Children Health and Rights

Background and problem statement

Background
Children make a broad age group from 0 to 18 and which accounts for 27% of the world population. While the 'Convention on the Rights of the Child' was created 25 years ago children rights are still being violated.

According to the Convention, no child shall be subjected to discrimination or violence of any kind ((1) A/2,19). Families and schools should primarily be spreading the concepts of non discrimination and tolerance where children can learn to respect differences. Discrimination and violence against children exists in every country, and takes place in different settings, including families, schools and communities (2). However, they are preventable. We, as medical students and future doctors, will be the ones most likely to notice it. Therefore, we should be equipped with knowledge and skills how to recognize, respond and act upon it by ensuring protection and safety of a child.

Children have the right to enjoy the highest attainable standard of health, accessible child and adolescent friendly health care services that are ensured through awareness and prevention of diseases ((1) A/24). Increasing child’s access to education correlates with increasing child’s informed decision making and child’s awareness of his or her health (3). Schools and other teaching institutions have essential role in promoting physical and mental health, as well as other bodies who have to reach out to children who are not in school. Health promotion should include healthy eating, hygiene (hand and oral), dangers of substance abuse, physical activity, road safety etc. Considering that children and especially adolescents are at a significantly higher risk of experiencing mental health problems, health promotion should also include mental health (4).

Child’s risk of dying is the highest at the neonatal period and the majority of newborn deaths take place in the low to middle income countries where access to health care is low (5). From the end of neonatal period and through the first five years of life, leading causes of death are pneumonia and diarrhoea with malnutrition as a contributing factor to almost 45% of all child deaths (6). Main reasons for adolescent mortality are unique by the fact that they are consistent across regions and between high and middle or low income countries (7). Leading causes of death such as road traffic injuries and interpersonal violence are highly preventable (8).

Immunization and equitable access to vaccination are recognised as a core component of the human right to health. By improving access to early childhood vaccines, large number of future deaths can be averted. Coverage gaps persist between countries, as well as within countries (9). Since percentage of children vaccinated with early childhood vaccines correlates with the education of mothers (9) there should be a special consideration on education and advocacy in target society.
According to the WHO, childhood stunting is one of the most significant impediments to human development, globally affecting approximately 162 million children under age of 5 years. Stunting has long term effects on individuals and societies, including diminished cognitive and physical development. Malnutrition is also an important contributing factor that makes children susceptible to common childhood diseases such as diarrhoea and infections that can lead to death at a very young age. Another contributing factors, that can be prevented, are poor sanitation, unsafe water and unhygienic practices (11).

While as medical students and as future doctors we have a duty to protect lives of children we are unaware of how this document that governs international law practically work. The knowledge of this would enable us as future health professionals to effectively apply them in making children’s and adolescents’ health and rights the priority of all societies and to address them on local or national level.

Problem Statement
Children make a broad age group from 0 to 18 and 27% of world population. Children around the world, although born and entitled with same rights, are often denied rights due to differences in development of countries as well as development within the countries (3). Additionally, medical students as future health professionals do not always have proper tools and knowledge on diverse issues concerning health and rights of children, including adolescents, preventing them to act, advocate, and empower initiatives in their countries. Additionally, communities, including governments, lack awareness of the complexity of the problem, knowledge or ability to address most pressing issues of ensuring ultimate protection of children’s health and rights.

Target group and beneficiaries

Target group
- Children: the core of this program, and a population that needs special consideration because childhood is a unique moment of development especially vulnerable to any kind of wrongdoing.
- Medical students: as a future health professionals who will take care of children in need of medical attention, and fresh voices in advocacy for child’s rights.
- Teachers: to educate children on their rights and health.
- Local and national authorities: to act towards implementing children’s rights.
- International organizations: to work together on preserving childhoods in every region.
- Policy makers, institutions: to work together with medical students in developing strategic and action plans.

Beneficiaries
- Medical students: to be equipped to advocate for children’s health and rights, and educate children and their communities. Furthermore, as future medical professionals will better understand how to address children health and rights issues as leaders of communities.
- Children: to be healthy and in full enjoyment of their rights in order to reach their full potential.
- Government: health of the children directly correlates with socio-economical status of country in the long run

**Logical framework of interventions**

**End-goal and assumptions**

**End goal**
- Establish structures in which medical students can learn about children’s health and rights and play a crucial role in advocacy in this area.
- Create well informed communities, with the ability to apply and protect children’s rights.
- Create services that ensure accessible healthcare to children and adolescents.

**Assumptions**
- Children health and rights are often violated.
- There is a lack of implementation of national and international conventions on children rights. Children are deprived from their rights, communities and civil societies are not aware of the importance and complexity of the problem.
- Medical Students do not always have the proper tools to advocate and initiate relevant activities in their countries.

**Preconditions and backwards mapping**
Medical students as future health professionals have insufficient knowledge about health and violations of children's rights that occur on a daily basis. The Program aims to train medical students using collaboration with professional organisations (e.g. pediatricians, public health professionals, international organizations and NGOs) and universities. When medical students become empowered and knowledgeable, they can act in their communities. They will be able to conduct activities that involve children as beneficiaries on local and national level. Through advocacy on local national and international level medical students could implement changes in the way global communities think about children's health and rights. With all these interventions medical students could significantly improve children's health and rights.
Milestones and indicators

Outcome 1: Medical students are trained in children's health and rights
Indicator: Number of trainings organized by NMOs
Target group: Medical students
Threshold: Trainings for medical students run by an experienced trainer in children's health and rights

Outcome 2: Children aware of their health and rights and informed enough to participate in the decision making related to their health
Indicator: Number of children who attended trainings, lectures, events done by an NMO
Target group: Children and adolescents
Threshold: Organized events educating children on their health and rights

Outcome 3: Medical students advocate on behalf of children's health and rights
Indicator: Number of successful campaigns and influenced policies in local, national and international level
Target group: local and national authorities, international organizations and institution
Threshold: Advocacy campaigns and policy elements in local, national and international level

Outcome 4: Educated and engaged communities improving children's health, development and rights
Indicator: Number of educational activities done in the communities
Target group: Parents, teachers, local and national authorities, public
Threshold: Organized and evaluated activities on topics of children health and rights
Interventions

1. Education and capacity building among medical students

- Organizing events that will center the most pressing issues of children’s and adolescents health and rights.
- Capacity building workshops on national and international level for medical students who will become new trainers in future workshops.
- Meetings, on local, national and international level, focused on building and sharing knowledge on children's and adolescents health and rights.
- Promotion of IFMSA professional exchanges to regions where children and adolescents have low access to health care services.
- Internship opportunities in pediatric departments.

2. Community level activities with children as beneficiaries

- Activities that will involve children and encourage them to actively participate (e.g. Teddy Bear Hospital, games, etc).
- Activities that will involve adolescents and encourage them to actively participate (e.g. role playing, sports, etc).
- Creating standardized materials that should be appropriate to the targeted age.

3. Awareness campaigns and community outreach activities

- Providing information about children’s rights that might be violated in that particular local community.
- Finding and organising activities that can resolve issues of violations of children’s rights in local communities.
- Providing information about most pressing issues in children’s and adolescents health.
- Finding and organising activities that will aim to resolve issues in children’s and adolescents health.

4. Advocacy Campaigns

- Medical students advocating towards local and national authorities in order to implement specific laws and regulations.
- Medical students raising their voice on international levels in order to implement specific laws and regulations.
- Medical students seeking assistance of national and international NGOs to focus on activity development and policy building.

5. Research activities

- Creating opportunities for medical students to be directly involved in research activities on children’s health and rights.
Narrative
Considering that children and adolescents are vulnerable groups that need special care and assistance, the IFMSA program 'Children’s Health and Rights' is proposed to encourage medical students and NMOs in protection of children's health and rights. In order to achieve the end goals, medical students will need to be equipped with the proper skills to educate and advocate on behalf of children on local, national and international level.

Assuming that communities and civil societies are not aware enough of the importance and complexity of the problem, medical students need to take a leading role in education of general public. Considering that children’s health and rights are usually affected by their surroundings, education needs to be aimed to adults (including families and teachers) as well as children. Taking into account that children and adolescents are the center of these activities we should involve them in every possible way and value their opinions if they can form one.

Organisational context and necessary resources to launch the program

Human resources
● Trained participants from the IFMSA workshops or similar workshops.
● Students who join local and national working groups and committees.

Program materials
● Workshop slides.
● the organization of different international campaigns on world days (World Children Day, World Children cancer ..)
● national and international campaigns in children schools and institutions.
● Specific campaign and project guides.
● Training manuals and materials.
● Database of examples of good practice activities

Collaboration
● With Children’s national and international institutions: UN, WHO and UNICEF
● Stakeholders groups

Funding
● local resources for local projects
● international sources for IFMSA workshops

References
(1) Convention on the Rights of the Child
(2) United Nations study on violence against children
(3) United Nations Human Rights Office of the High Commissioner Brochure
(4) Comprehensive mental health action plan 2013-2020; Resolution WHA65.4;
   http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1
(5) UNICEF report: enormous progress in child survival but greater focus on newborns urgently needed
(6) WHO fact sheets: Children: reducing mortality
   http://www.who.int/mediacentre/factsheets/fs178/en/
(7) WHO Maternal, newborn, child and adolescent health; Adolescent health epidemiology
(8) Health for the World’s Adolescents: A second chance in the second decade; WHO
   http://apps.who.int/iris/bitstream/10665/112750/1/WHO_FWC_MCA_14.05_eng.pdf?ua=1
(9) The Global Vaccine Action Plan
(11) UNICEF Water, Sanitation and Hygiene, links to health, education and development
     http://www.unicef.org/wash/index_healthandeducation.html