

Annual Full-day Meeting on the Rights of the Child

The Right of the Child to the Highest Attainable Standard of Health

Opening Statement

NAVI PILLAY, United Nations High Commissioner for Human Rights, said that the right to health was a universal human right recognized in international instruments, including the Convention on the Rights of the Child, which stipulated that States had to take measures to diminish infant and child mortality and to abolish all practices which were harmful to the child. Around 6.9 million children around the world died each year before the age of five years. The risk of a child dying before their fifth birthday in low-income countries was 18 times higher than in high-income countries. Other areas requiring immediate attention included violence, injuries and accidents, substance abuse and sexual health. The sharp increase in mental health problems among adolescents was also alarming.

States had an obligation to ensure that children's health was not undermined by discrimination. Certain groups of children were disproportionately vulnerable, such as children with disabilities, migrant children, children in institutions or without parental support, and children victims of violence and sexual exploitation. In order to be able to exercise their rights, children must have access to the tools and instruments necessary to remedy any violations of their rights, including their right to health. Ms. Pillay welcomed the ratification by Gabon, Thailand and Germany of the third Optional Protocol to the Convention on the Rights of the Child on a communications procedure, and expressed the hope that more countries would join them soon to achieve its earliest possible entry into force.

The video "Our health, our right, our voices" produced by Save the Children and World Vision was shown.

Statements by Moderator and Panellists

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, said that this annual day of discussion was taking place after the High-Level Dialogue on health in the post-2015 development agenda had concluded in Botswana yesterday. The High-Level Panel of Eminent Persons had agreed on key principles to guide global health in the post-2015 era, including the rights of every person to opportunities to maximize their potential, the right to health and the urgent need to accelerate progress achieved under the Millennium Development Goals framework. That was why the annual day of discussion on the rights of the child offered an opportunity to build links between the ambitious commitments agreed upon in Botswana yesterday and the practical ways in which future actions could be implemented.

Mr. Horton said that enormous progress over the past decade had been made in reducing child mortality, but the 6.9 million deaths of children under five that still occurred annually were largely from preventable causes. The world had the capacity to prevent those deaths but still seemed unable to do so. Mr. Horton asked the first panellist about challenges to making further progress in reducing child mortality.

FLAVIA BUSTREO, Assistant Director-General for Family, Women and Children's Health at the World Health Organization, said that since 1990, child mortality had been halved, but mortality rates remained persistent in the very early age, in newborns and during the first month of life, and that was where the attention should be focused. There was still the unacceptable phenomenon of a girl child dying while giving birth to another child. Ten per cent of all pregnancies in the world happened in girls under the age of 18 and 30 per cent of all maternal deaths happened in this group; this was an aspect of children's health where success did not happen. The progress made was not enough because progress was not made for the most vulnerable children and there was a concentration of deaths among the most disadvantaged children and young girls. This aspect of inequality needed to be recognized. The translation of legally binding obligations of States arising from the Convention on the Rights of the Child and other international instruments into national legislation was still not happening. Even if the right of the child to health was guaranteed by a Constitution, in many countries it was still not translated into a concrete package of services and benefits.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, said that Uruguay had made spectacular achievements in health in recent years, and asked what measures had been taken to combat non-communicable diseases and what impact they had had on the realization of the right of the child to health.

GUSTAVO GIACHETTO, Director of the Programme on Children's Health at the Ministry of Public Health of Uruguay, said that the right to health was an inclusive right. Uruguay had taken a cross-cutting approach in its health policy and had set up special programmes devoted to pregnant women, child health and the health of adolescents. It had also given consideration to infant mortality. Measures had been taken to promote training in good nutrition, and legislation had been introduced to help reduce cancer and substance abuse, including a successful tobacco policy, vaccination programmes for hepatitis B and HPV, daycare centres for persons under the age of 18 years, young pregnant women battling alcohol and drug addiction, and various awareness raising campaigns.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, asked the next panellist what were the main challenges to access of all children to quality high care and how could it be delivered without discrimination?

IGNACIO PACKER, Secretary-General of Terre des Hommes International Federation, said that key questions concerning the principle of universal access to health were how many people it would reach, how much would it cost and where to start. The priority was children and achieving universal health coverage in low and middle income countries was possible but required bold steps by Governments and the international community. The focus must be on the mother, child and reproductive health and the first thing to do was to remove financial barriers to access and abolish fees. The second element was to ensure robust and sustained public funding for health from both national revenues and official development assistance. Thirdly, States must invest into an improved quality of care and this meant investing into each element of the health system, from information to health workers to primary and secondary health care. Evidence was against levying fees for primary health care. The day after the Botswana meeting, the world was writing a new chapter in maternal and child health. In terms of the cost of universal health coverage, there was evidence from some countries that a 10 per cent increase in national health budgets resulted in the

increased use of services and improvement in child health. People in the field had been working on different schemes and mechanisms that could be elevated on national levels.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, said the Convention on the Rights of the Child provided the right to be heard to children and that was why there were children participating in this annual day.

TAMA, a child from Haiti, said that the right of the child to health was the least prioritised because more concern was given to other rights such as protection and education. In Haiti, there was an inconsistent Government which had seen many changes and it was difficult to access health care; there were not enough health centres and doctors, fees were a barrier and the quality of health care was low. The delegations should take those issues in their deliberations today.

JONAS, a child from Bolivia, said that children needed to think about what they needed because adults would not do so. The right to health was important as being a human was not possible without being healthy. In Bolivia there were many deaths every day and most of them were avoidable. Health care must be affordable and also provided to all, in particular to indigenous women. National legislation needed to be in place to enable significant change and it must be made with the participation of children who were not only the future, but also the present.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, asked the next panellist what was the impact of sex exploitation of children on the realization of their right to health and what links could be used between the health sector and the justice sector?

NAJAT MAALLA M'JID, Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, said that violence was closely linked with discrimination. Sexual exploitation had a devastating impact on the child's physical and psychological status, and sexual violence went hand in hand with physical violence. Children and girls in particular were especially vulnerable to sexual exploitation, and child pornography had devastating effects for children and society in general. Detection of the different forms of violence and sexual exploitation was not always easy, because children were too ashamed to discuss such matters and sometimes the aggressor was in their family environment. All medical staff should be trained in detecting the signs of violence and sexual abuse in children. The skills of medical staff should be boosted by legislation, especially by procedures for reporting such incidents. The perpetrators should be punished and the victims should be protected and given compensation.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, asked what was the importance of education in the realization of the right of the child to health?

SELINA AMIN, Plan International Bangladesh, said that over 30 per cent of girls married before the age of 18 in developing countries, and it was ironic that parents viewed marriage as an effective way of protecting their daughters from abuse. Girl marriage, which was a violation of the rights of the child, was often accompanied by early pregnancy, with major risks for the mother and the child. The devastating consequences of child marriage continued to be ignored and all necessary action should be taken to stop that harmful

practice. Health education in school was essential for the development of children, especially in terms of providing the necessary tools for children to make the right decisions in life. Comprehensive sexual education should be provided to children and adolescents as part of the school curriculum.

RICHARD HORTON, Editor-in-Chief of The Lancet and panel discussion moderator, summarizing the panel discussion said that evidence was critical to understanding and solving the problem; children were at the heart of society and therefore should be paid special attention; the voices of children were critical to the participatory process; it was necessary to seize all opportunities to realize the right of the child to health.

Discussion

Uruguay said that health was a fundamental human right and essential for exercising other rights; it recommended that States implement appropriate measures to reduce child mortality and that sensitive issues be tackled. Jordan agreed and said that childcare was a way of caring for the future and it was important to focus tremendous effort on the interest of the child. Switzerland said that sex education and information on sexual and reproductive health were part of general education in the country and helped children to behave responsibly and make informed decisions, as well as the ability to cope with images connected with sexuality that were found in society. Armenia said it had established a National Commission for the Protection of Children's Rights. United States said that it had a number of programmes to help children lead healthy lives, promoting healthy development and behaviour at all life stages, and creating healthy social and physical environments, including home-visiting services.

Sudan said that it had made tremendous strides in the promotion of the rights of the child, but there were many difficulties such as increasing poverty rates, the rise in food prices, conflicts in some areas, lack of awareness as well as adverse traditions and practices, and lack of clean water. Turkey said that strengthening the rights of the child by providing birth registration was the initial step forward. Thailand said that more attention should be given to technical assistance and cooperation in enhancing children's human rights, including their right to health. Syria said that the report underlined the importance of the access of children and teenagers to health care services including abortion; this undermined the role and responsibilities of parents and did not take into account the dangers of such practices. Qatar said education of children was one of its priorities as was their health care and underlined the role of families in protecting children.

Gabon, speaking on behalf of the African Group, said that the African Human Rights Charter placed children at the centre of African society but challenges remained such as child mortality, epidemics, HIV/AIDS and adverse practices, socio-economic disasters and conflicts. National Human Rights Council of Morocco said that despite efforts being made in Morocco, there were challenges such as disparities between the rural and urban environment when it came to access to healthcare and not enough healthcare personnel. Human Rights Watch highlighted the importance of children's environmental health, an issue often left unaddressed. Caritas International raised urgent concern on obstacles encountered by accompanied or unaccompanied migrant children, especially those in irregular situations, and urged States to guarantee that the best interest of the child would always be accorded and would prevail. Slovenia said that ensuring children's right to health

also depended on their active engagement. What should their role be in overcoming the challenges?

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, said that several speakers referred to universal health coverage which offered fantastic opportunities, but also spoke about problems such as migrants and huge problems affecting Africa. Was universal health coverage a panacea or would it fail?

FLAVIA BUSTREO, Assistant Director-General for Family, Women and Children's Health at the World Health Organization, said that the bottom line was the access of children to key services such as education and health. The idea of universal health coverage was the key concept that underpinned the work of the World Health Organization and other organizations. Key questions needed to be answered in order to put it in place, such as how to know which kind of services children needed to answer, or how to cater to the needs of children such as displaced or migrant children; in short, addressing this concept was to better understand and better measure where children were born, where they were raised and what access to health services they already had.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, noted that several speakers referred to the importance of multi-sectoral policy in dealing with access of children to health; what were the challenges in this regard?

GUSTAVO GIACHETTO, Director of the Programme on Children's Health at the Ministry of Public Health of Uruguay, said that a comprehensive multi-sectoral policy was being put in place in Paraguay in order to ensure a holistic approach to health which needed to include social determinants for the population. This policy included not only health, but also education, housing and other sectors, and aimed at putting in place policy that would ensure good health from early age.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, asked how could the international community make sure that promises were kept and what role the Ombudsman could play in that.

IGNACIO PACKER, Secretary-General of Terre des Hommes International Federation, said that the Ombudsman had an important role to play in ensuring that promises translated into action.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, asked how the world's attitude to sexual violence could be changed.

NAJAT MALLA M'JID, Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, said that the international community had to find solutions both at the domestic and international levels. At the national level awareness-raising was important when it came to changing public perceptions and ensuring access to rapid appeals and compensation systems. Providing an effective legislative framework was also crucial. At the international level proper cooperation, coordinated action, and effective accountability and monitoring systems were needed.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, turning to Dr. Amin, said the question had been raised about the family and

where its responsibility lay for children's rights. As a parent himself, he wanted to exert some control but recognised that his child would one day be free of this control, and it was difficult to know how to strike the balance between the two. How did one get the balance right?

SELINA AMIN, Plan International Bangladesh, said in both developing and developed countries, the family entity made the decisions. It was about time that parents and other stakeholders, including local elites, should understand what child rights were and rights of parents. Community members should be given information on child rights and their elements, where participatory issues should come with children and where they connected. More meetings between them and children would help to proceed further.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, said perhaps Jonas could take the floor in response to Slovenia's question on the role of children in decision making.

Jonas, a child from Bolivia, on how children could help other children, said that children could train other children. He had the opportunity to be trained so why not help others? The majority of parents in Bolivia believed that issues to do with sex and sexual relations were taboo and there was a lot of discrimination against children with HIV/AIDS or adolescents who were pregnant. All children should be respected and should respect others.

Ensuring that all children were heard was fundamental to ensuring their rights, including the right to health, said the European Union, and to achieve this and facilitate better participation, Republic of Congo said it had set up a Children's Parliament. Paraguay underlined the need for continued international efforts to deal away with scourges which affected children's health and Nepal said that, until socio-economic conditions and structural impediments affecting poor countries were addressed, the rights of children would remain unfulfilled.

Estonia fully supported the idea of age-appropriate sexual education for children already at primary level, as it was a key to achieving long-term positive changes. Sweden on behalf of a cross-regional group said that access to reproductive and sexual health services was crucial for young women and men and they had the right to be protected from sexual abuse, unwanted pregnancies and sexually-transmitted diseases and reiterated the commitment to end eradication of harmful traditional practices affecting this right such as female genital mutilation.

World Vision International , speaking in a joint statement said that today's discussion should shape the post-2015 agenda and States should take a number of measures to support health services for all children, particularly in remote and distant areas including of financial nature. Special attention must be paid to the specific needs of a child in any health care setting, said Germany and urged States to make resources available to ensure children's rights, including their reproductive rights. Norway said that financial barriers to access to health, such as out-of-pocket payments must be removed and the inequality between and within countries must be addressed.

United Arab Emirates looked at the family as a very important element in the well-being of the child, which worked hand in hand with other stakeholders, and the Organization of

Islamic Cooperation added that the right of children to the best possible health could not be divorced from responsibility, notably that of the family and State, and regretted that the report failed to mention the rights of children in the Occupied Palestinian Territories, who were among the most vulnerable.

Defence for Children International drew attention to vulnerability and special needs of children in detention and children in conflict with the law, particularly of girls, and underlined that detention of children must be a measure of last resort. Iran noted the vulnerability of children affected by armed conflict and the children in occupied territories. The Council of Europe spoke about the growing worrying trend of pre-natal sex selection in favour of boys, which enforced the cultural prejudices and violence against women, and violated the principles of gender equality.

Concerning national efforts to ensure access to health for children, Haiti was implementing vaccination programmes, prevention of transmission of HIV/AIDS from mother to child, access to clean water and sanitation and others, while the National Policy and Strategy on Health of the Youth in Sri Lanka included several strategies focused on improving the well-being of young people. Bahrain, speaking on behalf of the Arab Group, refused the content of the report prepared for today's discussion and opposed the concepts used in it as they denied the sovereignty right of States in setting their own policies, instead of bolstering the role of the family.

RICHARD HORTON, Editor-in-Chief of The Lancet and the Moderator of the Panel Discussion, asked what impact education had on improving child health and reducing child mortality.

SELINA AMIN, Plan International Bangladesh, said that in Bangladesh education and life skills were provided as part of the school curriculum, although it was more difficult to integrate those subjects in state school curriculum than in private school curriculum. Community radio was used to disseminate information to entire communities. RICHARD HORTON, Editor-in-Chief of The Lancet and the Moderator of the Panel Discussion, asked how they could navigate through opposing views expressed on the matter of sexual education.

NAJAT MAALLA M'JID, Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, said that children's rights were part of human rights but the way in which they translated those in practical terms became a complex matter. In Catholic or Islamic countries people were sometimes worried that the provision of sex education was going to encourage early sexual behaviour when, in fact, its aim was to provide information and the necessary tools for young persons to understand sexual matters. It was important to have scientifically proven information on sexual behaviour and education. Child exploitation and sexual violence should not be tolerated in any culture.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, turned to Mr. Packer concerning the issue raised by the United Arab Emirates and Germany on the practical and feasible steps that States could take. What could actually be done by States to make the intersection between human rights and health work for child health?

IGNACIO PACKER, Secretary-General of Terre des Hommes International Federation, said that States had to really work on social responsibility and on how individuals reacted in communities, such as in the area of discrimination, also looking at people who are migrants, and work on social responsibility, to reduce differences. Racism itself was not a concept in a child, it came from adults. A lot had to be done in the terms of the mentality of people and information at the community level.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of the Panel Discussion, with regards to the European Union question around continuing discrimination, turned to Mr. Giachetto for his views. What was the impact of discrimination on child health and what solutions were there?

GUSTAVO GIACHETTO, Director of the Programme on Children's Health at the Ministry of Public Health of Uruguay said that in Uruguay a multi-sectoral approach was being worked on. Health issues could not be tackled from within the Health Ministry alone and many different players had to be brought in, and vulnerable groups had to be identified. The ultimate aim of all processes was to ensure that there was whole access to quality health services targeted to the special needs of the population, governed by the principle of equality, also involving the identification of a set of basic needs for all children.

RICHARD HORTON, Editor-in-Chief, The Lancet, and the Moderator of Panel Discussion, asked panellists how international agencies could do more to be supportive in strengthening institutions around child health in States.

FLAVIA BUSTREO, Assistant Director-General for Family, Women and Children's Health at the World Health Organization, said that international organizations had an obligation to share the knowledge and example of what worked. A concrete example of positive discrimination from Brazil, which enabled it to address nutritional needs of its children, was the programme Bosa Familia (Family Pocket) a conditional cash-transfer pocket that targeted the poorest from marginalized groups and indigenous peoples. Also important was the establishment and facilitation of knowledge networks between countries and in particular South-to-South sharing.

JONAS, a child from Bolivia, thanked all for the opportunity to participate in this important discussion; he would take back home all he had learned and share it with other children.