THE DUBROVNIK DECLARATION ON SCHOOL HEALTH CARE IN EUROPE

15 OCTOBER 2005

EUROPEAN UNION FOR SCHOOL AND UNIVERSITY HEALTH AND MEDICINE
(EUSUHM)
Dubrovnik – 15 October 2005

Dubrovnik Declaration

We, the representatives of the member organisations of the European Union for School and University Health and Medicine (EUSUHM), assembled in Dubrovnik, Croatia, to participate in the 13th European Congress of EUSUHM, entitled “Healthy Youth – Investment for the Future” from 12-15 October 2005, recognise that:

Dubrovnik Declaration

1. **School Health Care is a success story for more than 100 years**

   Since the origin of the organised school health care in Europe, in fact more than 100 years ago, the epidemiology of health problems during childhood and adolescence has changed remarkably. School health care programmes aiming at the prevention, the early detection and the timely and appropriate treatment of ill-health in the young population contributed strongly and consistently to the decreasing mortality and morbidity rates in this age group during the last decades.

Dubrovnik Declaration

1. **School Health Care is a success story for more than 100 years**

   Programmes of health promotion, systematic vaccination and screening for health, growth and developmental problems at school age are examples of the added value of school health care in achieving a healthier young population in Europe.

   School health care contributes strongly to young people achieving their full potential on physical, cognitive, emotional and psychosocial levels.

Dubrovnik Declaration

2. **Inequalities in health during childhood and adolescence are increasing**

   In general, children and adolescents living in the European Region today benefit form better nutrition, health and development than ever before, but striking and even rising inequalities still exist between countries in the Region.

   (WHO, Fact sheet EURO/06/05, Copenhagen, Bucharest, 12 September 2005)

   (The Bangkok Charter for Health Promotion in a Globalized World, 6th Global Conference on Health Promotion, Bangkok, Thailand, 11 August 2005)

Dubrovnik Declaration

2. **Inequalities in health during childhood and adolescence are increasing**

Inequalities are also increasing within countries. This applies in particular to families with children and adolescents for whom access to quality services, information, education, decent housing and adequate nutrition continues to be difficult. Disadvantaged and marginalized groups are particularly at risk. Inequalities in health and in access to health care between different groups are socially divisive and contribute to social instability.

(WHO, Fact sheet EURO/06/05, Copenhagen, Bucharest, 12 September 2005)

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3. **New health priorities are challenging us in the 21th century**

Health has to be defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

(Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.)

Dubrovnik Declaration

3. **New health priorities are challenging us in the 21th century**

   Due to important societal changes during the last decades in almost all countries of the European Region, a remarkable shift in the health related behaviour in children and adolescents was observed. This resulted in new health problems, for example the increasing prevalence of overweight and obesity, eating disorders, teenage pregnancy, sexual transmitted infections and health problems related to the use of tobacco, alcohol and other drugs.

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3. **New health priorities are challenging us in the 21th century**

It is now recognised that many mental disorders seen in adulthood have their beginnings in childhood. The prevalence of many psychiatric problems such as depression and suicidal behaviour increases markedly in adolescence.

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3. New health priorities are challenging us in the 21th century

During the last decade the incidence of newly diagnosed behavioural problems in young children, for example "attention deficit and hyperactivity disorders" and "autism spectrum disorders", increased sharply. The early detection of the first signs of these health problems would result in earlier diagnosis and treatment, aiming at a better prognosis for the health of the child.

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3. **New health priorities are challenging us in the 21th century**

It is also recognised increasingly that special needs children and adolescents deserve to be included in mainstream health care and education.

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4. **School health care should be of the highest political priority**

   Taking into consideration the observed epidemiological trends, the health of children and adolescents should have the highest priority in all the countries of the European Region. It is each country's political responsibility to organise appropriate health care for young people. This is the responsibility of the whole society (i.e. the government, the civil society and the private sector), and should not be driven by free market laws.

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4. **School health care should be of the highest political priority**

Health promotion and empowerment should be the foundation of health care for young people. They should not be recipients of health information, but participants in health promotion.

(Ottawa Charter for Health Promotion, First International Congress on Health Promotion, Ottawa, 21 November 1986, WHO/HPR/HEP/95.1)

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5. **School health care should be organised without thresholds**

   In agreement with the *"Convention of the Rights of the Child"* school health care should be organised on a primary level, confidential, free of charge and with open access for children, adolescents and their parents.

   (The Convention on the Rights of the Child was adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989)

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6. **The school is an ideal setting to reach children and adolescents for health care programmes**

   School health care should be “setting-based”, which means that there is a need for a close connection between health services and schools. Schools are ideal health promoting settings, by which children and adolescents are reached and offered the necessary health care and preventive programmes.

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7. **Evidence-based school health care should be aimed for by supporting scientific research**

   The school health care for children and adolescents should be evidence-based as far as scientific evidence is available. When this is not yet the case, research programmes should be initiated and supported by the government, to collect evidence before decisions about reforms of health care are made.

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8. **Highly qualified school health professionals are needed**

   Dedicated and competent professionals are needed to provide school health care. There is a need for specific postgraduate training programmes in school health, particularly for school doctors and school nurses.

Member organisations of the European Union for School and University Health and Medicine (EUSUHM)(15 October 2005) are:

- Dutch Association of Youth Health Care
- British Federation for Health in Education
- Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes Deutschlands
- Croatian Medical Association for School and University Health and Medicine.
- Finnish Association of School and Adolescent Medicine
- Finnish Student Health Foundation
- Flemish Scientific Society for Youth Health Care
- Hungarian József Fodor Society of School-health
- Macedonian Association of School and University Medicine
- Nationale Fachgruppe Schulärtzte of the Swiss Society of Public Health
- Slovenian Association for School and University Medicine
- University Student Health Services of Oslo