

The State of Children's Health in Europe

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The health status of the European population is supervised constantly through the national public health agencies in their respective countries and monitored by the several nongovernmental organizations dedicated to public health active in Europe.¹ In particular, the European Union (EU) supervises the health of the population in its 28 member nations by means of the Directorate for Health and Food Safety.² The Directorate bases its proposals and legislative interventions both on data from the single nations and the statistical analysis provided by Eurostat, the official statistical office of the EU, situated in Luxembourg, whose mission is to provide high-quality statistics for Europe.

On February 5, 2019, Eurostat released its most recent general report on children's health in the EU.³ The document, which describes the status of health of the population 0-16 years of age, includes reassuring information, which were collected from household members. This commentary briefly discusses the significant positive data reported by Eurostat. Our aim is to share the encouraging information included in the report while emphasizing the importance for pediatricians not to rely exclusively on the family members' perception to assess the quality of pediatric care. We believe that it is important to never lower one's guard on children's health and therefore to regularly follow social and legislative changes to constantly provide adequate children's care that is focused and organized around the needs and expectations of their families.

Data on the General State of Children's Health in EU States

European data on children's health are released by Eurostat. They are based on information collected through the "EU-Statistics on Income and Living Conditions" (EU-SILC) system,⁴ which is anchored in the European Statistical Structure, and represents the EU reference source for comparative statistics on income distribution, poverty, and living conditions. EU-SILC is a consolidated methodologic instrument designed to collect timely and comparable cross-sectional and longitudinal multidimensional microdata on income, poverty, social exclusion, and living conditions.

EU European Union
EU-SILC European Union-Statistics on Income and Living Conditions

In the Eurostat document, more than 95% of children between 0 and 16 years of age living in the EU are reported to be in good or very good general health. Children whose general health was classified to be good or very good were further grouped according to age, and only slight differences were registered between those aged younger than 5 (96.5%), subjects aged 5-9 (95.9%), and those aged 10-15 (95.2%) years.

Children with limitations in activities due to health problems were less than 5%, of whom 3.7% had moderate limitations and 1.2% had severe limitations. However, the percentage of children with both moderate and severe limitation of activities increased proportionally in the 3 age groups. In those aged younger than 5 years, 2.2% had moderate and 0.6% had severe limitations in activities, whereas in those aged 5-9 years, the proportions were 4.1% and 1.2%, respectively, and 4.4% and 1.6% for those aged 10-15 years. The general health of children was reported to be bad or very bad in only 1% of the subjects in the 3 age groups, and less than 1% of children younger than 5 years were reported to suffer from severe limitations in activity due to health problems. Particularly positive data were registered by Eurostat in Spain, Bulgaria, Romania, and Italy, where the percentage of children considered to be in good or very good health in the 3 age groups was reported to be greater than 98%.

The Value of Pediatric Primary Care for Children's Health and Well-Being

The data published by Eurostat are based on the statistical analysis of preliminary indicators gathered from the various nations.⁵ However, we would like to emphasize that the 4 countries showing a better level of children's health reported by households are characterized by the presence of a well-structured primary care system that is efficiently coordinated with secondary and tertiary pediatric care

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centers.^{6,7} Pediatric care in the 53 European countries is provided variously. A study by the European Paediatric Association/Union of National European Paediatric Societies and Associations⁶ described that the spectrum of primary pediatric care systems in Europe shows a large variation between countries. However, in general at least 3 different pediatric care systems currently coexist in Europe: a pediatric system in which greater than 75% of primary care is provided by pediatricians, an intermediate system with 50/50 care provided by pediatricians and general practitioners, and the family doctor system, with 75% of primary pediatric care provided by general practitioners.^{6,8} Debate exists regarding which system is able to provide better care for European children. The answer to this question depends on several socioeconomic factors,⁸ many of them closely related to the evidence of a profound multinational diversity.⁹ However, the data by Eurostat seem to offer elements in support of the notion that an active and efficient primary care pediatrics better guarantee children's health and it is also well perceived by households.

Multiple Factors Contribute to a Comprehensive Evaluation of European Children's Health

Data reported by Eurostat were collected by the EU-SILC questionnaires from the reference population living in private households and their current members, residing in the territory of the countries at the time of data collection. In EU-SILC data collection system, each country may implement the most efficient solution from a national perspective to deliver the data corresponding to each variable.⁴ The EU-SILC is based on common concepts and definitions, and the evolution of some of these concepts reflect the complexity as well as the diversity of the national situations, which can be consulted in the annual methodologic guidelines.⁴ The cross-sectional and longitudinal analysis is based on data from 130 000 and 100 000 households, respectively. The EU-SILC methodology is very rigorous. However, other important factors should be assessed and considered to achieve a complete and comprehensive analysis on the status children's health. For instance, these factors should include the extent to which

children receive developmentally appropriate and age appropriate health care services,¹⁰ including clinical preventive services, whether children have ready access to primary and specialty pediatric care, and the assessment of the quality and accessibility of hospital structures available to children. The Eurostat report should be therefore regarded as an important component of a comprehensive multifactorial analysis on the European children's health state.

Conclusions

Children and youth represent about 25% of the European population and 100% of the continent's future. Supporting their health from birth is at the same time a responsibility and a great opportunity to foster future generations of healthy Europeans.¹¹ Many healthcare systems in Europe are undergoing significant reconfigurations toward a more population-oriented delivery model to manage old and new morbidities more adequately.¹² Health starts outside the medical system, as supportive families and communities, education, hygiene, proper nutrition, and adequate housing and income are only a part of the multiple key determinants of health. Healthcare systems, constantly evolving and renovating to properly adapt to socioeconomic changes and scientific innovation,¹³ are indubitably central in this process.

The authors of this commentary would like to emphasize that growing scientific reports and statistical data indicate that primary care pediatrics will become an increasingly important factor in the future of European pediatric care. The important data published by Eurostat regarding children's health in Europe reinforce the importance of well-developed primary care pediatrics, properly coordinated with secondary and tertiary care centers, as a key element for the quality of any healthcare system. ■

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