

Index

- Access, 220–221, 223, 325–326
 - to care, 202–205, 212–214, 350
 - for children and young people, 305–306
 - compensation for costs
 - associated with care, 326
 - equity of access to supports, 326
 - funding and equity of, 323–324, 325
 - to health care, 241
 - information provision for
 - support to parents, 325–326
 - to mental and sexual and reproductive health care, 241–243
- Accessibility, 63–64, 238, 308, 310–311
- Acquired brain injury (ABI), 324
- Actors, 68–69
- Acute–community interface, 200–201
- Adolescent health medicine, 266
 - CME, 271–272
 - effective model, 386–387
 - within European countries, 267
 - postgraduate curricula, 271
 - quality of adolescent primary care and amount and content of training, 272
 - training in, 266–272
 - under-and postgraduate training in field of adolescent medicine, 267–270
 - undergraduate curricula, 271
 - See also* Child health
- Adolescent primary care
 - and amount and content of training, 272
 - services, 239–240
- Adolescent-friendly health service, 232, 238–239
- Adolescent-friendly health services and care (AFHSC), 239–240
- Adolescents, 221, 238
 - access to health care, 241
 - access to mental health care and sexual and reproductive health care, 241–243
 - early recognition of mental health problems in, 335
 - rights and ethical issues, 240–243
- Adverse childhood experiences (ACEs), 263
- Affiliate contributors to primary care for children
 - community pharmacy to primary care contribution, 304–309
 - dental services to primary care contribution, 310–315
 - dentistry, 327
 - interface of social care services with primary care, 315–326
 - pharmacy, 327
 - social care services, 327–328
- Age
 - age-related measures analysis, 145–147
 - at diagnosis of autism, 108

- international databases, 145–146
 - at operation for cryptorchidism, 108
 - responses by MOCHA country agents, 146–147
- Agent(s)
 - for child, 85–87, 322
 - of proximal environment, 85–86
 - of wider environment, 86–87
- Agoge*, 78–79
- Alma-Ata, Declaration of (1978), 4, 90
- Ambulatory-sensitive conditions, 108, 175–176
- American Academy of Paediatricians, 228
- Appraisal frameworks, 38–39
 - conceptual general health framework dimensions, 32–34
 - identifying, 30–38
 - practical application, 40–41
 - primary health care conceptual framework dimensions, 35–37
- Appraisal of right to health, 89–90
- Apps, use of, 73, 296–297, 299
- Association of Hungarian primary care paediatricians, 70–71
- Asthma, 73
- Attention deficit hyperactivity disorder (ADHD), 72, 211
 - care provided to children with, 215–216
- Attitudes, 349
 - to abuse from perspective of contextual determinants, 353–355
- Autism, 72
 - age at diagnosis, 108
- Autism spectrum disorder (ASD), 211
 - care provided to children with, 215–216
- Autonomy
 - of choice, 73
 - parent's opinions and experiences on children's, 61–64
- Awareness, 349, 354–355
 - of child abuse, 354
 - of risk factors, 355
- Behaviour(al)
 - change, 340–341
 - episodes, 353
 - problems, 353–354
- Bronfenbrenner's ecological model
 - of determinants of health, 39–40
- Bronfenbrenner's theory, 80–83
- Bullying, 70–71
- Business process analysis, 200–201, 211
- Care
 - of children in hospital, 64–67
 - structure, processes and outcome of care delivery, 332
- Categorisations, 105
- Central Intelligence Agency (CIA), 140–142
- Child centric(ity), 39, 56, 77–78, 80–87, 90, 160, 306–307, 320, 373–375
- Child Guarantee proposal, 114
- Child health, 2, 260–261
 - CIA, 140–142
 - equity for, 103–104
 - Eurostat, 135–137
 - evidence usage in child health policy making, 367

- global burden of disease results tool, 137–139
- health behaviour in school-aged children data portal, 134–135
- indicators, 131–143
- issues, 67–68
- OECD, 142–143
- outcome indicators in MOCHA, 180–181
- policy, 346, 350–351
- WHO health for all explorer, 131–143
- World Bank Open Data and DataBank, 139–140
- See also* Adolescent health medicine
- Child Health Indicators of Life and Development Project (CHILD Project), 39–40, 131, 160, 378
- Child primary care. *See* Primary care for children
- Child Public Health EHR System, 161
- Child(ren), 57, 130, 221, 232, 277, 305–306, 308–309, 312–313
 - abuse, 64–67, 325
 - as actor in health care, 80–87
 - age-related measures analysis, 145–147
 - agent for, 85–87
 - analysis of disease-related measures, 147–149
 - autonomy of choice, 73
 - as central actor in process of shaping child health policy, 86
 - centricity, 77–78
 - changing concept, 78–80
 - child-centric health policy, 84, 85
 - child-centric paradigm, 80–87
 - child-friendly health service, 232
 - children and adolescents in national e-health strategies in Europe, 126
 - with complex care needs in community, 72
 - EHRs for children in primary care, 285–286
 - empowerment, 57
 - ethical means of listening to, 377–378
 - evolving autonomy, 381
 - existence of national child and adolescent health strategies, 122–125
 - health in Europe, 3–4
 - identification of children's interests in e-health strategies, 125–126
 - interest identification in e-health strategies, 125–126
 - invisibility in quality measures, 144–149
 - listening to, 56
 - with long-term condition, 73
 - with long-term mental health needs in community, 72
 - material deprivation, 169–170
 - MOCHA analysis, 144–145
 - MOCHA country agent questions about, 71–73
 - morbidity, 3–4
 - mortality, 181
 - number, 59
 - obesity, 64–67, 71
 - parent's opinions and experiences on children's autonomy, 61–64
 - poverty, 101, 261
 - prevention-orientated primary health care, 389

- protection, 72–73, 325
- relative income poverty rate, 169
- remedying invisibility in data, 378–379
- in socio-cultural context, 78–80
- in state care system, 112–113
- Children's primary health care
 - correlation between measures belonging to same category, 162
 - countries coordination level, 163–166
 - e-coordination, 166–167
 - framework for child healthcare system appraisal, 160–167
 - identification of measures related to category, 161
 - model identification, 385
 - SEM approach applied to MOCHA, 167–171
 - service quality measurement, 171–175
 - tracer conditions, 175–176
 - transformation of measures into scores, 161–162
- Children's rights
 - appraisal of right to health, 89–90
 - core concepts, 87–88
 - to health, 87–90
 - Ombudsman for, 87
 - United Nations Convention on, 89, 156, 315, 376, 378
 - timeline of increasing awareness and respect for, 81–83
- Children's Specialist Examination, 325
- CIA, 140–142
- Co-creation of care, 202, 206–207
- Commission Directives, 89
- Committee on Adolescence, 240–241
- Communication, 70, 238
 - channels, 68
 - and knowledge, 263
 - and management, 259
 - and relationships with health care professionals, 59–61
 - skills, 271
- Community paediatricians, 248–251
- Community pharmacy, 304, 308
 - MOCHA survey into pharmacy use, 305–308
 - to primary care, 304–309
 - themes of pharmacy use by children and young people, 308–309
- Complex care needs (CCNs), 200, 273
 - access to care, 202
 - business process analysis, 200–201
 - co-creation of care, 202
 - data integration, 200–201
 - experience of child and family, 200–201
 - integrated governance of care, 202
 - long-term ventilation (LTV), 201
 - nursing practice, 200
 - principles and standards of care, 201–202
 - referral-discharge interface, 200
 - services and boundary negotiations for children with complex mental health need, 202–216
 - social care interface, 200
 - traumatic brain injury (TBI), 201

- validated principles and standards of care for children living with, 201–202
- Complex mental health needs
 - access to care, 212–214
 - children with, 202–216
 - methods, 202–211
 - multidisciplinary teams, 215–216
 - parental involvement, 214–215
 - themes influencing care for children, 211

See also Mental health
- Comprehensiveness, 220–221
 - comprehensive care, 4
 - comprehensive policy, 223
- Confidentiality, 64, 240–241
- Context
 - of child primary care, 64–67
 - economic, 169–170, 373
 - environmental, 39, 57
 - European community, 376
 - family, 57
 - preventive care, 57
 - societal, 39, 373–376
 - socio-cultural, 7, 78–80
- Contextual
 - change, 349
 - determinants, 353–355
 - factors, 38
- Continuing medical education (CME), 271–272
- Convention on Rights of Child (CRC), 238
- Coordination, 220–221
 - category, 161, 162
 - child protection, 325
 - flexible support, 323–324
 - of social care and primary care services, 322–325
- Corruption, 353
- Countries coordination level, 163–166
 - countries distribution by e-coordination strength, 165
 - national expenditure on ‘governance and health system administration’, 166
- Country agents (CAs), 8–10, 72, 73, 144–145, 148–149, 201–211, 220–221, 348–349, 391
 - comparison between international databases and coverage, 175
 - data collection, 9–10
 - identification, 8
 - questionnaire, 174–175
 - working process and project timetable, 8–9
- Cross-case research design, 337
- Cross-nationality, 352
- Cryptorchidism, age at operation for, 108
- Cultural/culture, 57, 78, 346
 - aspects, 364–368
 - attitudes to abuse from perspective of contextual determinants, 353–355
 - European values study, 346–347
 - public opinion and drivers, 347–353
- Cyberbullying, 70–71
- Cynefin model on complexity, 339
- Data systems, children invisibility in
 - children invisibility in quality measures, 144–149
 - counting and understanding infants, children and adolescents, 130

- data sources, 143–144
- databases available and including child health indicators, 131–143
- quality measures key points, 149–151
- registration data, 130–144
- seeking children’s data in records-based research databases, 151–155
- Databases in child health indicators, 131–143
- Declaration of Alma-Ata (1978), 4
- Declaration of the Rights of the Child*, 81–83
- Dental services contribution to primary care, 310–315
 - accessibility, 310–311
 - economics, 313–315
 - preventive care, 311–313
- Dentistry, 310, 327
- Depression, 102, 241–243
- Development, Mental Health and Trauma*, 263
- DG CONNECT, 379
- DG Employment, Social Affairs and Inclusion (2018), 377
- DIPEX International network, 58, 200–201
- Diphtheria, Tetanus and Pertussis vaccine (DTP vaccine), 168
- Disability-adjusted life years (DALYs), 137–138
- Discretionary Medical Card, 68
- Disease-related measures analysis
 - international databases, 147–148
 - responses by country agents, 148–149
- Distal environment, 85, 368
- DTP 1 immunisation, 171
- e-Health
 - children’s interests identification in, 125–126
 - current limited evidence and knowledge base, 284
 - EHRs for children in primary care, 285–286
 - as enabler of primary care for children, 284
 - external collaboration, 298–299
 - media, 295–297
 - practical and operational record linkage, 289–295
 - records, 161
 - standards and evaluation, 379–380
 - systems, 336–337
 - unique identifiers and record linkage, 287–289
- EC Horizon 2020, 6
- Economic(s), 313–315
 - analysis, 180
 - conditions, 186, 220–221
 - context, 169–170, 373
 - of investing in children’s health, 379
 - skill set evaluation, 388
- Education(al)
 - attainment and occupational social class, 101
 - films, 70–71
 - and guidance, 248
 - institution, 220
 - system, 238
 - and Training, 376
- Electronic Health Data Exchange, 289
- Electronic health record (EHR), 125, 284, 285
 - Child Public Health EHRs in Europe, 286

- for children in primary care, 285–286
 - functionality and data exchange, 286
- Electronic record
 - and data to supporting safe and efficient models, 388
 - systems, 287–289
- Environment, 336
 - cultural, 2–3
 - distal, 85, 368
 - economic, 2–3
 - financial, 152–155
 - natural, 2
 - physical, 2–3, 61, 373
 - proximal, 85–86
- Environmental pollution, 71
- Equity, 31, 100, 223
 - of access, 326
 - for child health, 103–104
 - early childhood, 101–102
 - ensuring for all children in all models, 388
 - future directions, 114–115
 - in health, 100–101
 - health inequalities effects on child health, 102–103
 - and levers, 333
 - of provision for young people, 72
 - relationship of equity indicators and model types, 109–110
 - rights and, 380–381
 - vulnerable populations, 110–113
 - See also* Inequity
- Estonia (cross-ministerial involvement in strategic planning), 124–125
- Estonian Social Insurance Board, 325–326
- Europe
 - addressing child health inequity in primary care health systems, 113–114
 - children’s health in, 3–4
- European Academy of Paediatrics (EAP), 251–259, 267
- European Centre for Disease Control (ECDC), 298, 379–380
- European Child Public Health Observatory network, 379
- European Commission Expert Group on Health Systems Performance, 372
- European Confederation of Primary Care Paediatricians (ECPCP), 260–261
- European Convention on Human Rights*, 81–83
- European Economic Area (EEA), 56, 110, 130, 200, 260, 304
- European Health Examination Survey, 378
- European Health Interview & Health Examination Surveys Database website, 378
- European Skills/Competences, Qualifications and Occupations (ESCO), 377
- European Social Charter*, 81–83
- European Union (EU), 56, 100, 124, 130, 200, 260, 304, 332
 - adolescent medicine and health within, 267
 - to boost primary care for children, 377–381
 - directives, 90
 - EU Public Health principle, 360–361
 - health workforce, 272
 - solidarity, 382

- European Union Agency for Fundamental Rights, 316, 325
- European Union Medical Specialties (EUMS), 260–261
- European Values Study (EVS), 346–347
- Eurostat (statistics database), 130, 135–137, 143–144, 376
- Evaluation, 379–380
 - of childcare, 144, 172
 - economic, 37
 - healthcare, 160
 - Institute for Health Metrics and, 137
 - of levers, 30
 - of paediatric care, 172
 - of quality of child care, 167, 172, 173
 - skill set, 37, 388
- Expert Panel on Effective Ways of Investing in Health, 15–16
- Family medicine (FM), 4, 5
- Financial
 - classifications, 15–16
 - environment and spending, 152–155
 - levers, 339–340
 - national data on health expenditure and financing, 153–155
 - provision classification, 16–29, 109–110
- First-contact care, 4
- Foreign-born children, 105
- Foreign-born parents, 105
- Free professional non-hierarchical model, 16
- Fundamental Rights Agency, 316, 376
- Funding, 15–16
 - and equity of access, 325
- Gaming, 332
- Gatekeeper
 - and GP-led countries, 332
 - and mixed-led countries, 332
- General practitioner (GP), 3, 15, 103–104, 182, 248, 332–333
 - GP/Family doctor-led model, 15
- Geneva Declaration of the Rights of the Child, 79, 80
- Germany
 - cross-ministerial involvement in strategic planning, 124–125
 - quality aspect in, 365–366
- Gini coefficient, 169, 261
- Global Burden of Disease (GBD), 130, 137–139, 143–144
- Global processes and movements, 352
- Globalisation, 352
- Good practices, expert views on
 - implementation of, 337–339
 - availability and use of guidelines and formal procedures, 338
 - barriers and facilitators of implementation, 338–339
- Governance, 30, 220–221
 - of primary care system, 186
- Greek Country Agent, 100, 366–367
- Hausman test, 184
- Health
 - children's rights to, 87
 - equity in, 100–101
 - health-promoting school, 233
 - indicators through World Bank Open Data database, 141–142
 - inequalities, 31, 102–103
 - outcome, 31
 - services, 2–3

- Health Behaviour in School-Aged Children Study (HBSC Study), 130, 131, 134–135, 351–352, 354–355
- Health care, 238–239
 child as actor in, 80–87
 organisation, 220
 professionals, 5, 59–61, 251–259
 providers, 220, 233
 quality, 171–172
 services, 220
 utilisation, 103–104
 of vulnerable children, undergraduate courses, 263
 workforce, 248, 273
- Health Experiences Research Group (HERG), 58–59
- Health for All database (HFA database), 130, 131
 WHO, 131–143
- Health Insurance Fund, 314
- Health policy
 child-centric, 84–85
 planning for children's services, issues in, 124–125
 and provision in European community context, 376
- Healthcare system, 167, 238
 factors, 182
 variables, 195
- Helplines, 73
- HL7 Foundation, 298–299, 379–380
- Home-based records, 379–380
 of children's health, 73
- HON Code, 296
- Horizon 2020 scheme, 360–361
- Housing tenure, lack of, 101
- Human and technical resources (HRes), 131–132
- Human Rights
 European Convention on, 81–83
 Universal Declaration of, 81–83, 89
- Immunisation, 339
 coverage, 168
- Immunisation Information System (IIS), 298
- Incentives, 30, 41, 182–184, 334
- Inequity, 100–101
 in access to health care, 101
 Europe addressing child health inequity in primary care health systems, 113–114
 primary care and contribution to addressing health, 103–106
 quality indicators of primary and evidence, 106–109
See also Equity
- Infants, 130
 vaccination coverage in, 334
- Information, 68, 70–71
 provision for support to parents, 325–326
- Institute for Health Metrics and Evaluation (IHME), 137
- International Covenant on Civil and Political Rights*, 81–83
- International Covenant on Economic, Social and Cultural Rights*, 81–83
- International databases, 173–174
 comparison between country agents coverage and, 175
- International Federation of Medical Student Associations (IFMSA), 260–261

- International Save the Children Union (UISE), 79
- International variability in healthcare expenditures, 251
- Intertwining of health, economy and society
 - economic context, 373
 - health policy and provision in European community context, 376
 - societal context, 373–376
- Intractable epilepsy, 201
- Irish Pharmacy Union, 307
- ISTISAN Report, 71
- Justice, procedural, 340–341
- Kendall's correlation matrix, 165
- Lead
 - clinician, 15
 - practitioner, 109
 - practitioner, 15
- Leadership, 30
 - of children's policies, 123
- Levers, behavioural, 341
- Listening
 - ethical means to children, 377–378
 - to professional stakeholders, 334–337
- Listening to young people, 56
 - changing attitudes to, 56–57
 - communication and relationships with health care professionals, 59–61
 - data collection, 58–59
 - involvement and participation in care, 60–61
 - MOCHA country agent questions about children, 71–73
 - parent's opinions and experiences on children's autonomy, 61–64
 - qualitative inquiry into children's experiences, 58
 - societal reactions, 64–71
 - views and experiences, 58–61
- Long-term ventilation (LTV), 201
- Looked-after children (LAC), 262
- Measles-containing vaccine (MCV), 106
- Media, 87
 - campaigns, 69
 - digital, 349
 - e-health, 295–297
 - social, 70
 - traditional, 70
- Mental health, 353–354
 - care, 241–243
 - screening for, 339
 - and self-harm, 239
- Mental healthcare services, 123
- Migrant children, 355
 - entitlements to health care, 110–112
- Ministerial convention declarations, 90
- Ministry of Health (MoH), 87, 123
- MOCHA analysis, 172–175
 - comparison between international databases and country agents coverage, 175
 - country agents questionnaire, 174–175
 - international databases, 173–174
 - measurement classification, 173, 174
 - PREMs and PROMs, 175

- MOCHA countries, 180
 - analysis, 184
 - child health outcome indicators, 180–181
 - description of dependent and independent variables, 187–188
 - descriptive statistics of quantitative variables, 189
 - explanatory variables, 181–184
 - financing and service delivery classifications, 183
 - findings, 184–195
 - GDP per capita, 195
 - methods, 180
 - PHAMEU scoring system, 185–186
 - results of regression modelling, 192–193
 - values of quantitative variables by country, 190–191
- MOCHA External Advisory Board, 390
- MOCHA International Research Opportunity Instrument tool (MIROI tool), 41, 151
- MOCHA Scientists
 - dissemination, 389
 - economic and skill set evaluation and analysis of models, 388
 - effective models of school health services and adolescent health services, 386–387
 - electronic records and data, 388
 - ensuring equity for all children in all models, 388
 - identification and application of innovative measures of quality and outcome, 387
 - identification and derivatives uses of large data sets and systems, 387
 - identification of children's primary health care models, 385
 - interfaces of primary health care model with secondary, social and complex care, 385–386
 - MOCHA External Advisory Board, 390
 - project management, 390
 - validated optimal models of children's prevention-orientated primary health care, 389
- MOCHA survey into pharmacy use, 305–308
 - increasing access for children and young people, 305–306
 - quality of pharmacy services, 306–308
- Models of Child Health Appraised project (MOCHA project), 2, 14, 56, 100, 122, 125, 130, 142, 144–145, 160, 172, 196, 220, 238, 248, 284, 304, 332, 333, 346, 347, 351–352, 353–354, 360, 361, 364–366, 372, 373, 377, 379–380
 - aims, 6–7
 - adapting frameworks for, 38–40
 - background and origins, 2–5
 - changing epidemiology, 4
 - children's health in Europe, 3–4
 - coordination and WP interaction, 10

- country agent questions about
 - children, 71–73
- country agents, 8–10
- data analyses, 10
- instruments, 89–90
- integration, 11
- investigation, 355
- life stage of child and, 48–49
- mapping of models of provision
 - in, 17–29
- PC and scope, 4–5
- primary child health care in,
 - 5–6
- in public consultation, 375
- research, 77–78, 85, 89
- stakeholder survey, 367–368
- structural equation modelling
 - approach applied to MOCHA, 167–171
 - structure and operation, 7–8
 - structure of model in terms of, 42–44
 - team, 284
 - working model, 40
- Mortality
 - causes of, 138
 - indicators, 181, 195
- Mortality Indicator dataset (MDB), 131–132
- National Association of Pharmacies, 307–308
- National child and adolescent health strategies, 122–125
- issues in health policy planning
 - for children’s services, 124–125
- ownership and leadership of children’s policies, 123
- relationship between national policy planning and provider planning, 123–124
- National health
 - and educational authorities, 222–223
 - insurance fund, 124
 - service-based systems, 109–110
- National policy planning, 123–124
- National Research Council and Institute of Medicine, 240–241
- Neo-liberalism, 339
- Neonatal intensive care, 378
- Neonatal mortality, 194
- Netherlands, quality aspect in, 365–366
- Non-communicable diseases, 130
- Non-governmental organisations (NGOs), 68, 86, 87
- Non-profit institutions serving households (NPISH), 155
- Nurses, 5, 248
 - for emerging models of care, 276–277
 - training and skills, 274, 275
- Nursing, 5
 - education, 271
 - roles, 273
- Nursing workforce, 272–277
 - need for specialised knowledge, 274
 - preparing nurses for emerging models of care, 276–277
- Obesity, 102
- Ombudsman for Children, 70–71
 - rights, 87
- Optimal model
 - children’s prevention-orientated primary health care, 389
 - for children’s primary health care, 382

- Organisation for Economic Co-operation and Development (OECD), 142–143, 351–352
- Out-of-home care (OHC), 112
See also Primary care (PC)
- Paediatric and social setting
 - child health providers, 266
 - qualifications of doctor to deal with cases in, 263–266
- Paediatric Nursing Association of Europe, 274
- Paediatrician-led model, 15
- Paracelsus NGO, 68–69
- Parent's opinions and experiences
 - on children's autonomy, 61–64
 - accessibility, 63–64
 - confidentiality, 64
 - empowerment, 64
 - identity, 323–324
- Patient-reported Experience Measures (PREMs), 172, 175
- Patient-reported Outcome Measures (PROMs), 172, 175
- Penalties, 333, 339–341
- Perinatal health, 378
- PHAMEU, 39, 184, 185–186, 220–221, 379
- Pharmaceutical Group of European Union (PGEU), 327
- Pharmaceutical Society of Ireland, 307
- Pharmacy, 243, 327
 - MOCHA survey into, 305–308
 - quality, 306–308
 - services, 304
 - themes by children and young people, 308–309
- Policy, 310
 - child-centric Health, 84, 85
 - child health, 85, 86, 350–351, 352
 - evidence-informed, 382
 - health, 364, 376
 - obesity prevention, 86
 - primary care, 56
- Poland, quality aspect in, 365–366
- Population characteristics,
 - intervention content, environment and transfer–transferability process model (PIET-T process model), 333, 335–336, 360, 361, 368
 - format of recommendations, 369
- Postgraduate, 260–261
 - curricula, 271
 - training in field of adolescent medicine and health, 267–270
- Practical and operational record
 - linkage, 289–295
 - communication in other direction, 296
 - linked record between primary care services, 295
 - organisational linkages
 - electronic record data sharing, 290
 - policy for record, 297
 - pupil sustains injury in school, 297
 - types of electronic health data exchanged, 291–292
- Preferences fOr Child Health Care Assessed questionnaire (POCHA questionnaire), 61, 363

- Preventive care, 106, 248,
311–313
- Primacy care health systems, child
health inequity in, 113–114
- Primary care (PC), 2, 6, 130, 180,
248, 254–255, 273
in child centred ecological
model and MOCHA,
45–47
for children, 304
community pharmacy to,
304–309
comprehensiveness of care,
186
continuity of care, 186
and contribution to addressing
health inequity, 103–106
coordination of care, 186
dental service contribution to,
310–315
economic conditions of, 186
EHRs for children in, 285–286
in EU countries, 332–333
governance of, 186
health services, 2
paediatricians, 5
on population health, 30–31
primary care-based system,
248–251
providers, 216, 287
quality indicator, 196
quality measurEMENT, 379
and scope, 4–5
services, 228, 238, 322–325
social care services interface
with, 315–326
strength, 194
systems, 15
teams, 5
training in, 251–259
values, 14
workforce development, 186
- Primary care for adolescents
adolescent primary care
services, 239–240
adolescents' rights and ethical
issues, 240–243
methods, 239
- Primary care for children, 375
children's evolving autonomy,
381
collaborative and harmonised
use of downloaded research
databases, 380
e-Heath standards and
evaluation, 379–380
economics of investing in
children's health, 379
ethical means of listening to
children, 377–378
measuring primary care quality,
379
optimal human resources, 377
remedying invisibility of
children in data, 378–379
rights and equity, 380–381
- Primary care model, 14–29
financial classifications, 15–16
lead practitioner classifications, 15
regulatory, financial and service
provision classifications,
16–29
- Primary care workforce, 248–251
configurations, 273–274
country agent responses to
questions on training of
workforce, 256–258
density of paediatricians by
MOCHA typology, 251
healthcare expenditure and
workforce data for
MOCHA, 249–250
workforce sent to country
agents, 252–253

- Primary child health care
 - in MOCHA, 5–6
 - provision, 14
- Primary child health system, 38
- Primary health care (PHC), 4,
 - 304, 323, 327
 - for children, 361
 - co-location, 321–322
 - conceptual framework behind
 - assessment framework, 320
 - experiences, 363, 364
 - formal networks, 322
 - informal networks or
 - communication, 322
 - integration between primary
 - health care/social care, 321
 - model with secondary, social
 - and complex care, 385–386
 - priorities, 363–364
 - providers caring for
 - adolescents, 276–277
 - public experiences and priorities
 - in, 362–364
 - services, 315
 - social care integration with,
 - 320–322
 - system, 238
- Primary Health Care Activity
 - Monitor for Europe
 - (PHAMEU), 39, 184,
 - 185–186, 220–221, 379
- Procedural Justice, 340–341
- Process Model for the Assessment
 - of Transferability, 362
- Professional hierarchical
 - gatekeeper model, 16
- Professional stakeholders, listening
 - to, 334–337
 - early recognition of mental
 - health problems in
 - adolescents, 335
 - environment, 336
- feasibility, barriers and
 - facilitators, 335–336
- intervention content, 336–337
- population characteristics, 336
- transfer, 337
- treatment and monitoring of
 - chronic or complex
 - condition, 334–335
 - vaccination coverage in infants,
 - 334
- Provision
 - of care, 350
 - of health services, 88
- Proximal environment, 85–86
- Public
 - expression, 68, 69
 - health EHR system, 285
 - hierarchical normative model, 16
 - involvement, 124
 - outcry, 87
 - perceptions, 360
 - preference studies, 10
 - voices, 67–68
- Public opinion and drivers, 347–353
 - international determinants,
 - 351–352
 - situational aspects, 352–353
 - socio-cultural factors, 348–349
 - structural determinants, 350–351
- Quality
 - of adolescent primary care and
 - amount and content of
 - training, 272
 - assurance, 223
 - of care, 131, 171–172
 - health care models, 238–239
 - management infrastructure, 233
 - of pharmacy services, 306–308
- Quality indicators of primary and
 - evidence of inequity, 106–109
 - findings, 107–109
 - preventive care, 106

- Quality measures
 - children invisibility in, 144–149
 - of healthcare system, 171–175
- Questionnaire, 135
 - semi-structured, 348
 - POCHA, 61, 363
 - country agents, 174–175
- RäddaBarnen* in Sweden, 79
- Random effects model, 184–189
- Recognition of Children's Rights, 87–88
- Records-based research databases
 - financial environment and spending, 152–155
 - seeking children's data in, 151–155
- Record linkage, 287–295
- Regression modelling results, 192–193
- Regulatory provision
 - classification, 16–29, 109–110
- Religion, 349
- Right of Child to Health, 88
- Right to Health, 88
 - appraisal, 89–90
 - core concepts of children's, 87–88
- Rights
 - approaches, 78–80
 - and equity, 380–381
- Rights of Child to Primary Care, 90–95
- Risk factors of inequity, 104–106
 - family situation, 104
 - gender, 104
 - migrants/minorities, 105–106
 - regional differences, 106
 - SES, 104–105
 - See also* Inequity
- School Health Service (SHS), 220, 272, 289, 293–294
 - collaboration, 223–228
 - data management, 232
 - discussion and implications, 233
 - effective model of, 386–387
 - equity and access, 223
 - functions, 222–232
 - governed and organised, 222–223
 - implications and
 - recommendations, 233–234
 - indicators of access, 224–227
 - indicators of workforce in, 229–231
 - methods, 220–222
 - quality assurance, 223
 - services provided by, 232
 - stakeholders' involvement, 232
 - tasks, roles and competence of SHS staff, 228–231
- Scottish Youth Parliament, 125
- Service provision classification, 16–29, 109–110
- Service quality measurement
 - MOCHA analysis, 172–175
 - quality measures, 171–172
- Sexual and reproductive health, 239
 - care, 241–243
- Social care, 72–73, 327
 - legal basis for, 316–320, 317–319
 - providers, 216
- Social care services, 304, 315, 327–328
 - access and participation, 325–326
 - coordination of social care and primary care services, 322–325
 - integration of social care with primary health care, 320–322
 - interface with primary care, 315–326
 - legal basis for social care, 316–320

- Social inclusion, 100, 376
- Social media, 70
- Societal reactions, 64–71
 - actions, 69–70
 - actors, 68–69
 - communication, 70
 - information, 70–71
- Socio-cultural context
 - changing concept of child and history of rights approaches, 78–80
 - child in, 78–80
- Socio-cultural factors, 348–349
- Socio-economic status (SES), 102, 104–105, 131, 263
- Socioeconomic variables, 180
- Spain, quality aspect in, 365–366
- Specialised knowledge, 275–276
 - distribution of child-related content, 276
- Spirometry, 339
- State care system, children in, 112–113
- Structural determinants, 350–351
 - external structural determinants, 350–351
 - internal structural determinants, 350
- Structural equation modelling (SEM), 10
 - applied to MOCHA, 167–171
 - approach, 167
 - economic context factor, 169–170
 - example of SEM model applied to MOCHA dataset, 168–171
 - immunisation coverage, 168
 - mandatory vaccination, 168–169
 - monitoring factor, 170–171
- Tracer conditions, 41, 175–176, 201–202, 332
- Transferability of primary child healthcare systems, 332
 - expert views on implementation of good practices, 337–339
 - listening to professional stakeholders, 334–337
 - penalties, rewards and behaviour change, 339–341
- Transferability principles, 360–362
- Traumatic brain injury, 201
- Trends in International Mathematics and Science Study (TIMSS), 145–146
- Trillium II project, 298–299
- UN Convention on Rights of Child (UNCRC), 80–83, 100
- Undergraduate
 - curricula, 271
 - training in field of adolescent medicine and health, 267–270
- Undergraduate (basic) medical training, 259–266
 - European Medical Schools' curricula analysed by MOCHA, 262
 - mandatory courses related to health care of subgroups, 264
 - preparing students for management of vulnerable children, 263–266
 - representative countries, 262
 - skills and qualifications to adequately treat, 261
 - whole population approach, 260

- Undergraduate programmes in
 - Bulgaria, Germany and Iceland, 263–266
 - qualifications of doctor to deal with cases, 263–266
 - skills and qualifications to overcome challenges, 265
 - training in personal and interpersonal skills, 263
 - undergraduate courses relating to health care of vulnerable children, 263
- Undocumented children, 105–106
- Unemployment of parents, 102
- Unified business modelling techniques (UML), 10
 - methodology, 200–201
 - use of case diagram, 213
- Unique record identifier (URI), 287, 288
- United Kingdom, quality aspect in, 365–366
- United Nations Children’s Fund (UNICEF), 238–239
- United Nations Convention on Rights of Child, 315
- United Nations Educational, Scientific and Cultural Organization (UNESCO), 81–83
- United Nations General Assembly (1990), 238
- United Nations International Children’s Emergency Fund (UNICEF), 81–83
- United Nations Population Fund (UNFPA), 238–239
- Universal Declaration of Human Rights*, 81–83
- Universal health coverage (UHC), 131
- Vaccinations, 107–108, 339
 - coverage in infants, 334
- Validated principles, 201–202
 - access to care, 202–205
 - co-creation of care, 202, 206–207
 - effective integrated governance, 202, 208–210
- Violence, 241–243
- Viral gastroenteritis, 106–107
- Vulnerable adolescents, 241
- Vulnerable populations, 110–113
 - children in state care system, 112–113
 - migrant children’s entitlements to health care, 110–112
- Work packages (WPs), 7–8, 10
 - coordination and WP interaction, 10
- Workforce, 182, 350
 - development, 220–221
 - nursing workforce, 272–277
 - primary care workforce, 248–251
 - training in adolescent health medicine, 266–272
 - training in primary care, 251–259
 - undergraduate (basic) medical training, 259–266
- World Bank Open Data and DataBank, 139–140
- World Factbook, 140–142
- World Health Organization (WHO), 101–102, 131, 171–172, 222, 232, 238–239, 267, 272, 351–352, 353–354
- HFA, 131–143
- World Health Organization Regional Office for Europe, 89