

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

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

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

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

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

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BACKGROUND

1. Childhood and adolescence (ages 0 to 19 years) are life's most dynamic and formative periods, offering unparalleled growth, learning and development opportunities. Love, nurturing relationships, play, and opportunities to learn and rest are essential to fostering physical and emotional well-being and social skills, and to promoting overall health for children and adolescents, setting the foundations for good health and well-being into adulthood.
2. Yet many children and adolescents in the WHO European Region lack these foundations. Children and adolescents face uncertain futures as a result of complex, interacting factors, including economic instability, climate change, declining mental health, rapidly evolving technology, increasing inequity, changing family and social dynamics, geopolitical and humanitarian crises, ageing populations and strained health and care systems. Member States are working to address child and adolescent health and well-being (CAHW) within this challenging context to create environments where children and adolescents can thrive and contribute to prosperous, inclusive societies.
3. The *European strategy for child and adolescent health and development: from resolution to action 2005–2008* and the *Investing in Children: the European Child and Adolescent Health Strategy 2015–2020* (EUR/RC64/12) demonstrated a Region-wide commitment to invest in this age group. The WHO Regional Office for Europe (WHO/Europe) has summarized and reported on the progress made by Member States under these strategies.¹ The Region has enjoyed some of the best health outcomes for children and adolescents globally. In recent years, however, there has been stagnation or deterioration in outcomes across a range of health indicators, including infant mortality. Action is needed now to prevent further decline and to mitigate emerging challenges.
4. Significant health inequities persist within and between Member States, with some children and adolescents consistently left behind. It is vital to strengthen health systems to reach those in vulnerable situations and to improve social, economic and educational conditions to break the intergenerational cycle of disadvantage, enabling all children and adolescents to realize their full potential.
5. More and better investment is essential to ending these inequities and fulfil every child's right to good health, the highest attainable standard of health and access to health care services. Investing in CAHW is a valuable economic investment, increasing educational attainment, improving outcomes in adulthood and offering the potential to break intergenerational cycles of poverty. Effective investment, however, means strengthening the health system now. This entails implementing child and adolescent health-promoting policies; gathering robust data; ensuring a sufficient and skilled workforce; leveraging artificial intelligence, as appropriate; fostering multisectoral collaboration; and executing practical, evidence-informed and tailored interventions.
6. While the strategy *A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region, 2026–2030*, focuses on health, comprehensive responses from all levels of government are crucial to address social determinants by improving the environments in which children grow up, reducing child and family poverty and social exclusion, and ensuring access to high-quality education. This strategy builds on the priorities of the current European Programme of Work, 2020–2025 (EPW), by advancing universal health coverage and promoting health and well-being, while aligning with the second European Programme of Work, 2026–2030 (EPW2) priorities on healthy ageing, strengthening primary health care and addressing violence against women and girls.
7. WHO/Europe is joined by the United Nations Children's Fund (UNICEF) in efforts to support the development and implementation of this new strategy. This collaboration maximizes complementary mandates and supports the implementation of actions beyond the remit of health ministries through engagement with other sectors.

¹ [Child and adolescent health in Europe: report on progress to 2021](#). Copenhagen: WHO Regional Office for Europe; 2024 (accessed 7 October 2025).

8. The strategy builds on previous efforts and outlines how Member States can honour their commitments under the United Nations Convention on the Rights of the Child and the Sustainable Development Goals. Ratified by all Member States in the Region, the United Nations Convention on the Rights of the Child enshrines the right of every child and adolescent to health, protection and development. The strategy also provides Member States with tangible actions to enable them to meet these commitments.
9. The strategy is informed by the perspectives and needs of children and adolescents, who were engaged throughout its development.²
10. The strategy has been developed in consultation with Member States' technical focal points and under clearly defined mandates for WHO/Europe and UNICEF, considering the current financially constrained environment.
11. The strategy proposes concrete actions to tackle Region-specific causes of mortality and morbidity and drive improved health outcomes for children and adolescents. All Member States, however, are encouraged to develop their own national strategic policies and action plans tailored to their specific contexts, taking into account epidemiological trends and resources.

KEY ISSUES OF CONCERN FOR THE HEALTH OF CHILDREN AND ADOLESCENTS

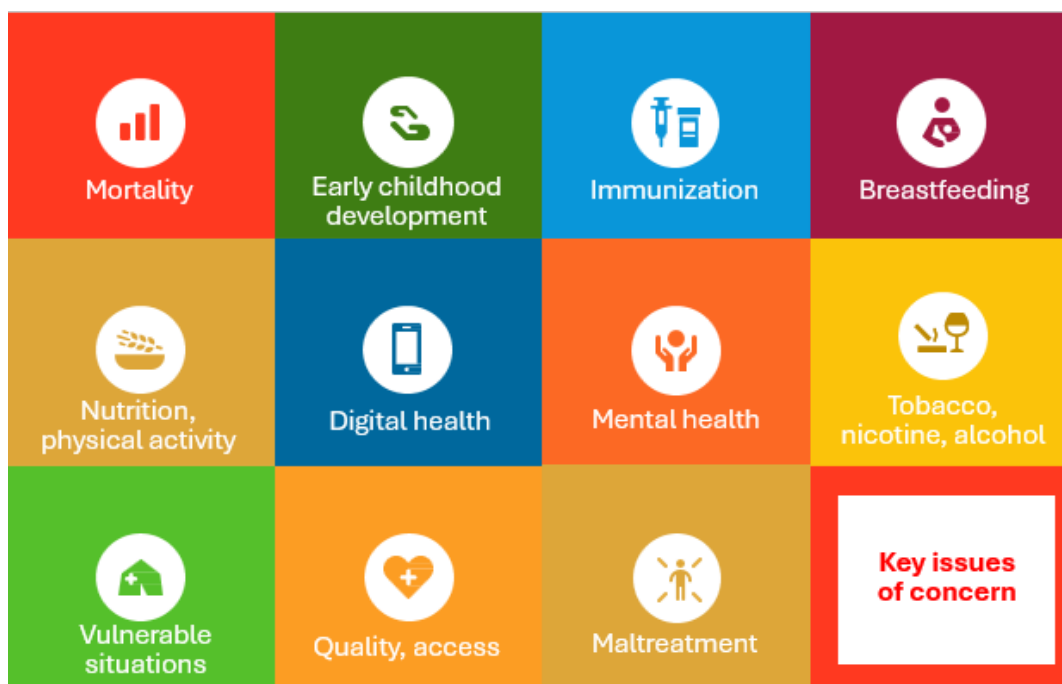
12. Key issues of concern (Fig. 1) have been identified through a WHO/Europe assessment of child and adolescent health in the Region; engagement with adolescents, parents of young children, and professionals; and consultation with Member States. The *Child and adolescent health in Europe: report on progress to 2021* highlighted stagnating and increasing child and adolescent mortality rates, persistent challenges in the delivery of accessible quality health care to children and adolescents, missed opportunities to support early childhood development, falling childhood immunization rates, low breastfeeding rates and the prevalence of violence against children and adolescents.³ A 2024 WHO/Europe–UNICEF survey of Member State representatives, professionals and adolescents, *Priority areas of concern for child and adolescent health and well-being in the WHO European Region*, identified mental health, screen time and social media use, children's weight, alcohol, tobacco and nicotine use, and the marketing and advertising of unhealthy products to children and adolescents as shared priority concerns.⁴
13. Today's challenges require a renewed, innovative and multisectoral strategic focus on CAHW.

² Details in the information document (EUR/RC75/INF./2).

³ Child and adolescent health in Europe: report on progress to 2021. WHO Regional Office for Europe.

⁴ Details in the information document (EUR/RC75/INF./2).

Fig. 1. Key issues of concern for children and adolescents identified by Member States, health professionals and adolescents



VISION

14. Every child and adolescent in the Region realizes their right to physical, mental and social health and well-being in healthy and supportive environments, enabling them to thrive in a rapidly changing world.

15. Children and adolescents are actively engaged in decisions affecting their health and well-being. Further, children and adolescents, including those with lived experience of physical and mental health conditions, are partners in policy development and in service design and implementation to ensure the inclusion of their needs and perspectives.

PRIORITY AREAS FOR ACTION

16. This strategy focuses on actions within the remit of health ministries, taking into account national and regional contexts including already existing strategies, action plans and measures. It also proposes actions to address broader determinants of health, where health ministries play a role in advocating for and promoting whole-of-government approaches that improve health outcomes for children and adolescents. It is based on five priority areas for action to address the Region's key challenges for CAHW.

- (1) Investing strategically in CAHW for long-term benefits: early investments set the foundation for healthy living and ageing and reduce the burden of noncommunicable diseases (NCDs), leading to substantial health and economic advancements.
- (2) Delivering comprehensive and equitable high-quality health care specific to the needs of children and adolescents: access to quality health care without financial hardship is essential for children and adolescents' health and societal well-being.
- (3) Regulating to protect children and adolescents against the harmful effects of commercial goods and services: marketing strategies, particularly via social media and influencers, can significantly influence behaviours and choices, which can pose significant health risks, and therefore require appropriate regulation.

- (4) Fostering a multisectoral approach for comprehensive child and adolescent health policies: collaboration across sectors – including education, sports, sanitation, nutrition, workplaces, housing, urban planning, transport and social welfare – is essential.
- (5) Monitoring progress for accountability: such monitoring starts by addressing data gaps to enable measurement and monitoring of progress.

Priority action area 1: investing strategically in CAHW for long-term benefits

Actions for Member States

- (a) Work towards achieving necessary levels of public spending on CAHW by all sectors:
 - advocate for adequate CAHW allocations within national health budgets;
 - improve transparency and reporting of CAHW budgetary allocations, disaggregated by type of service (curative, preventive and promotive), level of care and age group;
 - include the full range of evidence-based health services for children and adolescents – including health promotion and prevention services, paediatric medicines, medical devices and assistive technologies – in publicly funded benefits packages with full cost coverage;
 - track and reduce out-of-pocket payments for CAHW services; and
 - target funding towards children and adolescents with higher needs and those living in vulnerable situations, adopting equity-weighted budgeting models.
- (b) Invest in the CAHW workforce:
 - introduce workforce planning approaches that ensure sufficient staffing, retention and monitoring of CAHW professionals;
 - ensure adequate pay for health care providers in line with the Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030 (EUR/RC73/8; adopted in resolution EUR/RC73/R1);
 - elevate the delivery of quality training and continual professional development of the CAHW workforce, ensuring capacity for quality care and mental health support;
 - integrate international standards, such as those summarized in the *Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence*,⁵ into preservice and ongoing education, as well as board examinations; and
 - identify the human resources needed for CAHW efforts across ministries, including those currently involved in CAHW and those who could be engaged, and facilitate coordinated approaches and CAHW-dedicated funding across ministries where possible.
- (c) Consider increasing multisectoral investment in areas that promote CAHW, including health-promoting schools and education, parenting programmes and literacy, healthy cities and healthy environments, social services and economic opportunities.
- (d) Invest in research to identify and mitigate emerging challenges for CAHW, including those related to artificial intelligence, digital health and climate change.

⁵ [Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence](#). Copenhagen: WHO Regional Office for Europe; 2022 (accessed 7 October 2025).

Actions for WHO/Europe and UNICEF

- (a) Advocate for increased CAHW resources.
- (b) Support Member States to include the full range of evidence-based health services for children and adolescents into national health benefit packages and insurance schemes.
- (c) Support capacity-building for and the implementation of financing and costing methodologies for adequate CAHW financial planning.
- (d) Prioritize technical and financial assistance to conflict-affected, low-resource and post-crisis countries to close equity gaps and include children in vulnerable situations in CAHW services.
- (e) Work with professional associations to support Member States in preservice and continuing professional development for all health workers entrusted with the care of children and adolescents.
- (f) Develop workforce recommendations and standards to support CAHW.
- (g) Work with centres of excellence to drive the strategic research agenda on emerging challenges for CAHW.

Priority action area 2: delivering comprehensive and equitable high-quality health care specific to the needs of children and adolescents

Actions for Member States

17. The following actions address the 11 identified key issues of concern (Fig. 1).
 - (a) Develop (or update) and implement national CAHW quality standards aligned with WHO guidelines, ensuring integration across the care continuum, from prevention to tertiary care, as well as quality of care and patient safety.^{6,7}
 - (b) Enhance the quality of long-term care and rehabilitation for all children and adolescents who need it, in particular those with disabilities, rare diseases and chronic conditions, as well as the quality of palliative care for children and adolescents with life-limiting conditions.
 - (c) Reduce the unnecessary use of antibiotics and ensure that children and adolescents receive antibiotics only when appropriate.⁸
 - (d) Adopt and implement the European adaptation of the Nurturing Care Framework for Early Childhood Development.⁹
 - (e) Promote the benefits of vaccination and address vaccine hesitancy.
 - (f) Implement breastfeeding standards in hospitals and communities in line with the Baby-Friendly Hospital Initiative.
 - (g) Deliver primary health care and public health services that promote healthy nutrition, physical activity, oral health and health-promoting behaviours to prevent and manage underweight, overweight, obesity and other NCDs.
 - (h) Implement evidence-based strategies to prevent unintentional injuries, including road traffic injuries and drowning.

⁶ Pocket book of primary health care for children and adolescents. WHO Regional Office for Europe.

⁷ [Delivering quality health services: a global imperative for universal health coverage](#). Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank; 2018 (accessed 7 October 2025).

⁸ [Resource guide for the implementation of the Roadmap on antimicrobial resistance for the WHO European Region 2023–2030](#). Copenhagen: WHO Regional Office for Europe; 2024 (accessed 7 October 2025).

⁹ [Framework on Early Childhood Development in the WHO European Region](#). Copenhagen: WHO Regional Office for Europe; 2020 (accessed 7 October 2025).

- (i) Ensure universal access to sexual and reproductive health care services.¹⁰
- (j) Implement quality child and adolescent mental health care,¹¹ including through digital health and through delivering primary health care that promotes well-being and connectiveness, awareness of social media and digital impact, and awareness of the negative impacts of substance abuse, including alcohol and tobacco.
- (k) Promote the adaptation and implementation of evidence-based strategies to prevent and end violence against children and adolescents.^{12, 13}
- (l) Introduce mechanisms for effective coordination, integration and information sharing during the transition to adult health services.
- (m) Use social, psychological and behavioural insights and culturally informed approaches to support and promote healthy behaviours,¹⁴ including through active engagement of those affected.

Actions for WHO/Europe and UNICEF

- (a) Support Member States to translate, adapt, adopt and implement evidence-based standards and guidance, including the *Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence*, and to provide quality care for every child and adolescent at all levels.
- (b) Support the implementation of existing WHO and UNICEF frameworks and action plans on the key issues of concern related to CAHW (Fig. 1).

Priority action area 3: regulating to protect children and adolescents against the harmful effects of commercial goods and services

Actions for Member States

- (a) Implement comprehensive regulatory policies and legislation to reduce the availability of unhealthy products, such as unhealthy food, sugar-sweetened beverages, tobacco and alcohol, by accelerating the implementation of WHO best buys as appropriate, including marketing restrictions to children in the online environment.¹⁵
- (b) Mandate the provision of healthy meals in schools, preschools and other settings where children and adolescents meet.

¹⁰ Understood in line with paragraph 62 of the 2023 UN Political Declaration on Universal Health Coverage, adopted by consensus by Heads of State and Governments – governments commit to “ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.” See: [Political Declaration of the High-level Meeting on Universal Health Coverage “Universal health coverage: moving together to build a healthier world”](#). New York: United Nations General Assembly; 2023 (accessed 8 October 2025).

¹¹ [Quality standards for child and youth mental health services. For use in specialized community or outpatient care across the WHO European Region](#). Copenhagen: WHO Regional Office for Europe; 2025 (accessed 7 October 2025).

¹² [INSPIRE: Seven strategies for Ending Violence Against Children](#). Geneva: World Health Organization; 2016 (accessed 7 October 2025).

¹³ [RESPECT women – Preventing violence against women](#). Geneva: World Health Organization; 2019 (accessed 7 October 2025).

¹⁴ [A guide to tailoring health programmes: using behavioural and cultural insights to tailor health policies, services and communications to the needs and circumstances of people and communities](#). Copenhagen: WHO Regional Office for Europe; 2023 (accessed 7 October 2025).

¹⁵ [Policies to protect children from the harmful impact of food marketing: WHO guideline](#). Geneva: World Health Organization; 2023 (accessed 7 October 2025).

- (c) Consider regulations and/or incentives to encourage industry to invest in food reformulation to provide healthier alternative products for children and adolescents.
- (d) Adopt, implement, enforce and monitor the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions, the 2016 WHO Guidance on ending the inappropriate promotion of foods for infants and young children,¹⁶ and the 2023 WHO *Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes*.
- (e) Use appropriate fiscal policies to regulate the availability of beverages sweetened with sugars and non-sugar sweeteners, including energy drinks, alcohol products, and tobacco and nicotine products (excluding those authorized as therapeutic products under national law).
- (f) Implement and enforce tobacco and nicotine control measures to protect children and adolescents in line with the WHO Framework Convention on Tobacco Control, including strict age restrictions on the sale and consumption of these products, and take measures on e-cigarettes and other nicotine products.
- (g) Accelerate the implementation of key provisions in the European Framework for Action on Alcohol 2022–2025 (EUR/RC72/12; adopted in decision EUR/RC72(4)) relevant to CAHW, including regulating alcohol marketing and raising the legal drinking age.
- (h) Intervene to support healthy environments, such as those described in NCD best buys,^{17, 18} as appropriate; and consider using appropriate fiscal policies to reduce the consumption of harmful products and to redirect funding towards investing in initiatives that encourage physical activity and sports, as well as provide access to leisure facilities and green spaces for children and adolescents.
- (i) Implement national policies to protect children and adolescents from digital harms, including exposure to harmful content, manipulation via algorithms, and data exploitation.
- (j) Monitor and improve research and data collection on the impact of marketing tactics on children and adolescents' health and behaviours, and on the impact of policy measures, to inform policy decisions.

Actions for WHO/Europe and UNICEF

- (a) Support and monitor the implementation of the International Code of Marketing of Breast-milk Substitutes and the WHO Framework Convention on Tobacco Control.
- (b) Support Member States, upon request, in developing, implementing and monitoring comprehensive strategies on the marketing of products harmful to the health of children and adolescents.
- (c) Compile and share evidence on action and approaches to protect children and adolescents from potential commercial harm, including unhealthy product marketing.
- (d) Serve as a platform to share Member State experiences on the implementation of regulations to protect children and adolescents from potential commercial harm.

Priority action area 4: fostering a multisectoral approach for comprehensive child and adolescent health policies

Actions for Member States

Multisectoral collaboration

- (a) Develop or update national strategies for CAHW, or incorporate elements into existing policies, to align with this regional strategy and ensure the effective implementation of its priorities and actions.

¹⁶ [Guidance on ending the inappropriate promotion of foods for infants and young children](#). Geneva: World Health Organization; 2016 (accessed 7 October 2025).

¹⁷ [Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed.](#) Geneva: World Health Organization; 2024 (accessed 7 October 2025).

¹⁸ [Special Initiative on Noncommunicable Diseases \(NCDs\) and Innovation/NCD quick buys – public health impact in 5 years or less](#). Copenhagen: WHO Regional Office for Europe; 2025 (accessed 7 October 2025).

- (b) Introduce or strengthen mechanisms, such as cross-ministry units, task forces or councils, to ensure multisectoral coordination on the implementation and budgeting of CAHW measures, and promote regular dialogue and shared priority-setting at all levels.
- (c) Invest in capacity-building and joint training of staff in multisectoral collaboration and leadership.
- (d) Promote family-friendly policies, including paid parental leave and flexible working arrangements, to promote and protect breastfeeding, play, early childhood bonding and family well-being.

Education

- (a) Adopt, strengthen and expand the health-promoting schools approach; conduct a baseline assessment and establish targets for its expansion until every preschool and school becomes a health-promoting school.¹⁹
- (b) Establish life skills development and skills-based health education, including comprehensive health behaviour and sexuality education, within school curricula.
- (c) Develop and implement policies for nicotine- and tobacco-free schools.²⁰
- (d) Promote an alcohol-free school environment and restrict foods high in fat, salt and sugar in schools.
- (e) Ensure that health personnel are present in or connected to schools and strengthen their roles and capacities. This could apply to school nurses, school psychologists, mental health counsellors, health promotion counsellors and health–education liaison staff.
- (f) Strengthen collaboration among governments, health organizations, schools and communities to create cultures that prioritize the needs of children and adolescents in policy, financing and practice.
- (g) Establish outreach activities for out-of-school children and adolescents to ensure they have access to health, education and social services.
- (h) Foster social connectedness among adolescents through school, community and mentoring programmes, and inclusive activities that build resilience and a sense of belonging.
- (i) Consider creating programmes that build intergenerational connections to foster mutual support, knowledge exchange and community ties.
- (j) Create child- and adolescent-friendly environments, promoting the WHO European Healthy Cities Network and implementing measures such as access to green spaces, strengthening active mobility and road safety improvements.
- (k) Coordinate action across all sectors through policies and programmes, and build public awareness to prevent and protect children and adolescents from all forms of violence.
- (l) Improve health literacy for parents and caregivers by offering parenting courses from early childhood through adolescence, implementing health literacy programmes and raising awareness through community campaigns.

Actions for WHO/Europe and UNICEF

- (a) Support Member States in operationalizing multisectoral CAHW strategies and action plans, including creating multisectoral coordination mechanisms and sharing knowledge across Member States.
- (b) Support the implementation of the health-promoting schools approach, including the implementation of global standards and cross-regional networks. Support baseline assessments, implementation and monitoring of health-promoting schools and develop standards for health-promoting preschools.
- (c) Support the integration of health topics in curricula, including game-based learning and age-appropriate health education such as comprehensive sexuality education and digital safety.

¹⁹ [Health promoting schools](#). Geneva: World Health Organization (accessed 7 October 2025).

²⁰ [Nicotine- and tobacco-free schools: policy development and implementation toolkit](#). Copenhagen: WHO Regional Office for Europe; 2023 (accessed 7 October 2025).

Priority action area 5: monitoring progress for accountability

Actions for Member States

- (a) Strengthen the national health surveillance infrastructure, embracing digitalization, electronic child health records, and adequate health and quality of care monitoring, including collecting data on CAHW within both public and private health care services. Collect and analyse data and report on the Member State's CAHW outcomes and strategic progress, including:
 - data disaggregated by age, sex and equity metrics, such as socioeconomic data and indicators of ethnicity and disability in national health information systems;
 - data on under-represented groups as well as children and adolescents in vulnerable situations where possible;
 - data on the causes of neonatal, child and adolescent mortality; and
 - a public dashboard on CAHW indicators and trends.
- (b) Report on CAHW using existing international data collection mechanisms, such as the Health Behaviour in School-aged Children study (HBSC), the Global Youth Tobacco Survey (GYTS), the Childhood Obesity Surveillance Initiative (COSI), the Global Action for Measurement of Adolescent health and the European School Survey Project on Alcohol and Other Drugs (ESPAD), and join these mechanisms if not already participating. Address persistent data gaps, such as the Sustainable Development Goal indicator on early childhood development by reporting the proportion of children who are developmentally on track.
- (c) Implement the monitoring of a limited set of indicators, based on existing data, to be agreed with Members States in the context of this strategy.

Actions for WHO/Europe and UNICEF

- (a) Provide guidance on monitoring progress on CAHW through a monitoring framework, based on existing data and aligned with the actions of this strategy.
- (b) Support the above by having WHO carry out a survey of Member States on CAHW to monitor the progress of the implementation of the strategy at midterm (2027) and at endline (2030).
- (c) Support Member State awareness of and capacity to join and use national data from HBSC, GYTS and COSI to inform programmes, policies and innovation to benefit children and adolescents.
- (d) Strengthen Member State capacities and work with national authorities to create dashboards and other data visualization tools to display CAHW indicators and trends, and provide technical expertise to create a unified dashboard across Member States.
- (e) Support data generation and analysis through capacity-building, digitalization of records and data management tools.
- (f) Establish a regional youth advisory board on health and well-being, ensuring adolescent participation in annual strategic reviews and monitoring efforts.
- (g) Establish networks among government agencies, nongovernmental organizations and health organizations to share data and insights, promote collaboration and facilitate a unified approach to child and adolescent health initiatives.

MOVING FORWARD

18. In the current resource-constrained environment, which may ease over the course of the strategy, success depends on clear priorities and integrated action. At the same time, the strategy should be broad enough to address the wide-ranging needs of children and adolescents across multiple programmes. To ensure impact, progress will be reported on in 2027 and 2030.

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