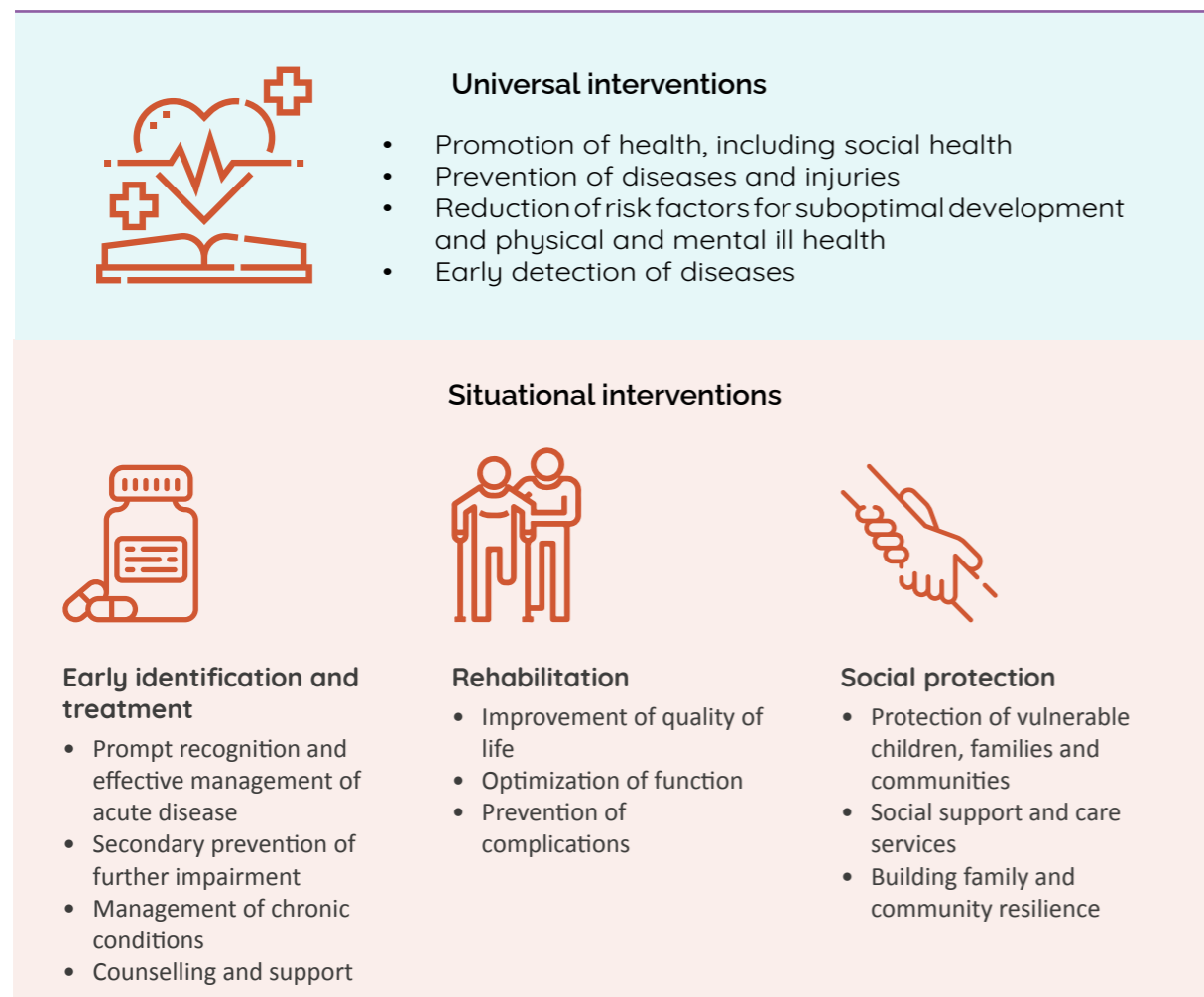


Fig. 4. Examples of universal and situational interventions

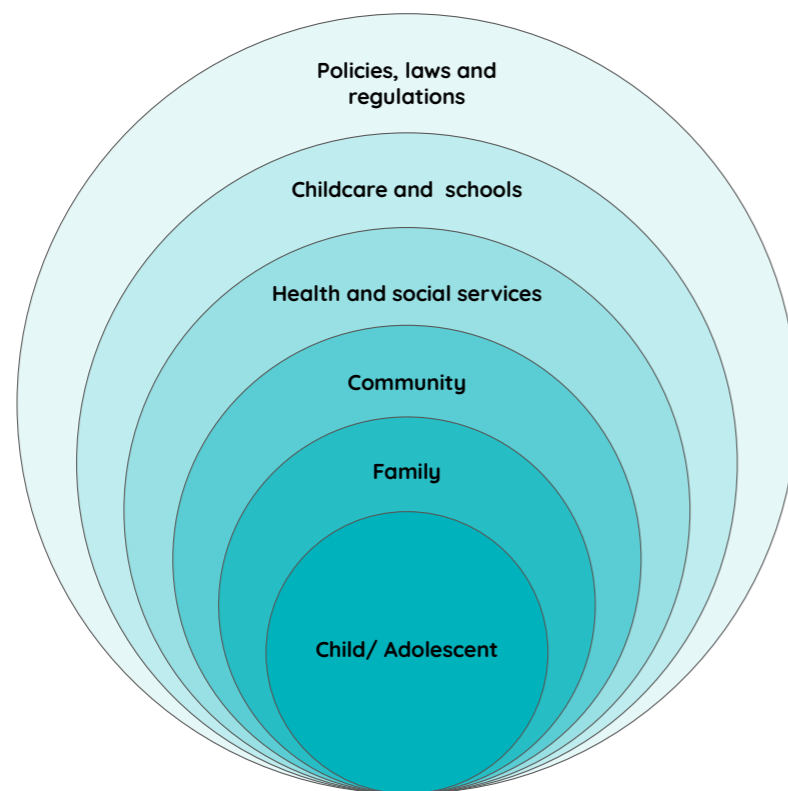
Universal	Situational
<ul style="list-style-type: none"> • Preconception and pregnancy care, skilled birth attendance, early essential newborn and postnatal care • Screening for metabolic disorders, cerebral palsy and disability in the newborn period • Support for infant and young child feeding • Vaccination • Water, sanitation, hygiene • Clean air in the home and the community • Support for responsive caregiving and learning activities • Monitoring and counselling of growth and development • Support for caregivers' mental health • Protection from violence, exposure to adverse childhood experiences and toxic home environments • Protection from harmful commercial influences, including marketing practices • Counselling on prevention of injuries and accidents • Screening of vision and hearing • Regular dental health checks • Counselling on diet and physical activity • Socio-emotional learning and developmental monitoring • Sexual and reproductive health services • Preparation and support for transition to parenthood and family relationships 	<ul style="list-style-type: none"> • Counselling for feeding problems and to overcome sub-optimal caregiving • Nutritional supplementation, deworming • Management of childhood illness, malnutrition, mental and neurological conditions, and substance use • Additional support for childcare through home visits and group sessions for vulnerable or high-risk families • Multidisciplinary support for children with developmental delays or disabilities • Help in accessing other services, sources of information and advice



Approach to ecological delivery of interventions

Healthy growth and development of children and adolescents is supported by enabling environments that are protective, promotive and supportive (21,23). These require an ecological approach to both population- and individual-level determinants of health and well-being and which supports laws, policies and interventions at many levels (e.g. public policy, laws and regulations, individual, family and community actions and facility or institutional levels of services) (Fig. 5).

Fig. 5. Ecological model of delivery of interventions



In this model, interventions are made at the level of the individual, the family, the community, or society at large. Children and adolescents should be seen in the context of their families and the environment in which they live and supported and empowered to lead and sustain healthy lives. They are supported by policies, laws and regulations at each level that deliberately address vulnerability and inequity, thereby enhancing protective factors and minimizing risk factors.



Health system response

In response to the needs of children and adolescents, health systems should provide access, quality and equitable coverage of essential health services, including universal interventions for all, promotive and preventive services when there is higher risk for disease or disability and interventions for disease or disability. They should collect data disaggregated by age, sex and disability for decision-making, planning and action (24).

Universal interventions are delivered at routinely scheduled, well-timed contacts, for instance in primary health care, to provide families with the knowledge and skills to respond to the needs of children and adolescents at different stages of their development. They include pregnancy, childbirth and postnatal care, early essential newborn care, vaccinations, counselling for age-specific growth and developmental needs, information on when to seek curative services and evidence-based screening tests and developmental monitoring. In addition, services should be provided for the physical and mental health needs of parents and other caregivers (21,23).

The benefits of this approach are monitoring and support for the growth and development of every child and adolescent, including those in vulnerable situations such as orphans, street children and those in humanitarian settings, age- and stage-appropriate counselling and advice in each of the domains outlined above, promotive and preventive interventions for physical and mental health and identification and response to risks. This in turn empowers families (defined in Article 5 of reference 2) to provide high-quality care and enables children

and adolescents to learn to protect and promote their own health and well-being. Apart from universal interventions delivered through primary health care, children and families who require additional support are referred to specialized services or given additional support such as in-home visits or group sessions.

In a universal approach, the most vulnerable populations and families must be observed closely, as they are the first to be unable to access services. They may require additional benefits, such as cash transfers, free health care or affordable child day care. The approach also requires that the best interests of children and adolescents be assessed and be a primary consideration in all actions that affect them. Supportive legal and regulatory frameworks are required to provide additional protection for the most vulnerable children and adolescents, which recognize such populations as rights-holders.



Multisectoral response

A holistic view requires a deliberate, targeted response to the determinants that promote or protect health and development, taking into consideration all aspects that influence health and well-being, not just health risks or disease. It has been acknowledged that the wider social determinants of health play a significant role in the health and well-being of children and adolescents (25). Children and adolescents face numerous environmental, commercial, and social challenges in their families, schools and communities, such as intentional and unintentional injury and exposure to second-hand smoke and indoor air pollution (26–28). Thus, the health sector alone is insufficient to provide the necessary support to ensure that they thrive.

Multisectoral collaboration is deliberate collaboration among stakeholder groups (e.g. government, civil society and the private sector) and sectors (e.g. health, environment, economy) to jointly achieve a common outcome (29). It requires mediation of relationships and alignment of goals, as each actor has distinct mandates, values, and resources. Successful collaboration includes information-sharing, adaptation of activities, sharing of resources and ensuring mutual benefit. Key requirements are opportunities and mechanisms for routine multisectoral collaboration; allocation of sufficient resources and time; open, inclusive, informed discussion; a policy process and policies shaped by multisectoral inputs; monitoring and assessment of collaborative partnerships for learning and improvement; and generation and sharing of evidence for cross-sectoral achievement of the stated goal (30).

Sectors that provide critical services for optimizing the health and well-being of children and adolescents include food and agriculture, water and sanitation, education, environment, housing and urban planning, social protection, roads and transport, law and criminal justice,

energy, telecommunications and gender, women's sectors and disability to ensure that services, laws, policies and planning are gender- and disability-inclusive. These sectors act by improving population health in general or by targeting individuals or communities.

High-level integration of legislation and activities and front-line cross-sectoral coordination are required, with pooling of resources and joint training of the workforce to deliver services efficiently and effectively. Services should be delivered through common platforms and linkages (e.g. between health and social services) and by stressing the role of the health sector in generating data and evidence and advocating with other sectors for actions to improve children's and adolescents' health and well-being (see Annex 1 for examples). Common mechanisms include cabinet committees and secretariats, parliamentary committees, interdepartmental committees and units, "mega" ministries and mergers, joint budgeting, intersectoral policymaking and engagement of nongovernment stakeholders (31,32). National human rights institutions should also be engaged in ensuring respect of the rights of children and adolescents at all stages of

planning, implementation, and evaluation. Such institutions review and promote accountability, provide children and adolescents with redress for violations of their right to health and other related rights and advocate for systemic change for respect for the rights to health and well-being.

The new agenda provides an opportunity for partnerships, particularly with social support, early childhood care and education and schools, for child protection, development, resilience, and learning, which are core elements for building human capital.



Delivery platforms

Many platforms are available for delivering evidence-based interventions and policies. The choice of platform depends on the nature of the intervention (e.g. health, education, biomedical), the capacity of the platform and contextual factors such as existing services and regulations to define the services that can be provided by different cadres and the epidemiological context. Examples of delivery platforms are health facilities, including outreach posts, communities, schools and workplaces, and use of mass media (radio, television, billboards), digital platforms such as the internet (Facebook, Instagram, WhatsApp), short messaging services and helplines. Care must be taken to ensure privacy and the confidentiality of personal data of children and adolescents who use such services.

Stakeholders and community representatives should be involved in designing service delivery platforms and channels to ensure that they respond to their priorities, needs and pertinent cultural values and practices. Often-excluded stakeholders such as families of children with disabilities, organizations of people with disabilities and parents with disabilities should also be consulted.

Universal interventions should be carefully tailored to ensure that they are both feasible for delivery in routine care settings and relevant and accessible for all children and families. The choice of delivery platform can be facilitated by making effective use of resources,

minimizing duplication, and considering both the health sector and non-health sectors such as community platforms, schools and social services. Many levels should be involved to deliver universal, comprehensive, accessible interventions and other services in settings from homes to communities, hospitals, schools and vulnerable settings such as refugee and migrant camps and detention centres.



Programmatic approach

In order to achieve good outcomes for health and well-being, countries could either include evidence-based interventions in their health and other services, or they could set up a programme dedicated to child and adolescent health and well-being (33,34). Alternatively, countries could initially include these interventions in existing services while progressively developing a comprehensive programme, with systems to address the broad agenda of health and well-being of children and adolescents.

Building on existing services

Many countries have developed well child and adolescent health programmes based on scheduled contacts, sometimes to deliver a specific intervention. In a people-centred approach, such contacts can be used to deliver more holistic services for health, well-being and development throughout the life-course, ensuring the availability of health services, the relevant infrastructure and the acceptability and physical and financial accessibility of the services. Some illustrative examples are given below.

Maternal and newborn health services

These comprise antenatal, intrapartum, and postnatal services. Antenatal care is provided by skilled health care professionals to pregnant women to ensure the best health conditions for both the mother and the baby during pregnancy. The components of care in pregnancy are risk identification, prevention, and management of pregnancy-related or concurrent diseases and health education and health promotion. In its model of antenatal care (35), WHO recommends eight contacts to reduce perinatal mortality and to improve women's experience of care.

All births receive early essential newborn care with immediate, thorough drying, immediate skin-to-skin contact, delayed cord clamping and cutting, breastfeeding within 1 h of birth and

immediate resuscitation of babies who are not breathing. All mothers and newborns receive care in a health facility for at least 24 h after birth, and postnatal care is provided on days 3 and 7-14 and at 6 weeks. During the postnatal period, it is recommended that newborns be screened for hearing, followed if necessary by prompt interventions to ensure that children do not experience prolonged language deprivation, which is strongly associated with delayed cognitive development and learning problems.

For continuity of care, it is recommended that a home record be kept of information from each visit throughout the pregnancy, birth, and postnatal period. The record could also include other relevant information for health and well-being and the times at which children and adolescents should present for care. Digital health solutions could serve as lifelong records, including linking data among sectors, such as water and sanitation, education, social protection (insurance) and health.

Vaccination services

Vaccination services are a central aspect of most health programmes, as they provide not only vaccination but also other interventions for children, adolescents, women, and their families. For instance, in the first 24 months of life, immunization programmes provide six to eight contacts at which other health interventions can be delivered, such as periodic assessments and preventive checks. Health workers can



assess and monitor a child's growth, plot it on a centile chart and monitor their development. Neurodevelopmental delays are best detected in this period when the neuroplasticity of the brain allows improvement in functional outcomes by task training. Regular screening of vision and hearing and monitoring and counselling on growth and development during routine postnatal contacts in the first year of life allow effective identification and management of problems. Immunization contacts, including for pregnant women, also represent an opportunity to provide health promotion, advice, parenting counselling and support, brief interventions and support or referral to additional services when necessary.

Screening and monitoring growth and development and counselling services

These services, including monitoring at-risk children, can be delivered at health service contacts, including before school for children aged 3–5 years. Children can be screened for vision and hearing and given booster or catch-up vaccinations in these services. They should also be used to assess growth, development, and learning.

Health workers can deliver health promotion, education on disease prevention and health, brief interventions and support or referral to specialist services when necessary. Certain risk factors for noncommunicable diseases in adulthood are initiated early in life. Exposure to such factors can be mitigated by appropriate approaches throughout the life-course, especially before conception, during pregnancy and in childhood and adolescence. Prevention in the early years of life, including reducing environmental risks and management of chronic conditions and disability, can significantly improve health outcomes in adult life, including in old age (36).

Further interventions for problems identified during screening and monitoring are provided by specialist services. For instance, additional services should be provided for children found to have developmental delays and disabilities as early as possible to optimize their health

and developmental outcomes, including basic competence and adaptive skills, management of comorbid conditions and environmental accommodation and adjustments; carers' skills may also be improved. Specialist services include assessment and diagnosis of health conditions and support and management.

The configuration of such services differs among countries according to their resources and the structure of the health system; however, they commonly include medical personnel with advanced training (paediatricians, neurologists, psychiatrists), specialized paediatric therapists (physiotherapists, speech therapists, occupational therapists and psychologists) and social workers. The services often include multidisciplinary developmental (rehabilitation) services for children in their homes or communities. They may include services in health facilities or may be provided in an early childhood service in the community. The interventions often include case coordination, social support for families, education, therapy to optimize child development (functioning) and provision of assistive products.

Sick child services (outpatient and inpatient care for children 0–19 years of age)

Children are periodically in contact with health services for acute illness, particularly in the first 5 years of life. Such visits provide an opportunity for preventive interventions and promotion within the integrated management of childhood illnesses. Sick child visits can be used for vaccination, nutritional assessment, growth monitoring, developmental surveillance, and advice on parenting. Follow-up visits after an acute illness also provide another opportunity for targeted delivery of interventions for or to mitigate the determinants of the acute illness and promote healthy behaviour. Regular, scheduled follow-up visits for children and adolescents with chronic conditions that require long-term care, such as HIV infection, sickle cell disease, childhood or adolescent diabetes, asthma and heart disease, also provide opportunities to deliver targeted interventions for continuous multisectoral management of these conditions.



Community health workers and community platforms

Well-functioning community platforms can be used to promote health and provide interventions and services to support the health and well-being of children and adolescents. Community health workers facilitate community activities by increasing access to and coverage of basic health services. Community health workers who deliver promotive, preventive, and curative services can deliver additional interventions, even in households, with proper selection, training and support (37). Community platforms should be built on relationships among various sectors of the community, such as local authorities, women and community groups, parents' organizations, children's clubs, support groups for disabled children and youth centres. There should be systematic engagement and communication with health and other sectors to build trust and to ensure high-quality, people-centred care.

Community platforms draw on trusted human and material resources for effective, targeted peer outreach, including dissemination of information, self-help, and social support. Interventions delivered to an entire community can improve population outcomes better than individual or family interventions. Communities also influence the safety of the environment and protection of children and adolescents.

It is essential that services recognise and respect the central role played by parents, caregivers, families, and kinship networks. The experiences and knowledge of children, adolescents, families, community members and local groups can assist service providers to understand the best ways to provide services, maximise participation and improve outcomes. While a focus on building skills and health literacy can help them promote their own health and the health of others. However, involvement of a family may not always be appropriate in all cases and the safety, stability and wellbeing of children should be paramount.

Schools

High-quality early education and care lay the foundation for a child's path in life (21). They are essential for optimizing the potential of every child and building the human capital necessary to reduce inequalities and promote peaceful, prosperous societies. Successful early education influences subsequent stages of education and increases the effectiveness and efficiency of the entire education system. In many settings, early education is provided in villages by women's groups and religious organizations, and the system can be used to provide interventions to families and caregivers, such as counselling on child safety.

For many school-aged children, school health services are the first, most accessible contact with such services. School health services are a common model in high-, middle- and low-income countries. They provide an opportunity for regular contact with most school-aged children and adolescents for promotion of health and well-being, prevention, care, and support, including adolescent sexual and reproductive health services (36). They can be used for delivery of vaccinations, health checks and health information and advice for children and families and screening for vision, hearing, and dental health. Health workers can use schools as means of contacting young people. Schools also play a significant role in the development, growth and well-being of children and adolescents by providing meals, education about the harms of tobacco and alcohol, staying safe on roads, keeping fit (sport) and psychosocial issues such as bullying and self-harm (36). Schools should promote health and be accessible and inclusive for children and adolescents with disabilities, provide safe physical and social environments for them to thrive and psychoeducational interventions, support and accommodation to improve their development, learning, well-being, functioning and participation. Schools are also venues for socio-emotional learning by promoting mental health, preventing mental health conditions, and reducing self-harm and substance use. They can also offer psychosocial interventions for children and adolescents with symptoms of emotional distress and behavioural problems.



Social services

Child protection and welfare services can provide alternative care and targeted support for families and communities. Children and families identified by health services as requiring support, such as for chronic health conditions or disability or socioeconomic or other reasons, could be referred to social services and support in other sectors and vice versa. Health records and data should be linked with social services, which is increasingly feasible with digital means and is a move towards the multisectoral life-course approach.

Social services providers can be made responsible for inspecting pre-schools, play groups, nurseries, crèches, day care and similar services to ensure the safety of the environment for children. Many nongovernmental organizations also provide targeted services for children, adolescents, and their families, such as parenting support, education, and health programmes.

Creating new contacts

Children aged 2–5 years have very few scheduled contacts with health services before they enter school, and pre-school health checks might be necessary (see the end of Annex 1 for current contacts and proposed interventions). To ensure equity for those who cannot access scheduled services, such as children and adolescents who do not attend school, community surveillance might be necessary to detect nutritional or social problems. Such measures should, however, be temporary, until health, education and other services are universally accessible and inclusive. Checks for vision, hearing and dental health, monitoring of growth and development and advice on parenting should also be scheduled for children's and adolescent's health and well-being.

Programme and infrastructure requirements

Child and adolescent health and well-being can be delivered as a comprehensive programme or integrated into existing health services. Where and how services are provided should be agreed in partnership with other relevant sectors necessary to achieve positive outcomes. Advocacy and communication strategies should be organized to generate demand for the services. Governance and leadership are required at national and local levels, with meaningful engagement of communities and relevant sectors for joint planning and resource mobilization.

Service delivery will require a diverse workforce with the necessary skills and capacity for improving children's and adolescents' health outcomes. Decisions should be made on whether the existing workforce has the necessary skills and competence or whether a new cadre will be required to deliver a diverse package of interventions. The roles and responsibilities of all providers should be defined, and systems established to ensure continuity and linkage among teams or individual providers and transitions among sectors. The workforce must have the necessary clinical and information tools, equipment and logistics to provide services for the entire setting and to consider the social, economic and environmental factors to which children and adolescents are exposed in order to assess additional need and refer them as indicated.

The requirements for a child and adolescent health and well-being programme are therefore:

- competent, skilled routine and specialist service providers, including for health and education, working as a team, with defined roles and responsibilities;
- tools for review and assessment;
- essential tools and equipment for counselling;
- systems for keeping records and data, including home records and maternal and child records; and
- information for parents.



Accountability is the basis for enjoyment of children's and adolescents' rights to health and well-being. Active engagement and interaction among governments, parliaments, communities, civil society and children and adolescents is essential. National accountability mechanisms should be established that are effective, accessible, and transparent to hold all actors responsible for their actions. Such mechanisms should include sustained attention to the structural factors that affect children's and adolescents' health, including laws, policies, and budgets. Participatory monitoring of financial resources and their impact on children's health is part of national accountability.

To ensure seamless delivery of investments in children's and adolescents' future and to ensure that no child or adolescent is left behind, record and data systems are necessary for documenting referrals and transitions among providers and sectors, scheduling appointments, collecting accurate, timely data and contacting families when necessary. Mechanisms must also be in place to identify the most vulnerable, unreached populations and measures of inequity.



Programme monitoring

The health status, or health and wellbeing outcomes, of children and adolescents are critical in evaluating the performance of the programme. In addition to monitoring health status and population outcomes, it is important to measure the health system performance in terms of accessibility, continuity of care, responsiveness, effectiveness, efficiency & sustainability, and safety. Key processes such as indicator selection, identification of data sources, analysis, and synthesis practices, including quality assessment, performance review, communication and use will need to be in place to facilitate monitoring and evaluation.

First, evaluation of programme performance through an ongoing process based on a comprehensive framework addressing programmatic inputs, activities, outputs, outcomes, and impact (38,39). To be effective, the monitoring and data management system will also need to record the performance of all sectors with implementation responsibilities (39).

Secondly, population outcomes interventions which are grouped under the six domains above should be evaluated with selected indicators, disaggregated by sex and age. Health and wellbeing priority areas that are most relevant for each of the domains will need to be identified to determine best indicators. Some indicators may be derived from the existing or new indicators will have to be developed (40, 41, 42).



Conclusion

Consensus has been reached on importance of establishing or strengthening programmes to deliver interventions to ensure the health and well-being of children and adolescents. The core aim of the programme would be to reach all children and adolescents, regardless of their setting. The programme would be truly inclusive, multidisciplinary and multisectoral to ensure provision of a continuum of services and, when necessary, extra support for those with additional or special needs. This framework document provides the background to guide development of practical guidance on adapting or establishing a programme for a comprehensive, life-course approach to child and adolescent health and well-being. It includes the roles of the health sector and of other sectors in ensuring that children and adolescents survive and thrive, as further outlined in Annex 1.

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Annex 1: Interventions for the health and well-being of children and adolescents

In line with the “thrive” agenda, a review of WHO guidelines, recommendations and guidance on newborn, child and adolescent health and discussions among colleagues at WHO headquarter, and regional offices resulted in a list of interventions for the health and well-being of children and adolescents. It is based on information on priorities and interventions for newborns, children and adolescents obtained by quantitative ranking of causes of death and disability-adjusted life years derived from WHO data on burden of disease and strategic programme documents from the United Nations, WHO, UNICEF, World Bank and other United Nations agencies.

Health sector interventions

Intervention period	Health promotion	Prevention of disease and complications	Screening
Antenatal	<ul style="list-style-type: none"> • Health education and counselling in antenatal care • Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes • Counselling on responsive caregiving and opportunities for learning • Counselling on proper disposal of waste • Counselling on use of clean household stoves and fuel • Counselling on separation of cooking areas from living areas and reduced household crowding • Provision and/or facilitation of social support for carers and families • Training in parenting and facilitating access to parenting support programmes • Counselling on breastfeeding • Counselling on physical activity, sedentary behaviour, screen time and sleep 	<ul style="list-style-type: none"> • Counselling on family planning • Iron and folate supplementation • Support for maternal mental health • Counselling on signs of illness and timely care-seeking • Counselling on child safety • Supportive supervision to identify fall, bites, burn and poisoning hazards in homes • Birth preparedness and readiness for complications, including newborn • vaccination 	<ul style="list-style-type: none"> • Ultrasound • Maternal testing for HIV and other sexually transmitted infections • Screening for anaemia • Screening for risk factors for disability in newborns related to mothers and pregnancy



Intervention period	Health promotion	Prevention of disease and complications	Screening
Birth	<ul style="list-style-type: none"> Counselling and support to mothers Birth registration, including of children with disabilities 	<ul style="list-style-type: none"> Essential newborn care Childbirth in facilities with a skilled health professional and birth companion Immunization 	<ul style="list-style-type: none"> Physical examination of newborns for anomalies
Postnatal (≤ 6 weeks)	<ul style="list-style-type: none"> Counselling and support for breastfeeding Counselling on responsive caregiving and opportunities for learning Counselling on physical activity, sedentary behaviour, screen time and sleep Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes Counselling on proper disposal of waste Birth registration, including of children with disabilities 	<ul style="list-style-type: none"> Postnatal care by a qualified provider, including assessment of newborns for signs and symptoms such as convulsions, fever, poor breastfeeding, excessive maternal bleeding, micturition, emotional well-being, signs of domestic abuse and counselling on nutrition, hygiene, illness and where to go for help 	<ul style="list-style-type: none"> Screening and care for hearing Screening and care for eye health Physical examination for anomalies
6 weeks–< 1 year	<ul style="list-style-type: none"> Counselling and support for breastfeeding Counselling on complementary and responsive feeding Counselling on responsive caregiving and opportunities for learning Counselling on physical activity, sedentary behaviour, screen time and sleep Counselling on safe food handling and preparation Counselling on growing safer fruit and vegetables Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes Counselling on separation of cooking areas from living areas and reduced household crowding Counselling on proper disposal of waste Counselling on protection of children from ultraviolet radiation 	<ul style="list-style-type: none"> Counselling on child safety Supportive supervision of homes to identify fall, bites, burn and poisoning hazards Immunization 	<ul style="list-style-type: none"> Screening and care for eye health Screening and care for hearing Screening and care for oral health, including counselling on use of clean cotton swabs to clean infants' teeth Developmental monitoring and early identification of developmental difficulties and disabilities



Intervention period	Health promotion	Prevention of disease and complications	Screening
1–< 3 years	<ul style="list-style-type: none"> Counselling on complementary and responsive feeding, promoting a healthy diet and access to varied, adequate food Counselling on physical activity, sedentary behaviour, screen time and sleep Counselling on responsive caregiving and opportunities for learning Counselling on safe food handling and preparation, five keys to safer food, keeping clean, separating raw and cooked food, cooking thoroughly, keeping food at safe temperatures and use of safe water and raw materials Counselling on growing safe fruit and vegetables, good personal hygiene, protecting fields from animal faeces, using treated faecal waste, evaluating and managing risks from irrigation water and keeping harvest and storage equipment clean and dry Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes Counselling on protecting children from ultraviolet radiation 	<ul style="list-style-type: none"> Counselling on child safety, including on restrictive wear (safety belts, car seats) in vehicles Supportive supervision of homes to identify fall, bites, burn and poisoning hazards, including counselling on safe storage and keeping household chemicals, cleaning products and other poisons out of reach of children Training of caregivers, physical education teachers and community workers in swimming and supervision Immunization 	<ul style="list-style-type: none"> Screening and care for eye health Screening and care for hearing Screening and care for oral health, including group tooth-brushing at child care centres and pre-schools Developmental monitoring and early identification of developmental difficulties and disabilities



Intervention period	Health promotion	Prevention of disease and complications	Screening
3-< 5 years	<ul style="list-style-type: none"> • Counselling on physical activity, sedentary behaviour, screen time and sleep • Counselling on safe food handling and preparation, five keys to safer food, keeping clean, separating raw and cooked food, cooking thoroughly, keeping food at safe temperatures and use of safe water and raw materials • Counselling on growing safe fruit and vegetables, good personal hygiene, protecting fields from animal faeces, using treated faecal waste, evaluating and managing risks from irrigation water and keeping harvest and storage equipment clean and dry • Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes • Counselling families on protecting children from harmful child labour • Counselling on protecting children from ultraviolet radiation 	<ul style="list-style-type: none"> • Counselling on child safety including on restrictive wear, helmets when riding bicycles or when on motorcycles and high visibility wear 	<ul style="list-style-type: none"> • Developmental monitoring and early identification of children with developmental difficulties and disabilities • Eye health screening and care • Hearing screening and care • Oral health screening and care including daily group tooth brushing with fluoride toothpaste



Intervention period	Health promotion	Prevention of disease and complications	Screening
5-9 years	<ul style="list-style-type: none"> • Counselling children and caregivers on healthy diets, with varied, adequate food, including reducing sugar intake to < 10% total energy intake, and reducing sodium intake • Counselling children and caregivers on personal hygiene and hand-washing with soap, including daily supervised hand-washing in schools • Counselling children and caregivers on physical activity, sedentary behaviour, screen time and sleep • Counselling families on protecting children from harmful child labour • Counselling on protecting children from ultraviolet radiation 	<ul style="list-style-type: none"> • Counselling on child safety, including on restrictive wear (safety belts, car seats) in vehicles, helmets when riding bicycles and on motorcycles and on pedestrian safety, including walking facing oncoming traffic, increasing self-visibility with bright clothing and reflective strips • Supportive supervision of homes to identify fall, bites, burn and poisoning hazards • Training children, caregivers, physical education teachers and community workers in swimming and supervision 	



Intervention period	Health promotion	Prevention of disease and complications	Screening
10–19 years	<ul style="list-style-type: none"> • Counselling adolescents and caregivers on healthy diets with varied, adequate food, including reducing sugar intake to < 10% total energy intake, and reducing sodium intake • Counselling adolescents on physical activity, sedentary behaviour, screen time and sleep • Counselling adolescents on personal hygiene and hand-washing with soap • Providing age-appropriate comprehensive sexuality education, including gender equality, human rights and sexual relations • Facilitating access of families to conditional cash transfers to keep girls in school • Counselling families on protecting adolescents from harmful labour • Counselling on protection from ultraviolet radiation 	<ul style="list-style-type: none"> • Counselling on and promotion of safe listening • Providing psychosocial interventions to promote positive mental health and prevent and reduce suicidal behaviour, mental disorders (such as depression and anxiety), aggressive, disruptive and oppositional behaviour and substance use • Counselling on sexual and reproductive health • Counselling on restrictive wear (safety belts, car seats) in vehicles, helmets when riding bicycles or motorcycles and on pedestrian safety, including walking facing oncoming traffic, increasing self-visibility with bright clothing and reflective strips • Health education to prevent dating violence • Counselling on avoiding use of skin-lightening products based on mercury • Facilitating access to adolescent health services • Immunization • Providing contraceptives and building community support for preventing early pregnancy and for providing contraceptives to adolescents 	<ul style="list-style-type: none"> • Risk assessment or screening and treatment for sexually transmitted infections (including HIV)

Annex 2: Actions, policies, laws and regulations for the health and well-being of children and adolescents

Health sector

Actions

- Establishing and ensuring access to health services responsive to children and adolescents
- Multimedia campaigns for child and adolescent health and well-being
- Engaging community, political and religious leaders and civil society organizations in raising awareness about child and adolescent health and well-being
- Ensuring a competent, adequate health workforce
- Ensuring high-quality health services for all
- Protecting children and adolescents from unnecessary use of radiation in paediatric imaging
- Providing specialized services, including multidisciplinary assessment and therapy, development services and assistive products
- Setting goals to ensure monitoring and evaluation of child and adolescent health and well-being
- Joint intersectoral activities, training and support

Policies, laws and regulations

- on child-resistant packaging of medicine and household chemicals
- on disposal of unused tablets
- on restricting the amount of medication dispensed
- on restricting the sale of over-the-counter medicines, especially those that contain addictive agents, e.g. codeine in cough syrups
- on universal health coverage
- on health financing and on health insurance for families with disabled children
- on safety and standards for assistive products
- on health services responsive to adolescents
- to increase adolescents’ access to contraceptive information and services, including emergency contraceptives
- to enable adolescents to obtain safe abortion

Multi-sectoral approach

The health sector could advocate for multisectoral institutions to ensure the health and well-being of children and adolescents. This section describes the roles of other sectors in achieving this goal (in alphabetical order).



Agricultural sector

Actions

- Provision of additional micronutrients by fortifying staple foods with iodine, iron and folate
- Educating communities on growing safer fruit and vegetables: practising good personal hygiene, protecting fields from animal faeces, using treated faecal waste, evaluating and managing risks from irrigation water and keeping harvest and storage equipment clean and dry
- Building and maintaining adequate food systems and infrastructure (e.g. laboratories) to respond to and manage food safety risks along the food chain, including during emergencies
- Reducing access to and misuse of pesticides

Policies, laws and regulations

- on food labelling for sugar, fat, additives and nutritional value
- on integrating food safety into broader food policies and programmes
- on removing locally hazardous pesticides from agricultural practice, enforcing regulations on the sale of pesticides and reducing use of highly toxic pesticides

Education sector

Actions

- Ensure access to affordable, good-quality early childhood education
- Provide comprehensive school nutrition, comprising a healthy diet with varied, adequate foods
- Facilitate conditional cash transfers to keep girls in school and address cultural barriers
- Establish health-promoting schools that facilitate the physical and psychosocial well-being of children and adolescents, including safe water, sanitation, healthy environments, skills-based health education, health and nutrition services, menstrual management, electricity, avoiding toxic construction materials, e.g. lead and asbestos, and ensuring no nearby spraying of hazardous agricultural pesticides, providing trees or other shade and mechanisms to prevent injuries
- Provide interventions for positive youth development, promoting the “5 Cs”: competence, confidence, connection, character and caring or compassion
- Provide age-appropriate, comprehensive sexuality education, including gender equality, human rights and sexual relations

Policies, laws and regulations

- to enforce the minimum age of completion of compulsory schooling
- on free compulsory education (primary and secondary school)
- to enforce health-promoting schools
- to establish school policy of condemning violence, enforced fairly for everyone
- on disability and inclusive education

Energy sector

Action and policy

- Provision of energy needs-electricity
- National policies and investments supporting cleaner and more energy-efficient transport, housing, power generation and industry, as well as better municipal waste management
- Enacting and enforcing laws and regulations on hot water tap temperature regulation and smoke alarms



Environment sector

Actions

- Ensuring accessibility and affordability of clean stoves and fuels for households
- Building barriers, such as covers on wells, fencing, window guards on tall buildings, roof railings, non-climbable banisters
- Producing and ensuring access to non-tip lanterns and candle holders
- Producing and ensuring access to personal flotation devices
- Producing and ensuring access to child-proof lids on household chemicals and cleaning products
- Structural environmental interventions to reduce the availability and acceptability of tobacco and tobacco-free public spaces

Policies, laws and regulations

- on four-sided swimming-pool fencing
- on playground equipment standards
- on removing lead from paint
- ratifying, implementing and enforcing relevant international conventions on hazardous chemicals and wastes

Finance sector

Actions

- Increase financing for child and adolescent health and well-being
- Provide adequate resources and income support for all families
- Remove taxes on oral health products, and legislate local production of good-quality, affordable oral health products

Policies, laws and regulations

- on taxing alcohol and tobacco, restrict sales to minors, ban advertising, ensure retailer licensing
- on taxing sugary beverages and foods, ban advertising, limit sales around schools and health facilities

Housing and urban planning

Actions

- Create safe, clean recreational spaces
- Ensure universal access to high-quality built environments, proper living conditions and affordable, secure housing, including social housing
- Ensure that housing is equipped with safety devices (such as smoke and carbon monoxide alarms, stair gates and window guards) and measures are taken to reduce hazards that lead to unintentional injuries

Information, communication and technology sector

Policies, laws and regulations

- on law enforcement and other relevant agencies to protect people under the age of 18 online on all Internet-enabled platforms
- on responsible reporting
- on restricting content during times accessible to children
- to ensure that mobile devices sold in the country (especially those intended for use by children) comply with WHO and International telecommunication Union global standards for safe listening devices



Justice sector

Actions

- Facilitate birth registration, including of children with disabilities
- Establish systematic use of partnerships between police and communities and techniques to alleviate violence
- Reduce access to and misuse of firearms

Policies, laws and regulations

- on requiring registration of all births
- on banning drink-driving with a limit of $\leq 0.05\text{g/dL}$ for the general population and $\leq 0.02\text{g/dL}$ for young and novice drivers
- on punishment of perpetrators of coerced sex with adolescent girls, enforce the laws and policies such as to empower victims and their families, and monitor their enforcement
- on obtaining licenses and registration of firearms, safe storage requirements, minimum age for purchase and background checks before purchase

Labour sector

Actions

- Advocate for and allow breastfeeding in public spaces
- Institute youth employment policies and programmes
- Establish systems to protect children and adolescents from harmful labour

Policies, laws and regulations

- on including paid maternal leave for 6 months, including for women in the informal work sector, paternal leave, paid breastfeeding breaks, high-quality child care, breastfeeding rooms and storage facilities
- on ensuring that the minimum age for employment be no lower than the age of completion of compulsory schooling and, in any case, not < 15 years

Roads and transport sector

Actions

- Build safe roads, ensure safer routes to schools and child-friendly infrastructure
- Promote pedestrian safety, including walking facing oncoming traffic, increasing self-visibility with bright clothing and reflective strips
- Road safety campaigns, including enforcing speed limits, against drinking and driving and promoting restrictive and safety wear

Policies, laws and regulations

- on restrictive wear (safety belts, car seats) in vehicles, helmets when riding bicycles or motorcycles, minimum vehicle safety standards



Social protection sector

Actions, policies and laws

- Establish social protection mechanisms
- Provide and/or facilitate social support for carers and families
- Establish prevention programmes to reduce substance use by adolescents
- Health promotion to prevent dating violence
- Establish parenting skills training programmes
- Raise community awareness on harmful cultural practices such as early marriage, female genital mutilation
- Enact laws to protect children and adolescents from harmful cultural practices, including early marriage and female genital mutilation

Water, sanitation and hygiene sector

Actions, policies and laws

- Promote safe, clean environments, including clean air, safe water, proper sanitation and waste management
- Enact laws on fluoridation of water



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Current contacts and examples of interventions for child and adolescent health and well-being

	Standard	Added universal	Situational
Antenatal care	<ul style="list-style-type: none"> Iron and folate supplementation Family planning counselling Birth preparedness and readiness for complications (including for newborns) Male involvement Health education and counselling in antenatal care Screening for sexually transmitted infections, monitoring fetal well-being, physical activity and nutritional counselling and early detection of maternal complications Immunization (tetanus toxoid-containing vaccine) Support for maternal mental health 	<ul style="list-style-type: none"> Nutritional counselling Breastfeeding counselling Parenting advice Counselling on responsive caregiving and opportunities for learning Counselling on physical activity, sedentary behaviour, screen time and sleep for children Counselling on signs of illness and timely care-seeking Counselling on child safety Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes Counselling on use of clean household stoves and fuel 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Intermittent preventive treatment for malaria Distribution of hygiene kits Screening of mothers and infants for tuberculosis Restricting caffeine intake Calcium supplementation where calcium intake is low Deworming where the prevalence of soil-transmitted helminths is > 20% Community mobilization by participatory learning and action with women's groups Maternity waiting homes Partnership with traditional birth attendants Provision of culturally appropriate, skilled maternity care Community participation in maternal and perinatal death surveillance and response, in quality improvement and in planning and implementation of maternal and neonatal health programmes



	Standard	Added universal	Situational
Postnatal care	<ul style="list-style-type: none"> Essential newborn care, with immediate, thorough drying, immediate skin-to-skin contact, delayed cord clamping and cutting, breastfeeding within 1 h of birth and immediate resuscitation of babies who are not breathing Rooming in Birth registration Home visits to assess newborns for signs and symptoms such as convulsions, fever and poor breastfeeding and to assess mothers for signs and symptoms such as excessive bleeding, micturition or breast milk, emotional well-being and signs of domestic abuse and counselling on nutrition, hygiene, illness and contacts for seeking help 	<ul style="list-style-type: none"> Screening and care for hearing and vision Screening and care for congenital anomalies Screening for maternal - and pregnancy-related risk factors and early identification of disability Distribution of home records for continuity of care Counselling on newborn play and stimulation (at least 30 min) Counselling on rooming in Counselling on good-quality sleep for newborns (14-17 h) Counselling on signs of illness and timely care-seeking Counselling on child safety Counselling on exposure to tobacco smoke, including second-hand smoke and promotion of smoke-free homes Counselling on use of clean household stoves and fuel 	
Vaccination			
Birth dose	<ul style="list-style-type: none"> BCG, hepatitis B 		<ul style="list-style-type: none"> Oral poliovirus vaccine
6 weeks	<ul style="list-style-type: none"> Hepatitis B; BCG; inactivated poliovirus vaccine; diphtheria-, tetanus- and pertussis-containing vaccine; Haemophilus influenzae B; pneumococcus-containing vaccine; rotavirus Monitoring and promotion of growth Counselling on exclusive breastfeeding 	<ul style="list-style-type: none"> Counselling on play and stimulation (at least 30 min) Counselling on rooming in Counselling on good-quality sleep for newborns (14-17 h) Screening and care for oral health, hearing and vision 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Distribution of hygiene kits



	Standard	Added universal	Situational
10 weeks	<ul style="list-style-type: none"> Hepatitis B; BCG; inactivated poliovirus vaccine; diphtheria-, tetanus- and pertussis-containing vaccine; Haemophilus influenzae B; pneumococcus-containing vaccine; rotavirus Monitoring and promotion of growth Counselling on exclusive breastfeeding 	<ul style="list-style-type: none"> Counselling on play and stimulation (at least 30 min) Counselling on rooming in Counselling on good-quality sleep for newborns (14–17 h) 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Intermittent preventive treatment in infancy for malaria Distribution of hygiene kits
14 weeks	<ul style="list-style-type: none"> Hepatitis B; BCG; inactivated poliovirus vaccine; diphtheria-, tetanus- and pertussis-containing vaccine; Haemophilus influenzae B; pneumococcus-containing vaccine; rotavirus Monitoring and promotion of growth Counselling on exclusive breastfeeding 	<ul style="list-style-type: none"> Counselling on play and stimulation (at least 30 min) Counselling on rooming in Counselling on good-quality sleep for newborns (14–17 h) 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Seasonal malaria chemoprevention and intermittent preventive treatment in infancy Distribution of hygiene kits
9 months	<ul style="list-style-type: none"> Measles-containing vaccine Monitoring and promotion of growth Counselling on nutrition (adequate, varied diet) 	<ul style="list-style-type: none"> Counselling on continued breastfeeding Counselling on complementary and responsive feeding Counselling on reducing sugar intake to < 10% total energy intake Counselling on good-quality sleep (12–16 h) Counselling on physical activity (at least 30 min) and reducing sedentary time, no screen time Counselling on safety and injury prevention Screening of developmental milestones Counselling on opportunities for early learning by reading books and play Screening and care for hearing and vision Oral health screening and care; use of clean cotton swabs to clean babies' teeth 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Vitamin A supplementation Seasonal malaria chemoprevention and intermittent preventive treatment in infancy Distribution of hygiene kits Deworming



	Standard	Added universal	Situational
2 years	<ul style="list-style-type: none"> Diphtheria-, tetanus- and pertussis-containing vaccine booster Measles-containing vaccine Third dose of pneumococcus-containing vaccine (if 2+1 schedule) Monitoring and promotion of growth Counselling on nutrition 	<ul style="list-style-type: none"> Surveillance of development Counselling on good-quality sleep (11–14 h) Counselling on physical activity (180 min) and reducing sedentary time, including no screen time Counselling on opportunities for early learning by reading books, play Counselling on an adequate, varied diet, including reducing sugar intake to < 10% total energy intake and reducing sodium intake Screening and care for oral health, hearing and vision 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Vitamin A supplementation Seasonal malaria chemoprevention Distribution of hygiene kits Deworming
2–8 years	<ul style="list-style-type: none"> Diphtheria vaccine booster Tetanus vaccine booster 	<ul style="list-style-type: none"> Surveillance of development Counselling on an adequate, varied diet, including reducing sugar intake to < 10% total energy intake and reducing sodium intake Counselling on physical activity (moderate to vigorous exercise for 60 min three times a week) and reducing sedentary time, including screen time Screening and care for oral health, hearing and vision Group tooth-brushing Counselling children on personal hygiene and hand-washing 	<ul style="list-style-type: none"> Distribution of long-lasting insecticidal nets Vitamin A supplementation Seasonal malaria chemoprevention Distribution of hygiene kits Deworming Iron supplementation if the prevalence of anaemia is > 20%, including point-of-use fortification of foods with iron-containing micronutrient powders for children aged 2–12 years with baseline ingredients: iron, vitamin A and zinc



	Standard	Added universal	Situational
9–19 years	<ul style="list-style-type: none"> • Diphtheria vaccine booster • Human papillomavirus vaccine • Tetanus toxoid booster • Family planning services 	<ul style="list-style-type: none"> • Counselling on good-quality sleep • Counselling on physical activity (moderate to vigorous exercise for 60 min three times a week) and reducing sedentary time, including screen time • Counselling on personal hygiene and hand-washing • Screening and care for oral health, hearing and vision • Group tooth-brushing • 	<ul style="list-style-type: none"> • Distribution of hygiene kits • Distribution of long-lasting insecticidal nets • Risk assessment or screening and treatment for sexually transmitted infections (including HIV) • Male circumcision to prevent HIV infection • Deworming • Iron supplementation if the prevalence of anaemia is > 20%, including point-of-use fortification of foods with iron-containing micronutrient powders for children aged 2–12 years with baseline ingredients: iron, vitamin A and zinc



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