REGIONAL GUIDE
EURO REGION

AMWHO

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Global Child and Adolescent Health: Protecting the Next Generation in a Time of Crisis

Introduction

The World Health Organization's European (EURO) Region comprises 53 member states, spanning the entire continent of Europe and part of Western Asia. The region relies on collaboration with governmental institutions, working closely with organizations such as the European Union (EU) to achieve its objective of improving the health and well-being of EURO inhabitants.[1] Most nations in the region are developed; however, there exists a disparity in development between the Eastern and Western EURO nations. According to a 2020 study from the International Monetary Fund, Western European countries have recently invested $1.73 trillion more in infrastructure than their Eastern counterparts.[2] This distinction is especially flagrant in the healthcare sector, where low-income countries in Eastern Europe and Western Asia spent just 4.7% of their Gross Domestic Product (GDP) on healthcare in comparison to the EU average of 10.4%.[3]
Given this disparity, balancing the progress of Western EURO countries with the remedial development of the Eastern region has become an important dynamic to consider for the success of public health efforts in the region as a whole.

Figure 1. WHO European Region[4]

Introduction

Even given its intraregional differences, the region has consistently made improvements to the well-being of its citizens in many aspects. On average, the life expectancy of member nations has risen at a consistent rate in the past few decades, child mortality has declined, and the rates of several types of diseases, including liver and digestive diseases, have been reduced or maintained at already-low levels.[5] The EURO region, largely in cooperation with the EU, has introduced a variety of new programs to expand the scope of issues it can address effectively while maintaining its current progress. Such programs include the Pan-European Mental Health Coalition, Empowerment Through Digital Health, and the European Immunization Agenda 2030.[6]

Despite these improvements, protecting the health and well-being of children remains a prominent challenge in many EURO nations. Vaccination, crucial to the health of younger children, has been lacking in the European region; only four of the region's nations have reached the WHO's child immunization targets as vaccine distrust and faltering infrastructure continue to worsen.[7,8] Childhood obesity also remains a prevalent issue, with 25% of children ages 7-9 and 22% of adolescents reported as overweight as of 2024.[7] Mental health continues to be an obstacle, with estimates suggesting 16% of children between the ages of 10 and 19 suffer from mental disorders.[9]

Subtheme 1: Mental Health

According to the World Health Organization, Mental Health is a “state of mental well-being” that is a “basic human right,” and many people “exposed to adverse circumstances” have a higher risk for potential mental health issues.[10] Specifically across the European region, adolescents are experiencing substantial and increasing mental-health challenges, and these issues are not always evenly distributed across people of different genders, socioeconomic statuses, etc. Within the region, one in six individuals are reported to live with a mental health condition, and suicide is the leading cause of death among young people aged fifteen to twenty nine, depicting the clear need for addressing mental health causes and concerns to improve the overall health of the region.[11] Not only is this a concern of public health, but also that of education, media, economic disparities, environmental opportunity. The following case studies discuss anorexia among Spanish adolescents and the psychological impact of the war in Ukraine on its youth, illustrating how contextual stressors, systemic capacity, and social conditions shape adolescent mental health outcomes in Europe. While Spain’s example highlights the consequences of modern societal pressures and health-system strain, Ukraine's example underscores the mental toll of geopolitical violence and social upheaval.

Subtheme 1: Mental Health

Both point to the same regional reality emphasized by WHO Europe, that even as 31 countries have committed to integrating mental health into all policies, structural gaps persist, leaving many adolescents unseen, untreated, and unsupported.

CASE STUDY 1: THE RISE OF ANOREXIA NERVOSA AMONG ADOLESCENTS IN SPAIN

Anorexia nervosa (AN) is a severe psychiatric eating disorder characterized by self-imposed starvation, an intense fear of gaining weight, and a distorted body image.[12] According to the World Health Organization (WHO), eating disorders have become an increasing concern in Europe, affecting approximately one in five adolescents, with anorexia being among the most life-threatening. A national study from 2000 to 2021 found that of roughly two million adolescent hospitalizations, over 15,000 were due to anorexia nervosa, with 90% of these patients being female and the median age around fifteen years.[13]

Subtheme 1: Mental Health

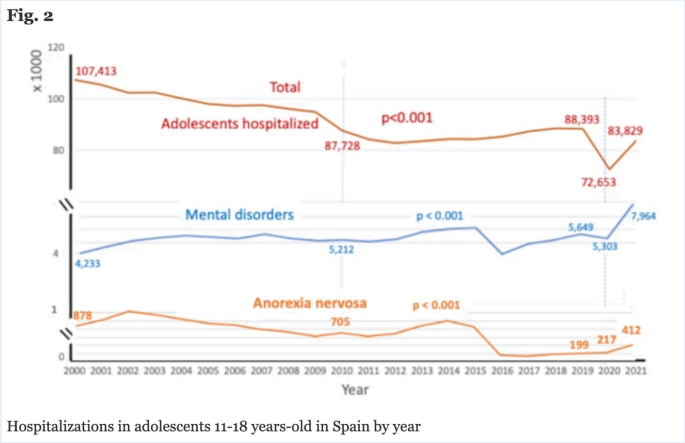

Figure 2. Hospitalizations in adolescents 11-18 years old in Spain[13]

As shown in the figure above, there was a severe decrease in the number of adolescents hospitalized when compared to the year 2000; however, the onset of the pandemic seemed to reverse the trend and produce a fairly quick uptrend in AN hospitalizations once again.[13]

While the onset of the COVID-19 pandemic may be one exacerbating factor of the recent increase in eating disorders in the region, experts suggest that the rise of social networks and media has also become a major cause of the 89% increase in hospital admissions for anorexia among adolescents in Spain.[14] Western beauty ideals, social media pressures promoting unrealistic body images, and perfectionism have intensified among Spanish youth, particularly young girls.

Subtheme 1: Mental Health

Another study also showed an increased prevalence, 30% of the sample data, in disordered eating behaviors of Spanish adolescents, suggesting that many cases of eating disorders may even go undiagnosed or untreated.[15]

While Spain has made strides in mental health awareness, gaps remain in nationwide access to specialized treatment services, with 35.5% of severe cases not receiving any treatment.[15] Though the exact prevalence of anorexia nervosa in Spain is still being analyzed and measured, its burden on health systems and families is undeniably rising, and early intervention and accessible multidisciplinary care are necessary. Spain's experience mirrors a broader European pattern where modernization, media influence, and pandemic-related stress have amplified eating disorder risks. Addressing the rise in anorexia nervosa will require sustained efforts between public health organizations, schools, and families to ensure early detection, support recovery, and reduce the stigma surrounding mental illness.

CASE STUDY 2: MITIGATING ANXIETY, DEPRESSION, AND PTSD IN UKRAINE

The ongoing Russo-Ukrainian war has produced lasting consequences for the health of Ukrainian citizens, not the least of which is the degradation of both child and adolescent mental health. As Ukrainian youth continue to experience the stressors related to leaving family members, migrating as refugees, and potentially engaging in the conflict directly as combatants, the prevalence for the development of mental conditions has surged. A 2024 screening revealed Ukrainian adolescents exposed to the war were significantly more likely to develop anxiety and depression.[16] In addition, 17.9% screened positive for anxiety and 32% screened positive for moderate or severe depression.[16] These numbers represent a drastic spike, as in 2017, the percentages of the general Ukrainian population that exhibited anxiety and major depressive disorder were tabulated to be much lower at 3.18% and 5.18%, respectively.[17] Anxiety and depression are just one component of the mental health crisis brought about by conflict. Higher prevalence of both substance abuse and post-traumatic stress disorder (PTSD) has become a substantial aspect of deteriorating mental health among children and adolescents in Ukraine. In the same 2024 screening, 35% of adolescents exhibited psychological trauma, along with 20.5% who were considered to be “at medium risk or higher” of developing substance use disorders.[16]

Subtheme 1: Mental Health

The presence of a variety of adolescent mental health conditions in Ukraine has risen sharply as a result of the nation's military conflict. In order to mitigate the long-term impact of such a detrimental shift, the development of broad, effective solutions is vital. Attempts to address the issue thus far have revealed several potentially beneficial approaches to consider for future improvement. The Ukrainian healthcare system as a whole has lacked adequate funding even before the war erupted, and allocating money specifically toward mental health care could alleviate some of the impact of the mental health crisis.[18] In addition, the healthcare system is understaffed; providing programs for the development of new medical professionals, with a focus on mental health in this case, has also been recommended to benefit the situation. Both of these options provide a potential for immense benefit, but do come with risk. An approach that incorporates funding increases may require external financial assistance, which could inadvertently place stress on the EURO region, considering the financial burden it would place on other nations. In addition, the implementation of medical professionals toward the alleviation of mental conditions could detract from the resources available in other aspects of medicine that are also crucial, given the current state of the country.

Subtheme 2: Substance Abuse

Adolescent substance abuse has been, and continues to be, a pressing concern within the EURO region. This public health issue demonstrates immense regional disparities, with instances of heavy drinking in Northern and Eastern Europe, and more cannabis use in Western regions.[19] However, across countries, two general trends persist: a growing gender convergence in behaviors of substance abuse, and an overall widening of at-risk populations is present across the region.[19] The impact of adolescent health use goes beyond the direct adverse health outcomes, as they often bring along other risky behaviors such as unhealthy eating, unprotected sex, etc.[19] Many steps have been taken to lessen the dependence on substances like heroin and alcohol, leading to a general long-term decline in adolescent substance abuse in the region.[20] However, the rise in usage of other harmful substances is still a cause for concern. For example, according to a 2024 ESPAD survey, e-cigarette use has increased by around 14-22% between 2019 and 2024.[21] This increase has also been paralleled with an increase in harmful online gambling rates, which have almost doubled from 8% in 2019 to 14% in 2024, illustrating the need for addressing the issue of substance abuse in adolescents to prevent other potential risky behaviors.[21]

Subtheme 2: Substance Abuse

For this reason, it is imperative that public health efforts in the region shift/adapt to not only address traditional forms of substance abuse, but also to reduce emerging trends and behaviors that may be resulting from societal factors, like socioeconomic status, etc., that place some adolescents at higher risk.

CASE STUDY 1: ADOLESCENT SUBSTANCE ABUSE PATTERNS ACROSS SOCIOECONOMIC STATUS IN EASTERN EUROPE

The patterns of adolescent substance abuse in Eastern Europe are fairly complex in relation to socioeconomic status. While it has often been thought that children and adolescents in poverty are the most at risk for substance abuse issues, recent evidence from Eastern Europe suggests that there is a distinct pattern in alcohol use in adolescents from wealthier backgrounds that must also be targeted. For example, a study conducted across 50,000 adolescents from 16 European countries found that teens from more affluent families had significantly greater chances of taking part in binge-drinking and regular weekly alcohol use than their lower socioeconomic position peers.[22]

Subtheme 2: Substance Abuse

This phenomenon, known as the “golden youth” hypothesis, illustrates the need for targeted efforts across the continental region for prevention, rather than just aimed at lower socioeconomic regions. It is hypothesized that the excess consumption in these more affluent adolescent populations could be due to harmful social and emotional behaviors, insecurities, and attitudes that are passed from observing parents.[22] These findings depict the importance of examining how regional transitions shift economic landscapes to shape patterns in substance abuse, as this pattern is not present in all areas of Europe.

This study also looked at the association between the income gap of a country and alcohol use in affluent adolescents. What they found was that as income inequality of the nation increased, in countries such as Russia, Romania, and Bulgaria, and the gap between rich and poor intensified, there was a greater association between familial affluence and adolescent alcohol use. Looking at the other end of the spectrum, a 2021 study conducted in Sweden found that exposure to poverty in early life increases the risk of substance abuse disorders.[23] This phenomenon depicts how the unequal distribution of wealth itself across nations in the region has been associated with behavioral issues, “status anxiety,” and other social-emotional difficulties that are associated with substance abuse and adverse health outcomes among both high and low-income populations.[23]

Subtheme 2: Substance Abuse

As shown by these trends within Northern and Eastern Europe, there is a need for targeted public health efforts that focus on prevention beyond typical at-risk groups, as adolescent substance abuse in Europe is not constricted to disadvantaged populations, and its severity is worsened on both ends of the socioeconomic position spectrum in regions with greater income/wealth inequality.

CASE STUDY 2: OVERDOSE RISK PREVALENCE IN FINLAND

Adolescent substance abuse in the EURO region is often associated with alcohol and e-cigarettes. However, in the case of Finland, there has been an alarming increase in overdose deaths driven by structural disadvantages. According to the 2024 European Union Drug Agency's 2024 Drug Report, Finland has one of the highest proportions of under-25-year-olds with drug-induced deaths, and the number of these deaths has almost tripled since 2015.[24] According to a recent 2025 study, around 86% of overdose deaths in individuals under 30 were caused by "polydrug toxicity," or the use of multiple drugs. The drugs that predominated these deaths were substances like opioids and benzodiazepines, which reflect a pharmaceutical-driven drug environment.[25]

Subtheme 2: Substance Abuse

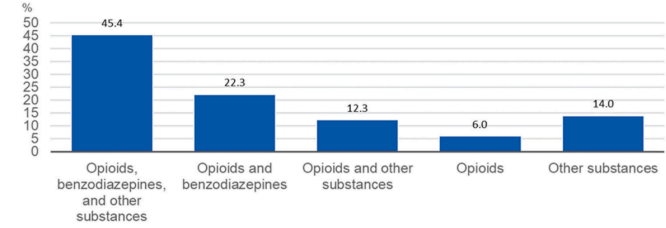

Fig. 1. Substances implicated in the cause of death among under 30-year-olds who died of drug overdoses in 2019–2021 (N = 300), %.

Figure 3. Substance abuse patterns of individuals under 30 years of age in Finland[25]

The study also shows that half of the victims had contact with healthcare services that documented the substance use, but only 4% were receiving opioid agonist therapy at the time of their death. This, along with the 51% of victims who had diagnosed mental health conditions, depicts the comorbidity that is significantly underaddressed by the healthcare system.[25] The systemic failure of younger populations not being given treatment despite having been identified by healthcare professionals illustrates the need for greater fillings in the gaps of the healthcare system that can contribute to overdose vulnerability. In this study, they also studied the structural inequalities within this region of Northern Europe that may have played a role in trends in these younger overdose fatalities. They found that the deaths substantially came from postal code areas with higher unemployment and lower household income.[25]

Subtheme 2: Substance Abuse

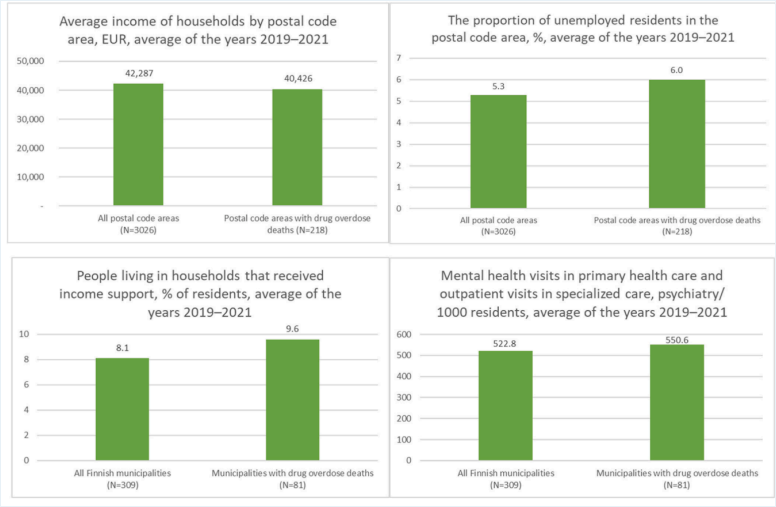

Figure 4: Socioeconomic Patterns of younger overdose deaths [25]

These findings support the idea that overdose mortality in younger populations reflects a broader risk environment that is created by systemic barriers encompassing socioeconomic disadvantage, inefficient treatment systems, and insufficient prevention and harm-reduction measures. Specifically in Finland, the convergence of polydrug use along with untreated mental health conditions, social marginalization, and improper education for prevention within the healthcare system seems to drive many of these younger deaths. Overall, this highlights the need for more prevention and harm-reduction initiatives, along with continual efforts to reduce socioeconomic inequalities.

Subtheme 3: Childhood Obesity

Obesity is classified by the WHO as “abnormal or excessive fat accumulation that presents a health risk”, and generally refer to individuals who have a body-mass index (BMI) above 25 (overweight) and 30 (obese).[24] Being overweight or obese is a substantial risk factor for the development of severe health conditions, including type 2 diabetes, respiratory illnesses, and heart disease.[24] Childhood obesity specifically incurs several more risks, especially concerning social life. Abnormal likelihood of anxiety and depression, low self-esteem, and social stigma are associated with childhood obesity, according to the United States Centers for Disease Control (CDC).[25] The WHO reports global childhood obesity has risen from 1.8% to 8.8% in just the past 30 years.[26] Given this, mitigating the prevalence of childhood overweight and obesity is vital for the preservation of public health.

Throughout the EURO region, childhood obesity persists as a prevalent, growing issue that poses a severe threat to the health of younger European generations.[27] The issue was most recently highlighted by the 6th WHO European Childhood Obesity Surveillance Initiative (COSI), which collected a broad scope of childhood obesity data for 37 countries and over 470,000 children between 2022 and 2024.

Subtheme 3: Childhood Obesity

Findings from the COSI indicate significant differences in obesity rates between different European nations; excessive weight and obesity levels in the region varied from 9% to 42% and 3% to 20%, respectively.[27] Over half of the surveyed countries reported at least 1 in 10 children as obese, and for the region as a whole, the obesity rate was calculated to be 11%.[27] Recent efforts to address the childhood obesity crisis have been relatively ineffective. Since the COVID-19 pandemic, only one EURO country, San Marino, has observed a statistically significant decline in childhood obesity, while the majority of the remaining nations have observed no significant change.[28] Lack of progress on the issue continues to be a considerable roadblock for progress in Europe concerning the improvement of children's public health as a whole.

Beyond the threat obesity poses to child health and longevity in Europe, childhood obesity serves as a reminder of both inter- and intranational discrepancies across many countries in EURO. A strong correlation exists between obesity rates and lower economic status, lower education level, and poorer living conditions; one such study published in 2019 from the United States' National Institute of Health (NIH) found a direct relationship between increasing obesity prevalence and decreasing income, as well as decreasing infrastructure quality.[29] As rates of childhood obesity remain high and continue to grow, the impact of underlying disparities remains prominent within the EURO region.

Subtheme 3: Childhood Obesity

CASE STUDY 1: OVERCOMING SOCIOECONOMIC AND GEOGRAPHIC CHALLENGES IN MALTA

Despite its progress in several social and public health developments, Malta has experienced significant setbacks in its approach to childhood overweight and obesity. While the obesity rates among children of most European nations have stagnated in recent years, the obesity rate in Malta has increased by a significant degree, existing as one of just seven European countries that exhibited an increase post-COVID. Current findings approximate the obesity rate of school-aged children in Malta to be around 40%, having recently risen by 3.7 percentage points in the last five years.[30] Similar to the trend observed across EURO, the shift has disproportionately impacted children living in underprivileged and lower-education households, highlighting the significance of underlying social factors in obesity prevalence. Deterioration in diet quality has also been identified as a key factor augmenting the prevalence of obesity in Maltese society, highlighting the importance of promoting healthy dietary habits while working to reconcile the disparity that exists between social classes in Malta.

Socioeconomic status has been established for Malta as an effective determinant of a child's likelihood to become overweight or obese.

Subtheme 3: Childhood Obesity

A study on the relationship between childhood obesity rates and parental income brackets found that both boys and girls with either high-income or highly educated parents were substantially less likely to develop obesity in comparison to those who were members of lower income brackets or who possessed parents with lower educational levels.[31] A difference of 12% in childhood obesity rates exists between children of low- and high-income families; 25% of high-income Maltese children are classified as obese in comparison to low-income children's 37%.[31] A similar 2022 study bolstered this trend, finding that a child's annual household income and mother's educational level exhibited the strongest influence on obesity risk over all other socioeconomic factors.[32] The academic consensus surrounding the relationship between obesity and socioeconomic status emphasizes the importance of obesity mitigation as not only an important public health effort, but also a means by which countries such as Malta can intranationally reduce the impact of socioeconomic inequality on the health and well-being of its children.

Malta's isolated geographic position relative to the rest of the EURO region presents a unique challenge for the maintenance of a high-quality diet for children in the island nation.

Subtheme 3: Childhood Obesity

Despite being located in the Mediterranean Sea and adopting many of the customs of its neighbors, Malta does not adhere to the traditional Mediterranean diet, which consists of non-refined cereal grains, moderate consumption of lean meat, and is generally considered to promote cardiovascular health while reducing the risk of obesity.[33] In contrast, the typical Maltese diet is much more detrimental. As the country's trade-based economy evolved to become more dependent on Western nations, its food availability also reflected the shift; in the past 60 years, energy availability rose 21%.[34] The quality of food intake in Malta declined during this same period, as citizens were observed to have incorporated more red meat, salt, and processed carbohydrates in their dietary routines.[34] Such a drastic shift has created consequences for Maltese children, who no longer experience the health benefits of a more traditional Mediterranean intake. Consuming large amounts of processed foods and sodium, as is currently typical in Malta, leads to a higher likelihood of pediatric obesity and metabolic complications, among other concerns, projecting poorly for the future of obesity in Malta if current trends continue.[35]

Subtheme 3: Childhood Obesity

Given the quality and amount of food available to children in Malta, it is vital to develop an effective means to encourage more balanced eating habits and mitigate poor dietary quality. Implementing systems that enforce higher-quality dietary selections presents the opportunity to improve nutrition for Maltese children. Supplementing this direct approach with social and educational programs designed to promote healthier dietary choices, such as those that mimic the early childhood education (ECE) and MyPlate programs in the United States, can bolster the health effort.[36] In addition, understanding and addressing the underlying factors influencing overweight and obesity could prove to be an effective mitigation strategy.

CASE STUDY 2: PROMOTING IMPROVED LIFESTYLE HABITS IN ITALY

Childhood and adolescent obesity has become a significant public health issue in Italy. The country possesses one of the highest rates of obesity among children in continental Europe, second only to Greece as of 2024.[37] This presents a stark contrast to its prevalence of obesity in adulthood, which is one of the lowest in the world.[37] Despite a gradual decline in its obese and overweight population since 2008, a pressing need exists to identify contributing factors and develop solutions to the issue, which continues to remain relevant.

Subtheme 3: Childhood Obesity

While some declining aspects of the Italian lifestyle, such as sleep habits and nutrition, contribute to the issue, demographic influences must also be considered, as is the case with factors such as socioeconomic status.

The primary factors contributing directly to the prevalence of obesity in children globally include dietary access, sleep habits, and physical activity level; the same is true of child and adolescent populations in Italy.[38] A study published in 2023 focused on the activity of Italian schoolchildren and found intraregional disparities in childhood obesity rates, largely correlating to the frequency of sedentary lifestyles. The Southern region of the country possessed a 15.7% childhood obesity rate, corresponding with 56.8% of children living a sedentary lifestyle.[39] The Northern region exhibited only 36% of children living a sedentary lifestyle; this correlated to a 5.9% obesity rate.[39] Beyond highlighting the importance of active habits in children for the mitigation of overweight and obesity, the study revealed nearly half (43.8%) of Italian children do not participate in regular activity, furthering the overlap of obesity development with sedentary activity.[39] A 2025 study conducted on adolescents and children in Italy found a high prevalence of excessive screen time and inadequate dietary nutrition, especially among older children, which serves as a potential contributor to obesity.[40]

Subtheme 3: Childhood Obesity

These findings suggest the importance of targeting behavioral patterns that increase the risk of childhood obesity to prevent further deterioration of obesity alleviation efforts.

Another particular point of concern for Italy specifically is the disparity in obesity rates between boys and girls. According to the 2022-2024 COSI, the rate of childhood obesity in boys ages seven to nine was 3.3% greater than the rate of obesity in girls of the same age.[27] The study on Italian schoolchildren also found boys to be much more likely to exhibit poor nutritional and activity habits than their female counterparts; boys were more likely to consume less than one serving of fruits or vegetables a day, consume sugary drinks once a day, and live a sedentary lifestyle than girls of the same age range.[39] In addition to developing solutions for child obesity overall, determining a means to reduce the gender discrepancy in obesity prevalence has also become a point of concern for Italy.

The nature of the childhood obesity problem in Italy necessitates the development of systems that address the impact of risk factors such as activity level, screen usage, and dietary nutrition. In addition, addressing the gap in obesity rates between boys and girls is also an element to consider when working to holistically preserve the well-being of Italian children.

Subtheme 3: Childhood Obesity

Strategically introducing sports-based youth development (SBYD) programs in Italian schools is one potential way to promote physical exercise and bolster healthy activity habits in younger demographics. To prevent excessive screen use, setting national screen time guidelines and providing tools for parents to cooperatively establish use guidelines with their children presents an effective mitigation strategy; this approach has already taken root in other EURO countries.[43]

Conclusion

The well-being of children and adolescents is consistently identified as a top global health priority to ensure future generations are provided a fair opportunity to thrive. In order to properly secure this opportunity, the WHO must address a plethora of distinct regional and national challenges. For the EURO region, several issues impact a significant portion of its member states. Reeling from the impacts of the COVID-19 pandemic, countries focused on the state of children's mental health seek to halt its sharp decline. Substance use, especially among adolescents, has increased, creating a need to develop resources to prevent abuse. These issues are complemented by rising childhood obesity, which continues to be aggravated as average diet quality deteriorates, and are further augmented by underlying issues such as socioeconomic disparities. Alongside these primary challenges, EURO must also work to bridge the difference in available resources and programs that exist between its Western and Eastern regions to ensure the region is unified in progress as it progresses into the future.

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