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Healthy China Action plan empowers child and adolescent health and wellbeing

Childhood and adolescence comprise crucial phases of physical, cognitive, and intellectual development that require specific attention and support at the family and societal levels.1 Lack of physical exercise, malnutrition, and inadequate sleep have adverse effects on young people's physical and mental health. As a risk factor for burden of disease, high fasting plasma glucose had an annual rate of change of more than 1% from 1990 to 2013.2 Mental health disorders and substance misuse were the leading causes of disabilityadjusted life-years (DALYs) in young people worldwide.2 Iron-deficient anaemia and depressive disorders caused the most years lived with disability (YLDs) in adolescents aged 10-19 years in 2013.2

In China, overweight, obesity, malnutrition, myopia, and mental health in children and adolescents are important health issues. Editions of the Chinese National Survey on Students' Constitution and Health reported that the overall prevalence of myopia increased gradually from 47.5% in 2005 to 57.1% in 2014 in children and adolescents aged 7-18 years, and that, in 2014, prevalence peaked at 78.1% in adolescents aged 18 years.3 The prevalence of overweight and obesity increased between 1997 and 2011, from 6.5% to 15.5% in boys and from 4.6% to 10.4% in girls.4 Mental disorders and substance use in young people have also important issue in China.5

The development of Healthy China has been central to the Chinese Government's agenda for health and development since 2016. In 2019, China issued the Healthy China Action plan, which is a new guideline to implement the country's initiative to improve health throughout

the lifespan. Given the particular importance of childhood and adolescence for overall lifelong health, the Healthy China Action plan aims to foster child and adolescent health and wellbeing through a series of steps and programmes.

The comprehensive package of interventions for school-aged children and adolescents include: sufficient sleep (10 h for children in primary school, 9 h for those in junior high school, and 8 h for those in high school), adequate time for outdoor exercise (1 h per day) in school, decreased exposure to electronic screens (15 min at a time to a maximum of 1 h per day), balanced nutrition, and access to medical personnel, mental-health staff, and health resources. Mobilisation of participation at the individual, family, community, and society levels is required to improve the health of Chinese children and adolescents. By 2022, the health promotion policy system should be implemented. By 2030, according to the Healthy China Action plan's parameters, health literacy of the entire population is expected to be greatly improved. Approximately 50% of students are expected to score "good" in physical health standards by 2022 and 60% by 2030. The overall prevalence of myopia should be reduced by 0.5% each year, with a substantial decrease in children and adolescents.

The Healthy China Action plan aims to make adolescents the symbol of the Sustainable Development Goals in China, following the agenda, policies, and strategies of the UN.

We declare no competing interests.

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- Bundy DAP, de Silva N, Horton S, Patton GC, Schultz L, Jamison DT. Investment in child and adolescent health and development: key messages from Disease Control Priorities, 3rd Edition. Lancet 2018; 391: 687–99.
- 2 Mokdad AH, Forouzanfar MH, Daoud F, et al. Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 2016; 387: 2383-401.
- 3 Dong YH, Liu HB, Wang ZH, et al. Prevalence of myopia and increase trend in children and adolescents aged 7–18 years in Han ethnic group in China, 2005–2014. Zhonghua Liu Xing Bing Xue Za Zhi 2017; 38: 583–87 (in Chinese).
- 4 Wang H, Xue H, Du S, Zhang J, Wang Y, Zhang B. Time trends and factors in body mass index and obesity among children in China: 1997–2011. Int J Obes 2017: 41: 964–70.
- Wang RJ, Wang TY, Ma J, et al. Substance use among young people in China: a systematic review and meta-analysis. *Lancet* 2017; 390: S14 (abstr).

For **Healthy China Action** see http://www.gov.cn/

xinwen/2019-07/15/

content_5409694.htm

For Healthy China 2030 see https://www.who.int/ healthpromotion/ conferences/9gchp/healthychina/en/

For figures on Healthy China Action plan see http://www. chinadaily.com.cn/a/201907/17/ WS5d2ecd4ba310d830 563ff8ba.html