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Executive summary

The WHO Department of Child and Adolescent Health and Development (CAH) promotes the survival, health, growth and development of children and adolescents from birth up to 19 years.

The structure of the Department, and its guiding principles, are intended to support progress towards this goal. CAH is organized into four teams, three of which address research and development across the life-course – neonatal and infant health and development, child health and development, and adolescent health and development. The fourth team provides technical support to partners, regions and countries. This structure allows the Department to apply a public health approach to health and development, within a life-course framework. CAH activities follow a well-defined cycle: research; development of strategies, tools, standards and guidelines; and support for their introduction, monitoring and evaluation in countries. The approach ensures that countries are assisted in their efforts to implement interventions and strategies proven by research, and that experience of implementation stimulates and defines research and development priorities.

This report highlights activities undertaken and progress made by CAH during the 2002–2003 biennium. It is organized according to the structure of the Department, with one chapter for each research and development team. Relevant technical support is described at the end of each chapter. Documents and articles published during the biennium are listed in the annexes.

Challenges

Although much progress has been made over past decades, a number of important challenges still threaten the survival, health, growth and development of children and adolescents. Every minute 20 children under 5 years of age die, leading to almost 11 million deaths each year. Approximately four million of these children are under 1 month old. Every five minutes, 16 adolescents between the ages of 10 and 19 years die.

The majority of deaths among children and adolescents are in developing countries, and most are attributable to preventable or treatable causes. Malnutrition, pneumonia, diarrhoea, measles, malaria, and HIV/AIDS are the most common killers of children. Accidents, suicide, violence, pregnancy-related complications and communicable diseases are the major causes of loss of adolescent lives. Furthermore, approximately 7 out of 10 premature deaths among adults are largely a result of behaviours initiated during adolescence.

Among the children who do survive, millions suffer from under-nutrition, repeated illness, and poor growth and cognitive development. At the same time adolescents, who are generally thought to be healthy, face increasing threats to their health, particularly from HIV/AIDS. Each day, over 6500 young people aged 10 to 24 years become infected with HIV. Approximately half of all new HIV infections, and 30% of sexually transmitted infections, occur among young people.

This enormous loss of life and human capital is avoidable. For children under 5 years of age, effective, low-cost interventions are available that could prevent at least two thirds of the deaths. The challenge is to deliver these preventive and curative interventions to the children who need them most – to transfer knowledge into action. For adolescents, interventions are needed to help young people learn, form relationships, shape their identities, and acquire the social and practical skills required to become active and productive adults.

Activities and achievements during the biennium

During the 2002–2003 biennium, CAH played a key role in raising awareness that children and adolescents bear an undue share of the global burden of disease, and in stimulating global commitment and action.

The Department organized a global consultation on child and adolescent health and development, held in Stockholm in March 2002, and made important contributions to the United Nations General Assembly Special Session on Children, held in New York in May 2002. CAH also played a key role in the publication of a series of articles on child survival in *The Lancet* in June and July 2003, and contributed to initial steps towards the development of a global child survival partnership.

CAH worked closely with WHO regional offices to develop strategies for scaling up successful child health interventions, and to adapt those strategies to the context of regions and countries. The Global Strategy for Infant and Young Child Feeding was adopted by the World Health Assembly in 2002, and the WHO-wide Strategy for Child and Adolescent Health and Development was adopted in 2003. The Department also worked to review and evaluate the implementation of Integrated Management of Childhood Illness (IMCI), and used the findings to draft a concept paper describing the role of WHO in achieving the Millennium Development Goal for child survival.

WHO's commitment to improving child and adolescent health and development requires a strong and continuing focus on equity and rights. To this end, the Department conducted training workshops on child rights and health for programme managers and decision-makers, contributed to the reporting process for the Convention on the Rights of the Child, evaluated equity issues related to child health, and developed, as part of the WHO and World Bank Working Group on Child Health and Poverty, a document entitled *Better health for poor children: a special report* (FCH/CAH/02.05), which summarizes key issues and needs related to child health and poverty.

In addition to raising global awareness and commitment, and developing strategic approaches, the Department worked to strengthen the knowledge base, normative support and technical assistance within several key areas of intervention. The Department's work

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