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# Gaps and inequities in child health across the European Union

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**Acknowledgements**

**This report was conceptualized and written by:** Gabriele Fontana, Francesca Lazzaroni, Aleksandra Jovic, Angela Hawke, Fatima Cengic, Karan Courtney Haag, Stanislava Vuckovic and Paolina Marone.

**Editing and design:** Tristan McConnel, Studio Miko



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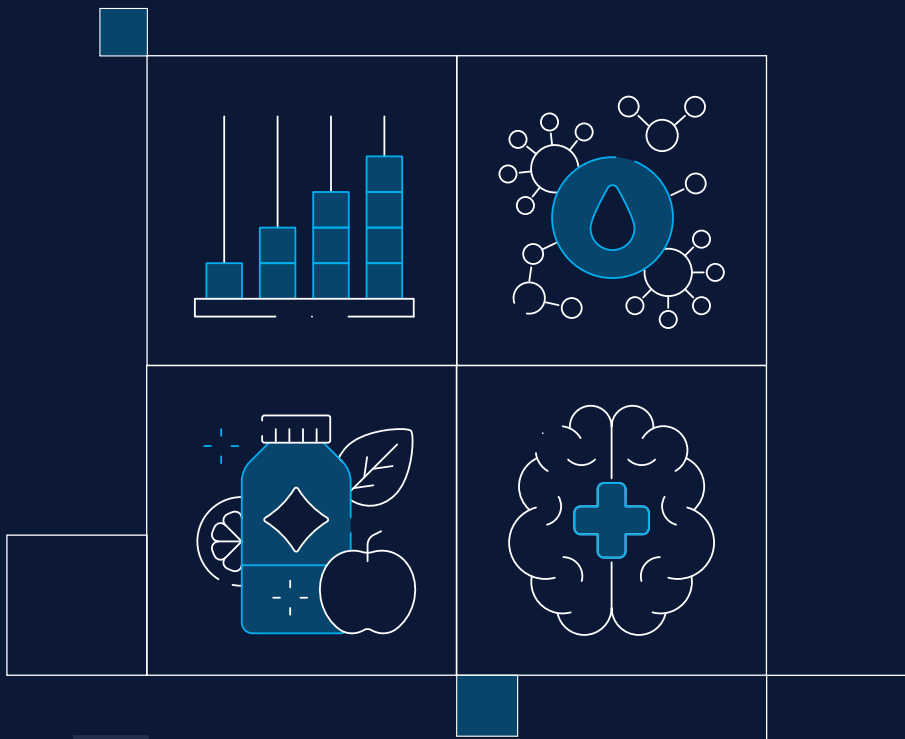
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# Key messages

Every country in Europe recognizes the rights of every child and adolescent to good health, nutrition, development and support for their mental and emotional well-being, as enshrined in the Convention on the Rights of the Child.

- Despite this shared commitment, significant disparities persist across the region: while some children benefit from robust, well-resourced health systems, others face persistent barriers to accessing essential physical and mental health services. The result is a landscape where opportunity and support are unequally shared, leaving many children behind.
- Some of these inequities and gaps are linked to persistent and ongoing challenges, including poverty, discrimination and exclusion that can impede the life chances of children from their earliest months and years.
- Others are expanding, including growing inequities and gaps in life-saving immunization, increases in non-communicable diseases and the impact of aggressive marketing and promotion of harmful products such as tobacco, alcohol and unhealthy food.
- New challenges are also emerging, together comprising a growing mental health crisis among children and adolescents as they navigate an increasingly uncertain and volatile world.
- Promoting the health and well-being of every child demands a comprehensive, interconnected strategy that goes beyond isolated interventions and embraces a holistic approach. This means ensuring access to quality primary and specialized healthcare, nutritious food in and around schools, and family support. These elements form part of a broader ecosystem that nurtures children's physical, mental and emotional development.
- Prioritizing preventive healthcare for children and adolescents is a strategic investment in human capital, with the potential to reduce long-term health, economic and social burdens. Early interventions not only improve individual outcomes but also ease the pressure on health and social care systems for generations to come.





# Purpose of this report

This report serves as a background document for the children's prevention toolkit for policymakers that UNICEF has developed in collaboration with the European Commission. More specifically, it identifies the needs across key areas of children's health that the toolkit aims to address by providing practical guidance to policymakers. It also considers the potential costs if the needs identified are not addressed.

Consistent to the toolkit, the report focuses on **four key areas**:

1. Early childhood development and intervention
2. Immunisation
3. Promotion of healthy lifestyles
4. Promotion of mental health

## Summary

- Every country in Europe recognises the rights of every child to good health, nutrition and support for their mental and emotional well-being, as enshrined in the Convention on the Rights of the Child, and reflected in the EU Charter of Fundamental Rights.

- Despite this shared commitment, disparities persist across the region. While some children benefit from robust and well-resourced health systems, others face barriers in accessing essential physical and mental health services. This contributes to uneven levels of support and opportunity, with some children less well served than others.

- Some of these inequities and gaps are linked to persistent challenges, including poverty, discrimination and social exclusion, which can affect children's opportunities and outcomes from an early age.

- Other challenges are becoming more pronounced, including inequities in access to life-saving immunisation, the growing burden of non-communicable diseases and the impact of marketing and promotion of tobacco, alcohol and unhealthy food.

- New challenges are also emerging, including a growing mental health crisis among children and adolescents as they navigate an increasingly uncertain and volatile world.

- Promoting the health and well-being of every child calls for a comprehensive, interconnected approach that goes beyond isolated interventions and embraces a holistic approach. This means ensuring access to quality primary and specialised health services, nutritious food in and around educational settings, and family support to families. These elements form part of a broader ecosystem that nurtures children's physical, mental and emotional development.

- Prioritising preventive healthcare for children and adolescents is a strategic investment in human capital, with the potential to reduce long-term health and socioeconomic burdens. Early interventions

improve individual outcomes and also ease the pressure on health and social care systems for generations to come.

## Child health in Europe: confronting the challenges

The European Union (EU) has, for decades, enjoyed some of the best health outcomes for children and adolescents globally. Nevertheless, the health of children and adolescents across Europe is under growing pressure from economic insecurity, widening inequalities, climate and environmental risks, rapid technological change, sedentary lifestyles and geopolitical crises.

This is particularly concerning, as child health is a critical foundation for lifelong well-being, influencing not only the quality of life in early years but also long-term health, educational outcomes and life expectancy.

Childhood and adolescence, spanning the years from birth to 19 years, are among the most dynamic and formative stages of life. It is during these years that nurturing relationships, safe and supportive environments, opportunities to learn and play, regular physical activity, and access to timely, high-quality and inclusive primary health care are most essential for physical, emotional, social and cognitive development.

Within this context, many children experience developmental difficulties that are identified too late for timely and effective intervention. Such delays limit children's ability to reach their full potential and point to gaps in systems designed to promote, monitor and support child and adolescent health and development, including gaps in access to preventive and primary care services. Evidence from high-income countries suggests that developmental delays affect 10–15 % of children under five years of age, highlighting the need to improve support during the most sensitive period for their early development.[1,2]

Meanwhile, hard-won gains in protecting children from preventable diseases are under strain. Immunisation coverage has declined, contributing to a resurgence of measles and other vaccine-preventable diseases. In 2024, measles cases surged ten-fold across the EU, with 35,212 people diagnosed[3], posing renewed risks to children's health and long-term well-being.

Commercial and digital environments also shape children's health. One in every four children (25 per cent) aged 7–9 years is living with overweight or obesity[4], and the impact is felt most keenly by those from disadvantaged backgrounds.[5] Sedentary lifestyles and exposure to marketing of unhealthy food, alcohol, tobacco and nicotine-containing products are increasingly shaping daily lives and health choices.

Adolescence, a second critical window of development, heightens a child's vulnerability to digital pressures and mental health challenges. Mental health concerns have intensified since the COVID-19 pandemic and now affect around one in every four children and adolescents.[7]

Girls, older adolescents and children from low-income households report the poorest outcomes, unmet mental health needs remain widespread, and suicide is the second leading cause of death among young people in the European Union, with only road injuries taking more lives among 15–19-year-olds, accounting for approximately one in six (17 per cent) of deaths (1004 lives in 2023).[8]

## Towards a more comprehensive approach

The challenges to child health are not distributed evenly across the EU. Health gaps and inequities persist within and between countries: some children are consistently left behind, unable to access vital support for their health.

A comprehensive approach can help address the challenges. This entails the integration of health promotion and prevention through primary healthcare; the leveraging of educational settings as health-promoting environments; the strengthening of social services that are integrated with health systems; and ensuring safe, empowering and developmentally age-appropriate digital platforms. Supporting the mental health and well-being of children and adolescents relies on a multisectoral approach that reaches every single child, that spans every aspect of their health and that accompanies them through every stage of infancy, childhood and adolescence.[9]

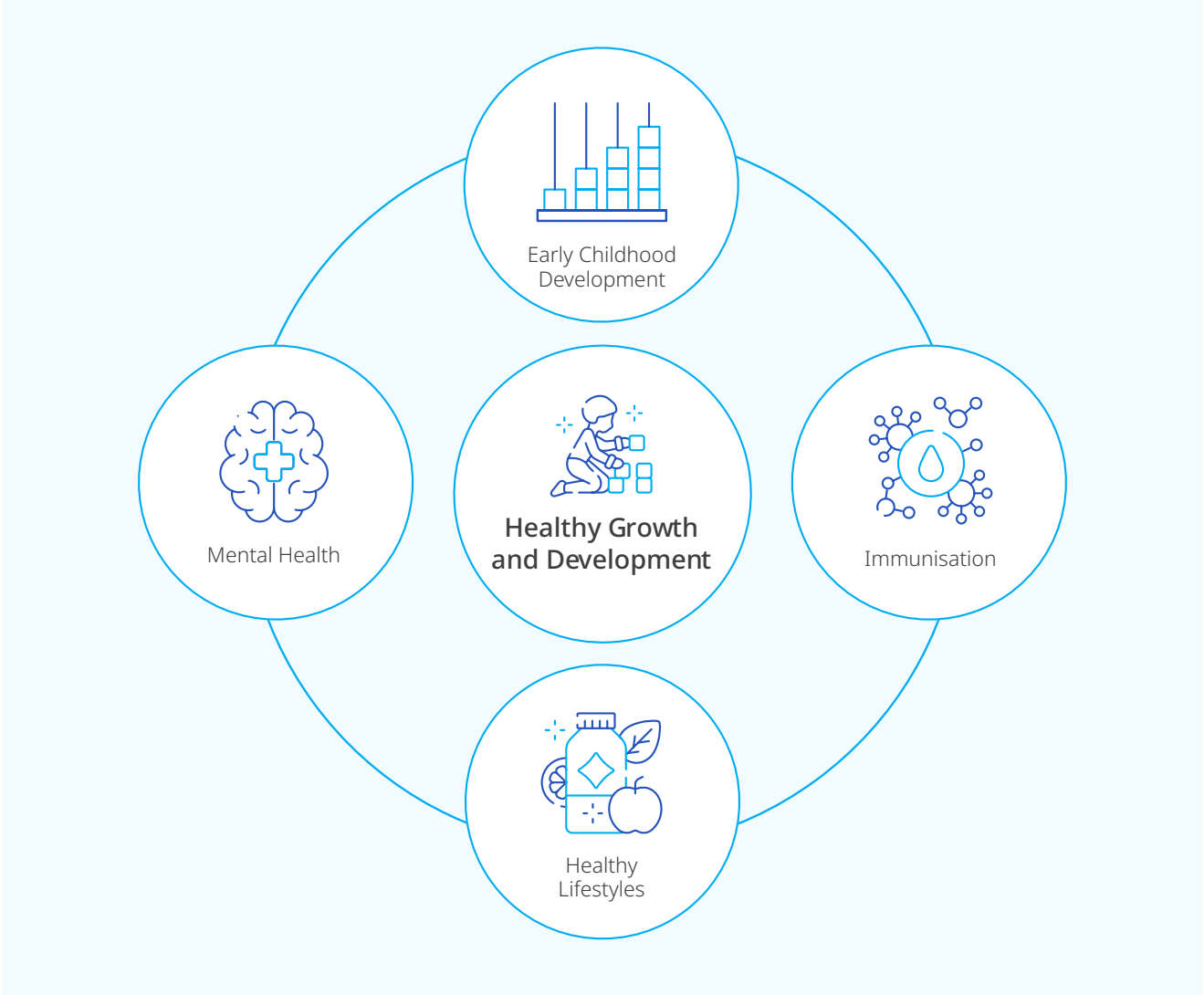
Such a comprehensive approach must reach children in their earliest years of life to build a firm foundation for lifelong health and development. Early childhood is a critical period for development, when foundational cognitive, emotional, social, and behavioural capacities are established.[10] The environment around the young child is crucial for his development and key interventions – such as maternal mental health support, proper nutrition, immunisation and the early identification of challenges – help to create a launch pad for lifelong well-being and reduce the risk of NCD.

As children grow into adolescents, they experience another transformative stage of brain development – one that will shape their self-identity, decision-making and social interactions. In today's increasingly digital world, this pivotal moment also coincides with an increased use of, and reliance on social media and other technologies. As recognised in the Commission Communication.[11] accompanying the proposal for an EU KIDS Act: An EU approach to online safety, these are powerful tools for education, social engagement and entertainment but are at the same time associated with negative impacts on the mental health of children and young people.

Mental and physical health are deeply intertwined. Early-life factors such as poor nutrition, inadequate prenatal care and exposure to prolonged stress can contribute to long-term health challenges, including diabetes, cardio-vascular diseases and obesity. Similarly, mental health challenges can lead to unhealthy coping mechanisms, such as poor diet and lack of physical activity, which escalate the risk of NCD. Studies show that adversity during childhood increases the likelihood of developing NCD, including depression, heart disease and neuro-degenerative disorders.[12] As a result, comprehensive support systems are needed to integrate physical and mental health interventions.

The most vulnerable children and adolescents, who are at greatest risk of poor physical and mental health, are also the most likely to miss out on comprehensive, prevention-focused health services. Barriers to accessing services may differ between different vulnerable groups such as children living in poverty or in hard-to-reach areas, those affected by migration or from migrant backgrounds, those with disabilities or those from minority communities, such as Roma and Travellers. The Fundamental Rights Agency's survey.[13] results show that in 2024, on average, 77 % of Roma/Traveller children aged under 18 lived in households at risk of poverty and 40% experience severe material deprivation in Europe.

**Children's Healthy Growth Development**



# Current policy framework

A framework of global and regional policies compels every Member State to protect the rights of every child to good quality health care. This framework is grounded in the EU Charter of Fundamental Rights[14], notably Article 24 (Rights of the Child), which requires that children's best interests be a primary consideration in all actions relating to them, Article 35 (Health Care), which recognises the right of access to preventive health care and medical treatment, and Article 21 (Non-discrimination), which prohibits discrimination on any ground. Under this framework, every child in the EU has the right to health and well-being from their earliest days, throughout their childhood and during adolescence.[15] EU policies and initiatives supporting child health are listed in the table below.

## EU policies and initiatives supporting child health

| | | |
|---|---|---|
| 1989 | Convention on the Rights of the Child | • **Article 6.2:** The survival and development of the child.<br>• **Article 24:** The right of all children to the best standard of health, including reduced infant and child mortality, pre- and post-natal care for mothers, healthy food, and information for all on the importance of child health and nutrition. |
| 2003 | Recommendation on the prevention of smoking and on initiatives to improve tobacco control | Wide-ranging approach to reduce tobacco use, especially among youth, through advertising restrictions, sales regulations, public awareness, and protection from second-hand smoke. |
| 2006 | Convention on the rights of persons with Disabilities | **Article 7**<br>• Take all necessary measures to ensure that children with disabilities enjoy all human rights and fundamental freedoms on an equal basis with other children.<br>• The best interests of the child shall be a primary consideration.<br>• Ensure that children with disabilities can express their views freely on all matters affecting them. |
| 2006 | Regulation on nutrition and health claims made on foods | Known as 'Best Buys', it includes recommendations for comprehensive mandatory regulations that restrict marketing of foods and beverages to children up to the age of 18 years. |
| 2013 | WHO's Global Action Plan for the Prevention and Control of NCDs 2013–2020 | Coordinated roadmap to reduce premature deaths from NCDs by 25% by 2025 through multi-sectoral action, health system strengthening, and promotion of healthier lifestyles. |
| 2015 | Sustainable Development Goals (SDGs) | • **SDG 2: End hunger**<br>  • **Target 2.1:** End hunger and ensure that everyone, including infants, has access to safe, nutritious and sufficient food.<br>• **SDG 3: Ensure healthy lives and promote well-being for all ages.**<br>  • **Target 3.2:** End the preventable deaths of newborns and children under five by 2030.<br>  • **Target 3.4:** reduce premature mortality from non-communicable diseases by one-third through prevention and treatment and promote mental health and well-being by 2030.<br>  • **Target 3.8:** Achieve universal health coverage, including basic health services and vaccines for all.<br>• **SDG 4: Inclusive and equitable quality education and lifelong learning for all**<br>  • **Target 4.2:** ensure that all children have access to quality early childhood development, care and pre-primary education (indicator 4.2.1: share of young children who are developmentally on track).<br>• **SDG 10: Reduced Inequalities**<br>  • **Target 10.2:** Empower and promote the social, economic and political inclusion of all, regardless of age, sex, disability, race, ethnicity, origin, religion or economic or other status. |
| 2020 | Immunization Agenda 2030 | This global strategy, endorsed by the World Health Assembly in 2020, aims for a world where everyone benefits from vaccines for good health and well-being. |
| 2021 | EU Strategy on the rights of the Child and the European Child Guarantee | The Strategy and the Guarantee ensure the protection of rights of all children, and secure access to basic services for vulnerable children. |
| | 2021 European Union Strategy for the Rights of Persons with Disabilities 2021–2030 | This region-wide strategy aims to improve the lives of people with disabilities in the EU and beyond, with an emphasis on addressing the needs of children and young people with disabilities. |
| 2022 | 'Healthier together'- EU Non-Communicable Diseases Initiative | supports Member States in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health put in the timeline. |
| | "Better internet for kids Strategy" | ensures that children are protected, respected and empowered online in the new Digital Decade. |
| 2023 | Communication on a comprehensive approach to mental health | to help Member States and stakeholders take swift action to deal with mental health challenges, recognizing that mental health spans many policy areas beyond health. |
| 2025 | "Safe Hearts Plan" | supports Member States and stakeholders on health promotion and prevention, early detection and screening, treatment and care (including rehabilitation) of cardiovascular diseases. |
| 2026 | Proposal for an EU KIDS Act to restrict social media platforms' access to children in the EU | prohibits social media platforms from accessing children under the age of 13 and sets an EU-wide minimum age for minors to open an account of their own at the age of 15. It also reverses the burden of proof, requiring service providers to show that their services are age-appropriate and safe by design. |

01

# Early childhood development and intervention

**The earliest years of life lay the foundation for lifelong health, learning, and well-being. Yet not all children across the EU experience the conditions they need to thrive. This represents a challenge to the goal of safeguarding the physical, cognitive, social and emotional development of all children, as well as their capacity to learn, solve problems and relate to others.[16]**

## Inequities and gaps

The EU places particular emphasis on key aspects of **early childhood development** (ECD), including the right to early childhood education and care (ECEC), a good work-life balance for parents, and the reduction of child poverty and social exclusion.[17] While some data are available to monitor these priorities, they remain fragmented and are rarely available at the national level, giving rise to challenges in relation to appropriate policy responses.

The Global Burden of Disease database (2021) provides some insights, revealing that, within Europe, variation in developmental disabilities among children under five is driven less by differences in prevalence than by inequalities in early identification of developmental disabilities, access to services, and system-level support. While high-income countries generally show more developed frameworks for early intervention and inclusive care, inequalities persist across Europe. Estimates from surveyed countries range from approximately 2 per cent to 16 per cent of children aged 2–17 years, with younger children typically affected by difficulties in domains such as fine motor skills and play. Importantly, most children experience difficulties in only one domain, indicating that many cases may benefit from targeted early interventions rather than intensive specialised care.

**10-15 %**

of children under five face at least one developmental delay[18]

Despite the commitment in Sustainable Development Goal 4.2.1 to monitor the proportion of children under the age of five who are developmentally on track, no data on the prevalence of developmental delays are available for EU Member States. For instance, a study on all 53 countries of the WHO European Region found that only 7 had pre- and post-pandemic data on ECD indicators. Global evidence suggests that 10–15 per cent[18] of children under five face at least one developmental delay,[19] and this figure is much higher among young children who are exposed to poverty and social exclusion, and those who lack appropriate nutrition and basic services.[20] With over 20 million children at risk of poverty or social exclusion (roughly a quarter of the total child population, according to EUROSTAT 2024), the prevalence of developmental delays is likely to be higher still. Rates of children at risk of poverty or social exclusion are even greater in some countries (such as Bulgaria with 35 per cent and Romania with 34 per cent)[21] and among some groups of children, including those from Roma communities.[22]

While most European countries screen children for health conditions that affect their development (congenital, metabolic, vision, hearing, etc.) and conduct regular developmental monitoring and screening as part of routine well-child visits, serious gaps remain, leading to delays in the identification of developmental difficulties. One persistent challenge across many countries is a failure to use appropriate tools for the monitoring, screening and assessment of child development, particularly within the health care sector. There is also a lack of cross-sectoral collaboration and pathways for referral to facilitate the timely identification of children at risk, and their appropriate support.[24] In addition, there is not always systematic follow-up on the development of children with risk factors.[25] These challenges highlight the

importance of integrated child protection systems that ensure effective coordination between health, education, social protection, justice and child protection services. In this regard, the Commission Recommendation on developing and strengthening integrated child protection systems (see below) provides a framework for early identification, referral, multidisciplinary cooperation and continuity of support for children and families.

Comprehensive community-based services for **early childhood intervention** (ECI) are critical for children at risk of developmental delays or disabilities. Such services are most effective when embedded within integrated child protection systems that enable coordinated support across sectors and facilitate timely referrals. These aim to support child development, reduce the impact of disabilities on child functioning and enhance the quality of life for children and families.[26] Yet they are not widely available. In Croatia, for example, around 10.5 per cent of children under five are eligible for support from ECI services but only one in every eight eligible children receives it.[27]

Parents play a central role in children's development. The quality of caregiving and the resources available to families during the early years strongly influence children's health, well-being and learning. Yet, many families in Europe face constraints that make it difficult to provide the stable, responsive care that children need to thrive. Although international and European policy instruments recognise countries' responsibility to support parents in fulfilling their caregiving role, parenting support services at national level remain fragmented, unevenly available and insufficiently integrated across sectors.[28,29]

Those from vulnerable groups – such as families of children with disabilities and developmental delays, those living in poverty and families from ethnic minorities – are often excluded from, or unable to access, the limited parenting services that are available.[30] At least one in four children does not receive adequate stimulation and responsive care at home, and only 15 per cent play, read, sing or draw with their fathers.[31] While most parents say that they do not believe in physical punishment, more than half of children aged 1–14 in the sample of European countries covered by the Multiple Indicator Cluster Survey (MICS) are violently disciplined at home.[32]

**Image below:** © UNICEF/UNI438433/Goran Djemidzic



## EU policies, programmes and approaches

While the EU has no single overarching strategy for ECD and ECI, several policies and declarations work together to advance priorities in these areas across EU Member States and accession countries:

- the European Pillar of Social Rights (2017) provides the overarching framework for EU social policies, while its related Action Plan (2021) sets targets for implementation;
- the EU Council Recommendation on High-Quality Early Childhood Education and Care Systems (2019) outlines the key elements of high-quality early childhood education and care;
- the European Child Guarantee (ECG), established by Council Recommendation in 2021, aims to ensure effective access to basic services for all children in need of key services, including free early childhood education and care; the 2026 Commission communication "Breaking the cycle of child poverty – strengthening the European Child Guarantee" takes stock of ECG implementation so far and sets additional actions; .
- the EU Comprehensive Approach to Mental Health (2023) promotes a cross-sectoral and preventive framework for mental health;
- the Commission Recommendation on integrated child protection systems (2024) also highlights the importance of family support and preventive services as key components of child well-being and protection.

Other key policy measures include: the 'Directive on work-life balance for parents and carers' (2019) which establishes minimum standards for parental leave and flexible work arrangements; the 'EU strategy on the rights of the child' (2021) which includes their right to quality early childhood education and care; the 'Barcelona targets for 2030 on early childhood education and care' (2022) which guide Member States on expanding access to ECEC improving services; and the 'La Hulpe declaration on the future of the European Pillar of Social Rights' (2024) which recommits to the Barcelona targets and to investments in childcare.

## The costs of inaction

Investment in children's early years yields high returns, and missed opportunities to support children's development at an early stage can affect educational outcomes, future employment prospects, as well as overall wellbeing. Limited investment in early childhood is also linked to greater demand for special education, healthcare and rehabilitation services, potentially leading to higher public expenditure over time. These burdens are often exacerbated by the increased incidence of NCD linked to inadequate early support[33].



# 02
# Immunisation

**Immunisation prevents the deaths of around 4.4 million children worldwide every year and protects millions more from preventable illness and disability, including in Europe.**

However, the latest 'WHO/UNICEF estimates of national immunization coverage'[34] data reveals that progress in routine childhood immunisation across EU Member States has stalled and that, compared with 2019, coverage has declined both at EU level and in a majority of Member States.

Across every headline indicator, EU-wide coverage in 2025 was identical to 2024: diphtheria-tetanus-pertussis (DTP) 1 at 96 per cent, DTP3 at 92 per cent, MCV1 at 93 per cent and MCV2 at 88 per cent. Measured against 2019, however, the picture is one of settled loss rather than stability — DTP3, MCV1 and MCV2 each stand two percentage points below their pre-pandemic levels. Human papillomavirus (HPV) vaccine coverage in the EU remains below the target of 90 per cent of girls fully vaccinated by the age of 15, set out in Europe's Beating Cancer Plan. Only three of 27 EU Member States had reached this target by 2025; EU-wide coverage stood at 58 per cent. Low coverage endangers the health of individual children and increases the risk of disease outbreaks across the EU.

## Gaps and inequities

Zero-dose children, defined as those who have received no routine immunisation, with DTP1 used as the proxy indicator, face significant barriers to healthcare access. Behind the unchanged headline percentages, the absolute numbers moved in both directions. In 2025, 134,000 children in the EU received no dose of DTP-containing vaccine, around 3,000 fewer than in 2024. A further 158,000 received a first dose but did not complete the primary series, meaning 292,000 children in total were un- or under-vaccinated against diphtheria, tetanus and pertussis. Over the same period the number of children unprotected against measles rose, from 255,000 in 2024 to 263,000 in 2025, despite MCV1 coverage remaining at 93 per cent in both years.

Four Member States accounted for 63 per cent of all zero-dose children in the EU in 2025 – Romania (19.9 per cent), Germany (15.8 per cent), Italy (14.3 per cent) and Ωthe Netherlands (13 per cent). Four accounted for over half (53.3 per cent) of all children unprotected against measles, with Romania alone accounting for

60,000 children, or 22.9 per cent of the EU total. Country-level variation is wide: DTP3 coverage ranged from 66 per cent in Romania to 99 per cent in Portugal, Hungary, Latvia, Luxembourg and Malta.

Twenty-two of 27 Member States (81 per cent) met the World Health Organization (WHO)'s European Immunization Agenda 2030 target of 90 per cent DTP3 coverage; 19 of 27 (70 per cent) reached 90 per cent MCV1. These figures show that large birth-cohort countries can have substantial numbers of un- and under-vaccinated children even where coverage rates are relatively high, which is why both coverage rates and absolute numbers need to be monitored.

On top of challenges linked to vaccine hesitancy, often fuelled by mis- and disinformation on mainstream and social media, broader inequities in vaccine access continue to widen across Europe, with specific population groups facing disproportionate barriers to routine immunisation. Migrant children face significant disadvantage: a systematic analysis of 44 studies including 7.9 million participants across Europe and other high-income countries showed that migrants are about half as likely to be vaccinated as non-migrants.[35] Children experiencing socioeconomic deprivation are also systematically underserved.

An analysis of 12 countries in Europe, covering 8,233 children under six years of age, found that a Roma/Traveller child is three times less likely to be vaccinated than a non-Roma/Traveller child .[36] This inequity has profound implications given the size and composition of the Roma/Traveller population, Europe's largest ethnic minority with an estimated 10–12 million people. Given the community's youthful demographic, Roma/Traveller children are thought to account for at least 30 per cent of their community – a total of more than 1.5 million children.

BOX 1

## Resurgence of measles in Europe

As referred to above, waning immunisation coverage in Europe has led to new outbreaks of vaccine-preventable diseases, such as measles.



In 2024, the EU/EEA reported

**35,212 measles cases**

— a tenfold increase on the 3,966 cases reported in 2023, and the highest figure recorded in more than two decades. Cases were reported in 26 of 30 EU/EEA countries. Romania alone accounted for 30,691 cases, or 87% of the EU/EEA total[37].

In relation to those outbreaks, there are growing concerns about vaccine hesitancy: the delay or refusal of immunisation that is sometimes fuelled mis- and disinformation on the topic but also by structural barriers to vaccination. The confidence that vaccines are important, safe, effective and compatible with beliefs fell in the EU between 2020 and 2022. In particular, agreement that the HPV vaccine is important and safe has fallen since 2018. And while over 90 per cent of healthcare workers in all EU Member States agree that vaccines are safe, the rates are lower in France, Greece and Austria. More concerning is the fact that those aged 18–34 – the EU's current and future parents – have less confidence in vaccines. This can influence their decisions on whether to vaccinate their children or not.

## EU policies, programmes and approaches



The European Commission supports national efforts to increase vaccination coverage rates, to promote sustainable vaccination programmes, and to secure the vaccine supply so that everyone who wants to get vaccinated can get vaccinated. This support takes many forms, including:

- Promoting vaccination across the life course, from infancy through adolescence to adulthood and older age, including childhood immunisation, HPV vaccination of adolescents, and seasonal influenza vaccination for groups at higher risk. Many of those actions stem from a Council recommendation on strengthened cooperation against vaccine-preventable diseases adopted in 2018.

- Strengthening protection against vaccine-preventable cancers through the 2024 Council Recommendation on vaccine-preventable cancers, which targets cancers caused by HPV and the Hepatitis B virus (HBV) and calls for local provision of HPV and HBV vaccines for groups at higher risk as part of Europe's Beating Cancer Plan.

- Fighting disinformation with accurate, science-based information. Evidence-based information on vaccination is easily accessible via the European Vaccination Information Portal.

- Raising awareness of the importance of immunisation and supporting EU countries' activities in the context of the European Immunization Week, held in April each year.

- Recognising vaccination as a tool for preventing non-communicable diseases. The Safe Hearts Plan, the EU's first cardiovascular health plan, published in December 2025, highlights the role of vaccination in protecting people from the cardiovascular complications of respiratory infections. As one of its flagship initiatives, the Commission is preparing a proposal for a Council Recommendation on vaccination against respiratory infections as a preventive measure for cardiovascular diseases.

- Under the EU4Health Programme, funding vaccination projects aimed at overcoming vaccine hesitancy, promoting good vaccination practices and improving vaccine uptake. Recent EU-funded projects include RIVER-EU (engaging underserved communities), AcToVax4NAM (vaccine literacy with newly arrived migrants), IMMUNION (community communication toolboxes), VAX-TRUST (addressing vaccine hesitancy in Europe), JITSUVAX (countering vaccine misinformation among health workers), Overcoming Obstacles to Vaccination (to identify and pilot best practices to overcome tangible obstacles to vaccination) and the EU Joint Action on Vaccination (EU-JAV), on vaccine supply, immunisation information systems, research priority-setting, and vaccine hesitancy.

- Ongoing EU4Health-funded projects include EUVABECO (piloting operational and technical tools that improve vaccination practices), co-OPERATOR (piloting a knowledge hub, virtual observatory and training system) and VAX-ACTION (implementing a combination of interventions to reduce vaccine hesitancy). Focusing on vaccine-preventable cancers, there are the projects HEP-HOP, HUMANCODE and PACE, as well as the joint action SHIELD.

The WHO, through its European Immunization Agenda 2030, developed and adopted by all 53 Member States of the WHO European Region, pursues a complementary but distinct set of goals at the broader regional level. These include strengthening national immunisation policies; identifying and addressing gaps in coverage; tailoring service delivery to the needs of people and communities; and enhancing cross-sector partnerships and collaboration across regional, sub-regional and national institutions and platforms, with the overall aim to make vaccination available to everyone, everywhere, by the end of this decade.

## The costs of inaction

Immunisation is one of the most powerful and cost-effective tools in public health, saving millions of lives each year by protecting people from vaccine-preventable diseases.[39] The impact goes far beyond health: vaccination reduces healthcare costs, boosts workforce productivity and fuels economic growth, making it a smart investment for both governments and donors.[40]

Health promotion and disease prevention currently account for only around 3 per cent of EU health expenditure, and the 2024 EU Council Conclusions on the Future of the European Health Union call explicitly for increased investment in this area (OECD, Health at a Glance: Europe 2024; EU Council Conclusions on the Future of the European Health Union (2024)).

**80 %**

of EU countries dedicate less than 0.5 per cent of their healthcare budgets to immunization[51]

**Image below:** © UNICEF/UNI400274/Amamdjan





# 03
# Promotion of healthy lifestyles

## NCDs are a major public health concern, responsible for over 91 per cent of deaths in the EU.[41]

Of these deaths, nearly two-thirds are directly attributable to preventable risk factors, including physical inactivity and exposure to tobacco, alcohol and unhealthy food.[42] The promotion of healthy lifestyles is a critical response to these challenges and to the inequities and gaps that have an impact on children across the EU at every stage of their development.

### Gaps and inequities

The first 1,000 days of a child's life lay the foundation for lifelong health, brain development and overall well-being. Breastfeeding is an important protective factor for infants and the prevention of lifelong chronic disease in children and mothers, helping to prevent obesity and NCDs later in life. Yet breastfeeding rates are low across the European countries,[43] with less than 50 per cent meeting the WHO/UNICEF recommendations for breastfeeding.[44] Better data could support monitoring and to inform policy decisions.

The number of children living with overweight or obesity is increasing across the European region, and the consumption of unhealthy food – particularly those high in fat, sugar or salt – is linked to socio-economic background and gender. More children from disadvantaged backgrounds are living with overweight and obesity, as are more boys than girls.[45]

Two European studies by WHO – the sixth WHO European Childhood Obesity Surveillance Initiative (2024)[46] and the Health Behaviour in School-aged Children study[47] – reveal a high prevalence of overweight and obesity among school-aged children and adolescents. One in every four children (25 per cent) aged 7–9 years is living with overweight or obesity, and 22 per cent of adolescents are similarly affected. There are also geographical disparities, with Cyprus (42 per cent), Greece (37 per cent), and Italy (37 per cent) among the countries with the highest prevalence of overweight among school-aged children.[48]

Healthy eating is vital for adolescents' physical and mental development and for preventing obesity. Current trends are a concern. There was a significant decline in the daily consumption of breakfast in more than half of countries between 2018–2022, and only 38 per cent of adolescents report eating fruit and vegetables every day. Girls were more likely to eat sweets daily, while boys were more likely to drink sugary soft drinks.[49]

Overweight and obesity are linked to children's levels of physical activity, as well as the quality of their diets. Levels of moderate-to-vigorous physical activity among adolescents are too low, with only 25 per cent of boys and 15 per cent of girls physically active for 60 minutes every day. Moderate and vigorous physical activity decrease with age (particularly among girls) and around 25 per cent of adolescents are highly inactive, with adolescents from poorer families less likely to be physically active.[50]

The health of adolescents is also threatened by smoking and vaping. Despite progress on smoking in recent decades, in 2023, 24% of the EU population are estimated to be smokers, 54% of current and past smokers are estimated to have started regularly smoking before the age of 19; 14% start before the age of 15, during childhood.[51] Children under 15 who try smoking have a 50/50 chance of developing nicotine addiction, with estimates suggesting that 75 per cent of those who smoke in adolescence go on to smoke every day as adults.[52] Again, children from socially disadvantaged backgrounds are more likely to smoke, or to breathe second-hand smoke.[53]

The marketing of tobacco and nicotine-containing products, alcohol and unhealthy food contributes to these outcomes[54]. Children from lower socioeconomic and marginalised backgrounds tend to be more exposed to such marketing – including through digital channels – and bear a disproportionate share of its long-term consequences.

**75%** of those who smoke in adolescence go on to smoke every day as adults.[63]

## EU policies, programmes and approaches

WHO normative guidelines inform EU policies, programmes and approaches for healthy eating, physical activity, tobacco control and alcohol consumption as they relate to children, adolescents and young people.

**EU policies, declarations and initiatives on NCDs include:**

- 'Healthier together – EU non-communicable diseases initiative' (2022) which supports member states in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health;
- Europe's Beating Cancer Plan (2021) which aims to help create a tobacco-free generation by 2040, with less than 5 per cent of the population using tobacco;
- The Safe Hearts Plan (2025) which is centred on three pillars – prevention, early detection and screening, and treatment and care (including rehabilitation) – and supported by three cross-cutting themes on digital innovation, research and knowledge, and tackling inequalities, aiming to strengthen national policies while adding clear EU value;

**Policy measures on tobacco and related products include:**

- Tobacco Products Directive (2014)[55]
- Tobacco Advertising Directive (2003)[56]
- Council Recommendation on smoke- and aerosol-free environments (2024), also covering emerging products and specific outdoor spaces, aiming to protect children and young people, in particular, from exposure to second-hand smoke and aerosols.[57]
- The 'Council recommendation on the prevention of smoking and initiatives to improve tobacco control' (2002).[58]

On 2 April 2026, the Commission published an evaluation of the Tobacco Products Directive and Tobacco Advertising Directive[59] and intends to propose a revision of the legislative framework on tobacco control[60].

Policy measures on food and breastmilk substitutes include:

- the 'Directive on processed cereal-based foods and baby foods for infants and young children' (2006);
- the 'Regulation on nutrition and health claims made on foods' (2006);
- the 'Regulation on the provision of food information to consumers' (2011);
- the 'Regulation on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control' (2013) and its supplementary 'Delegated Regulation' (2015).
- The EU school scheme supports the distribution of milk, fruit and vegetables to millions of children, from nursery to secondary school, across the EU.
- the International Code of Marketing of Breastmilk Substitutes and subsequent WHO resolutions;

Alongside these lifestyle-focused measures, a set of instruments aimed specifically at restricting marketing to children are available:

- Article 13 of the WHO Framework Convention on Tobacco Control (2003),[61] obliging parties to ban or restrict tobacco advertising, promotion and sponsorship;
- The Audiovisual Media Services Directive (AVMSD), which bans all forms of audiovisual commercial communications for cigarettes, other tobacco products, e-cigarettes and refill containers, as well as tobacco sponsorship and product placement, and which also prohibits audiovisual commercial communications for alcoholic beverages that specifically target minors, and aims to reduce children's exposure to audiovisual commercial communications for unhealthy food and drinks.

## The costs of inaction

In addition to their impact on children's health and well-being, unhealthy lifestyles have major economic costs. Obesity is projected to cost the WHO European region $800 million annually by 2035.[62] The economic costs of tobacco use are estimated at 0,47% of the total GDP for the EU, and direct tobacco costs represent 2.5% of total healthcare expenditures.[63] and in high-income countries, alcohol use is estimated to cost up to 2.6 per cent of GDP annually in health care expenses, lost productivity and the burden on justice systems.[64] The lack of support for breastfeeding in Europe also has annual health, human capital and economic costs.[65]

Obesity is projected to cost the WHO European region **80 million** annually by 2035.[62]

**Image below:** © UNICEF/UNI566387/Le Lijour



# 04
# Promotion of mental health

**Over the past decade, there has been a marked rise in the prevalence of mental health problems among young people accompanied by a decline in their overall well-being.**

Globally, around one in seven people under the age of 19 is living with a mental health disorder, rising to one in five among adolescents aged 15–19.[66] Europe is not spared. Young people in the EU are increasingly dealing with anxiety, sadness or fear, self-harm, low self-esteem, bullying and eating disorders. Loneliness is soaring. In 2022, one in five of those aged 16–25 reported feeling lonely most of the time.[67]

## Gaps and inequities

The impact of this mental health challenge is not evenly distributed, with girls, older adolescents and young people from lower socioeconomic backgrounds reporting poorer mental health outcomes than their peers.[68]

Displaced and migrant children – including displaced children from Ukraine – and children who are victims of sexual exploitation, abuse and other crimes, are also at high risk.[69] Suicide has become one of the leading causes of adolescent deaths in the EU.[70]

While there is a lack of robust data on the prevalence and severity of this mental health crisis,[71] recent evidence indicates that increased gender disparities, social media exposure, economic inequalities and heightened stress from academic pressures all have an influence on adolescent mental health.[72] Their futures seem increasingly uncertain as a result of complex and interconnected challenges, including economic instability, climate change, the rapid evolution of technology, growing inequities and more.[73]

A UNICEF Report Card on child well-being from 2025 showed that children across 43 countries in the Organisation for Economic Cooperation and Development (OECD) and the EU are becoming less happy with their lives. Life satisfaction levels fell substantially among 15-year-old children between 2018–2022. While both girls and boys experienced a drop in life satisfaction, the magnitude of this decrease, in nearly all countries, was larger among girls.[74]

Children and adolescents are, for example, anxious about climate change, with one survey finding that 75 per cent describe the future as "frightening".[75] In addition, most children were not in school and missed out on social interactions during the COVID-19 pandemic, when depression among young people more than doubled.[76]

The impact of digital environments on young people's mental health and well-being is a growing concern for many countries. As recognised in the Commission Communication[77] accompanying the proposal for an EU KIDS Act: An EU approach to online safety, such environments are powerful tools for education, social engagement and entertainment but are at the same time associated with negative impacts on the mental health of children and young people. WHO's 'Health Behaviour in School-aged Children study' revealed a sharp rise in problematic social media use among adolescents, with rates increasing from 7 per cent in 2018 to 11 per cent in 2022. Problematic use is linked to mental health issues, reduced well-being, sleep disturbances and increased substance abuse.[78,79]

Exposure to online sexual abuse or bullying is associated with particularly severe mental health outcomes for children, including elevated anxiety, suicidal ideation and self harm. Other harmful online content can also affect mental health.[80] Vulnerable children, particularly those with existing mental health issues, low self-esteem or limited offline support, are more likely to encounter online risk and struggle to access help. Children from disadvantaged backgrounds

and gender diverse youth may face additional challenges that increase their risk of mental health difficulties. In addition, girls often face intense and unrealistic expectations based on appearance that are amplified by filters and image editing tools and may undermine their self esteem and mental well being.[81]

Constant connectivity can add to feelings of stress by creating a cycle of engagement and dependency that is hard to break[82]. In addition, the algorithms that push content to users can reinforce patterns of behaviour, while targeted advertising and influencer marketing can make it difficult for users to distinguish between authentic content and advertising. This increases the pressure on young people to conform to certain ideals or behaviours and amplifies the impact on their mental health.[83]

While concerns about the impact persist, social media have become an integral part of people's daily lives with ever-growing presence. As such, there is a need to empower and educate young users and their local communities (i.e., parents, caregivers, educators, community leaders, etc.) to ensure a safe and informed experience that can be beneficial to their well-being and strengthen their digital resilience.

Moderate users (i.e., those who spend 1-2 hours a day on social media), encompassing 76% of surveyed adolescents, experienced lower levels of anxiety, better social well-being, and feelings of connectedness with their peers and classmates[84]. Positive impacts of digital technology use on young people's mental health are enhanced empathy and self-esteem, opportunities for connection and belonging, particularly for vulnerable groups and improved problem-solving skills[85].

## EU policies, programmes and approaches

A range of policies, frameworks and initiatives inform the EU's approach to promoting mental health among young people. These include:

- the UN resolution on 'Mental health and psychosocial support' (2023);
- the European Commission's 'A comprehensive approach to mental health' (2023) which guides Member States in taking swift action to deal with mental health challenges, recognising that mental health spans many policy areas beyond health;
- the European Child Guarantee which aims to ensure basic services for all children (including support for their mental health);
- the EU Youth Strategy (2018) which aims for better mental health and well-being;
- the Healthier together – EU non-communicable diseases initiative (2022) which is a comprehensive approach to mental health prioritizing access to high-quality mental health services;
- the Digital Services Act (applicable to all platforms since 2024) and the Audiovisual Media Services Directive (2010) include obligations on certain providers of digital services that aim to protect children's rights and mental health, such as requiring providers of certain online platforms to take swift action against illegal content as well as assess and mitigate risks that their services pose to children and their mental health, among others. In the case of AVMSD, audiovisual media service providers and video-sharing platforms must take measures to ensure that minors do not access harmful content (content that may harm their physical, mental and moral development);
- the Better Internet for Kids strategy (2022) which involves children and young people in decisions through consultations, co-creation initiatives and inclusive policy development, addressing concerns that they have previously had a limited role in policy development.
- the Commission Recommendation (EU) 2024/1238 on developing and strengthening integrated child protection systems in the best interests of the child.
- the EU Action Plan against Cyberbullying (2026) which focuses on a coordinated European approach, combining stronger enforcement of digital laws with prevention through education and safer online practices.

## EU policies, programmes and approaches (continued)

- the updated Guidelines for teachers and educators on tackling disinformation and promoting digital literacy through education and training include resources on informed and safe social media use, generative AI, pre-bunking as well as lessons plans to address cyberbullying. The Wellbeing and mental health at school guidelines for education policymakers (published in 2024) include 11 recommendations for schools, including digital-age mental health support.
- the Eurobarometer survey on the impact of excessive screen time and social media on young people's mental health (2026) provides evidence on public perceptions of the relationship between digital technologies, social media use and young people's mental health, highlighting growing concerns about the effects of online environments on well-being and development.
- the report Child Safety Online: Protecting and Empowering Minors in a Digital World (2026) emphasizes the need to balance protection and empowerment by promoting safer digital environments, strengthening children's digital literacy and participation, and ensuring that online services are designed with children's rights and well-being in mind.
- the proposed EU KIDS Act (Keeping Internet Digital Spaces Accountable and Trustworthy) seeks to strengthen children's online safety through age-appropriate digital design, enhanced accountability of online platforms and measures aimed at reducing minors' exposure to online harm, addictive design features and harmful content.

## The costs of inaction

Failing to address mental health issues among children and young people poses serious risks to society, undermining educational achievement, increasing social exclusion and raising the likelihood of long-term unemployment and poor health outcomes. These human and social consequences translate into substantial economic losses. Recent OECD evidence shows that poor mental health reduces workforce participation and productivity and is projected to lower GDP by around 1.7 per cent annually across European countries in the coming decades, while also shortening healthy life expectancy significantly.[86]

**Image below:** © UNICEF/UNI422896/Câtu



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**UNICEF Europe and Central Asia Regional Office**
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4 Route des Morillons
Geneva 1202
Switzerland

Telephone: +41 22 909 5509

ecaro@unicef.org

www.unicef.org/eca

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