Parliamentary Assembly
Assemblée parlementaire
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1949.2019
COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2284 (2019)[1]

Addressing the health needs of adolescents in Europe

Parliamentary Assembly

1. The Parliamentary Assembly recalls that health is a human right and that appropriate health services for every age group are an essential element of cohesive and democratic societies. It reaffirms its commitment to the United Nations Sustainable Development Agenda 2030, including Goal 3 – Ensure healthy lives and promote well-being for all at all ages.

2. The Assembly recognises that the health of adolescents, namely 10- to 19-year-olds, is an important area of development, embracing issues of inequality, gender, economic status, race, ethnicity, religion, sexuality and physical and mental ability. It is during adolescence that behaviours are shaped and the foundations for healthy lifestyles are laid.

3. The Assembly notes that addressing violence is an essential dimension of health, and reaffirms its commitment to the Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201, "Lanzarote Convention"), the Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197) and the Convention on Cybercrime (ETS No. 185), and the Council of Europe "Start to Talk" Campaign for the protection of children against sexual abuse in sport.

4. The Assembly acknowledges that the participation of adolescents in decisions about relevant health policies is important in order to meet their needs and develop efficient health systems. The Guidelines of the Committee of Ministers of the Council of Europe on child-friendly health care and other tools developed in the framework of the Council of Europe Strategy for the Rights of the Child "Building a Europe for and with Children" and of youth and education programmes provide useful guidance on how this could be done.

5. In the light of the above, the Parliamentary Assembly recommends that the Council of Europe member States:

5.1. with respect to health services:

5.1.1. promote the need for a focus on adolescent health through funding for services and advocacy;

5.1.2. ensure that services for young people are accessible, free, inclusive, timely, welcoming, confidential and non-punitive;

5.1.3. ensure that there are sufficient highly trained members of staff to advise and support adolescents who need help;

5.1.4. recognise that adolescents may have general as well as specific health concerns, and provide services (such as health hubs) where adolescents can receive advice covering a variety of health issues;

5.1.5. recognise that some adolescents are particularly vulnerable to health disorders – for example those in the criminal justice system, migrants, refugees, those who are physically or mentally disabled, and those not in education or training;

1. *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 24 May 2019 (see Doc. 14829, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Baroness Doreen Massey).

5.2. with respect to research:

5.2.1. encourage further research into the needs of adolescents;

5.2.2. recognise the “life course” of health and address each phase with equal vigour in research, information and services;

5.3. with respect to government and local authorities:

5.3.1. ensure that co-ordination across government departments and in local structures is established or reinforced in order to ensure holistic action on adolescent health;

5.3.2. take policy measures to regulate food and drinks industries with a view to promoting healthy diets among adolescents through:

5.3.2.1. restrictions on marketing, advertising and sponsorship for food and drinks that are high-energy, low-nutrient or have high sugar, salt or fat content;

5.3.2.2. adoption of the “traffic light” rating system for food and drinks;

5.3.2.3. further development of fiscal incentives and disincentives, such as taxes on sugar, tobacco and alcohol;

5.3.2.4. increased powers for local authorities to control the implementation of relevant food and drink policies;

5.3.3. support participation of adolescents, and the communities in which they live, in influencing decisions about health services and involve them at national and local level through local and regional authorities, non-governmental organisations (NGOs) and children’s commissioners;

5.4. with respect to other actors in the health field:

5.4.1. harness the media, including social media and advertising, to provide encouragement to the public, including adolescents, to develop healthy lifestyles;

5.4.2. encourage industries and the private sector to collaborate with good practices in health initiatives and in relation to sponsorship, advertising and research;

5.4.3. ensure that NGOs working with adolescents have sufficient financial and other support and that they are consulted when local and national policies on health are being developed;

5.4.4. ensure that parents and carers are involved, where appropriate, in developing interventions to help the adolescents in their charge;

5.4.5. involve adolescents themselves in the design of services catering to their needs, where possible;

5.5. with respect to schools and colleges:

5.5.1. ensure that schools and colleges have access to counsellors, nurses and doctors who have specialist knowledge of adolescents;

5.5.2. ensure that the school and college curriculum includes mandatory personal, social and health education, including comprehensive sexuality education, so as to empower adolescents to make informed choices;

5.5.3. ensure that schools and colleges have a “pastoral” system which protects, supports and enables young people to receive support;

5.6. in general:

5.6.1. address the social determinants of health, for example poverty, deprivation, prejudice and stigma, in order to address inequalities in health;

5.6.2. identify and share examples of good practice and proven effectiveness at local, national and international level.