

# IFMSA policy document - Children's Health and Rights

**Proposed by the Team of Officials, adopted at the IFMSA General Assembly August Meeting 2017 in Arusha, Tanzania**

## Policy Statement

### Introduction

All children have the right to opportunities to survive, grow and develop with physical, emotional and social well-being. These rights are defined by the United Nations Universal Declaration of Human rights (UDHR), which applies human rights to all age groups, and the Convention on the Rights of a Child (CRC), which extends special care and protection to address the unique needs of children. A child's right to health is an inclusive right, which extends not only to health care services, but to a child's well-being. Therefore, fulfillment of these rights requires that all of the determinants of health be addressed. A child's right to health must also not be undermined by discrimination or child maltreatment, which contribute to a child's vulnerability. Preventing children's rights violations and ensuring the highest attainable standard of inclusive and equitable mental and physical health is a task that must engage all members of society.

### IFMSA position

The IFMSA believes in all children's right to opportunities to survive, grow and develop with physical, emotional and social well-being. Therefore, the IFMSA affirms the need to extend special care and protection to address the unique needs of children.

### Call to action:

Therefore, IFMSA calls on:

Governments to:

- adopt laws and policies in line with international declarations and conventions that promote and protect the rights of children
- provide equitable and accessible health services, promotion and prevention strategies to all children
- ensure, protect and promote accurate birth registration
- invest in policies and programmes to document the epidemiology of children's health related issues and rights violations, to carry out interventions to address its underlying causes, including risk factors and protective factors, and to monitor the impact of interventions
- ensure meaningful input from children and members of society in the development of all policies and programs related to children
- identify factors at national and subnational levels that create vulnerabilities of children or that disadvantage certain groups of children and address these factors when developing laws, regulations, policies, programmes and services for children's health, to ensure health equity
- develop and implement legislation supporting gender equality socially and in healthcare distribution, with an intersectional perspective

International institutions and Non-governmental organisations to:



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- make children's health and rights related topics a priority in international health and development discussions
- promote the empowerment of children to enable them to affirm their rights and speak out on issues relating to their health and rights
- address underlying factors which perpetuate violations of children's rights and cause health issues, which include, however, not limited to, poverty, societal/cultural norms and limited access to education
- use a multidisciplinary, systematic and evidence based approach to ensure an integrated strategy to respond and prevent children's health related issues and rights violations effectively and to make sure that this information is made accessible to all
- use good epidemiological data to see the location and source of the children health related issues and rights violations, and to be able to track, monitor and evaluate its response to efforts
- raise awareness on topics relating to children's health and rights and ensure that campaigning efforts focus on the adoption of non-violent social and cultural norms

Medical faculties and teaching institutions to:

- incorporate education on topics relating to children's health and rights within the curriculum
- ensure that faculty development programs are instilled to support teachers in presenting topics relating to children's health and rights
- incorporate curriculum content that examines gender equality as a determinant of health, the significant relationship between gender norms and child health, and the importance of gender equity in health care with an intersectional perspective

Healthcare sector to:

- train all healthcare providers to carry out interventions to address children's health related issues and its relation to children's rights, including ongoing professional development training
- promote a systematic, interdisciplinary approach to prevent children health related issues and any breaches of children's right; to detect the problem and respond when it does occur, and to minimize its long-term negative impacts
- to ensure that all children have the right to access safe medical, surgical, mental and reproductive health services, that are acceptable and of the highest attainable quality

Medical Students & National Member Organisations (NMOs) to:

- participate in and develop awareness and education campaigns and activities on Children Health & Rights related topics, including the causes, implications and consequences and ways of prevention
- acquire evidence-based knowledge pertaining to children's health and rights
- acknowledge intersectional and multiple forms of gender inequality present socially and systemically within medical schools and institutions that impacts on child rights and health
- identify stakeholders and work actively on advocating for topics relating to children's health and rights



## Position Paper

### Introduction

All children have the right to opportunities to survive, grow and develop with physical, emotional and social well-being [1]. These rights are defined by the United Nations Universal Declaration of Human rights (UDHR), which applies human rights to all age groups [2] and the Convention on the Rights of a Child (CRC) which extends special care and protection to address the unique needs of children [1]. A child's right to health, is an inclusive right, which extends not only to health care services, it also extends to the overall well-being of a child and therefore the fulfillment of these rights requires that all of the determinants of health be addressed. A child's right to health must also not be undermined by discrimination or child maltreatment, which contribute to a child's vulnerability [3] [4]. Preventing children's rights violations and ensuring the highest attainable standard of inclusive and equitable mental and physical health is a task that must engage all members of society.

### Background

#### Children's Health & Rights - Introduction

All children have the right to opportunities to survive, grow and develop with physical, emotional and social well-being, through access to the highest attainable standard of health, safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy, in accordance to Article 1 of the United Nations Convention on the Rights of a Child (CRC). In the CRC 'child' refers to an individual below the age of 18 years old [1].

The primary instrument for protecting and fulfilling these rights is the CRC, a legally binding instrument that provides a platform for advocacy and the development and evaluation of practical support for children's health [5]. Many remarkable achievements have been made since the ratification of the CRC at local, national, regional and international levels, with the development of legislation, policy and local programs. Despite this, significant challenges remain as breaches of basic rights for children are still occurring globally, with children suffering from poverty, inequality, violence, neglect, lack of provisions for birth registration, unequal access to education, preventable and treatable diseases, lacking access to age-appropriate medication and healthcare [6].

### Rights of the Child

#### Human Rights Approach

Human Rights are standards inherent to the human person, inalienable and universal, that allow people to live with dignity, freedom, equality, justice and peace. All human rights are also indivisible, interrelated and interdependent [2]. The United Nations adopted the Universal Declaration of Human Rights (UDHR) in 1948. Although this Declaration is not part of binding international law, its acceptance by all countries around the world establishes a great moral weight to the fundamental principle that all human beings of all ages are to be treated equally and with respect [2].

Since the adoption of the UDHR in 1948, there are now many legally binding international human rights treaties and agreements, used as a framework for discussing and applying human rights. Through these instruments, the principles and rights they outline become legal obligations on those States choosing to be bound by them. In addition, the framework establishes legal, as well as other mechanisms to hold governments accountable in the event they violate human rights [22].



These legally binding instruments of the international human rights framework involve the Universal Declaration of Human Rights and other human rights treaties, including the CRC. All countries have ratified at least one of these treaties, and many have ratified most of them. These treaties are important tools to ensure governments are held accountable to respect and protect the realization of rights for individuals in their country [22].

### **The Convention on the Rights of the Child**

The United Nations General Assembly unanimously adopted the CRC on 20 November 1989 [1]. Most countries ratified the Convention after it was adopted, making it the most widely ratified human rights treaty. Only Somalia and the United States have not yet ratified the Convention but have signed it, indicating their support [7]. By ratifying the CRC, state parties are obligated to amend and create laws and policies to implement the Convention. This task, however, must not only engage the government of state members, but engage all members of society.

The global acceptance of the Convention shows a wide global commitment to advancing children's rights. The Convention changed the way children are viewed and treated, as human beings with a distinct set of rights as opposed to passive objects of care and charity [7].

The CRC addresses several areas, including non-discrimination; protection of rights; survival and development; protection from all forms of violence; refugee children; social security; right to education; child labour; abduction, sale and trafficking and implementation measures [1].

One of these specific rights is to have a name and nationality. Yet the births of nearly one quarter of children under the age of five worldwide have never been recorded. This lack of formal recognition by the State, can result in an infringement of other rights stated in the CRC, for instance denial of healthcare or education. Further, a lack of official identification documents and proof of age can mean that a child may enter marriage, the labour market, or be conscripted into the armed forces, before it is legal. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed [1].

In addition to the CRC and the UDHR, there are many other universal instruments relating to children's rights, including, the

- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC-OPSC)
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC-OPAC)
- Minimum Age Convention, 1973 (No. 138)
- Worst Forms of Child Labour Convention, 1999 (No. 182)

### **Committee on the Rights of the Child:**

There is a body of 18 Independent experts that monitors implementation of the Convention on the Rights of the Child by its State parties, called the Committee on the Rights of the Child. All States parties are obliged to submit regular reports to the Committee on the implementation of the rights. The committee also monitors implementation of two Optional Protocols to the Convention, on involvement of children in armed conflict (OPAC) and on sale of children, child prostitution and child pornography (OPSC). Further, the commission receives complaints in accordance to the third Optional Protocol on a communications procedure (OPIC), which will allow individual children to submit complaints regarding specific violations of their rights under the Convention and its first two optional protocols [7].



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## Child Health

Despite the right to health for all children there is still a global mortality rate of 5.9 million for children under the age of five [8], and most of these deaths occur due to preventable and treatable illnesses. Half of the under-five mortality rate is accountable to five communicable diseases, which are pneumonia, diarrhoea, malaria, measles and AIDS and a third is attributed to malnutrition [9]. To fulfill the right to health for all children and reduce child morbidity and mortality, the implementation of locally developed evidence based health policies and programs are needed. These should focus on providing age-appropriate, low-cost prevention, treatment and protective measures that encompasses the localised determinants of health and educates and empowers local children, parents, caregivers and communities to develop and advocate for their right to health [9].

### The Determinants of Child Health care

A child's right to health is defined in article 24 of the CRC and refers to the appropriate and timely prevention, health promotion, curative, rehabilitative and palliative health care services. It also encompasses the right of a child to grow, play and develop to their full potential through the implementation of programmes that address the underlying determinants of health. A holistic approach to health is essential and places the right of children to health within the broader framework of international human rights obligations [6]. Additionally, with an increase in understanding of the social and structural determinants of health including poverty, unemployment, financial, economic, migration, population displacement, war, civil unrest, discrimination, marginalisation and the impacts of climate change and urbanisation, show that more than ever a combination of biomedical, behavioural, social, cultural and structural intersections need to be address to protect and fulfil a child's right to health [6].

### Primary Healthcare – Declaration of the Alma-Ata

Article 24 directly mentions the right to primary health care, which is a term defined by the Declaration of the Alma-Ata [10]. The approach of Primary Health Care emphasizes the need to organise health care services around individuals' needs and expectations, remove exclusion to reduce social disparities, integrates health into all related sectors and pursues collaborative models of policy development and implementation [10].

### The Right to be Heard – Autonomy

Article 12 of the CRC highlights the importance of meaningful participation of children in the healthcare system and focuses on children expressing their views, and having them taken seriously. This is essential and includes children's view on all aspects of health, from clinical decision-making about the child to health program and policy development [12]. All physicians are morally obligated to ensure a patient's right to autonomy as it is a fundamental principle of medical ethics [13]. Despite this, children are still being overlooked in clinical and healthcare consultations and decision-making processes [6]. It has also been identified that children who are vulnerable to discrimination are from a lower socio-economic status are less able to exercise their right to autonomy. Therefore, it is critical that supportive policies are put into place to ensure that children, parents and health workers have evidence and rights based guidance to consent, assent and confidentiality [6]. Further, the involvement of children must ensure age-appropriate communication, inclusion and treatment, to ensure that autonomy is weighed with other ethical principles, as well as a rights based guidance.

### United Nations Sustainable Development Goals

Further, the identification, protection and promotion of children's rights is fundamental to the achievement of all the United National Sustainable Development Goals (UN SDGs), including Goal 3, to 'Ensure healthy lives and promote well-being for all at all ages' [9]. The UN SDGs were created after the completion of the UN Millennium Development Goals (MDGs), which were eight goals that aimed to end extreme poverty. The SDGs encompass 17 goals that aim to reduce inequity through sustainable development, focusing on a range of areas that contribute and are challenged by current inequalities; and social and structural determinants of health, some of these areas include, health,

education, poverty, food distribution systems and the creation of sustainable cities, which are all essential for the fulfillment of the rights and the right to health for all children.

## Equality & Vulnerable Populations

To fulfil the right to health for all children, there is an obligation to ensure that a child's health is not undermined by prejudice or discrimination, which is a significant factor contributing to vulnerability. Article 2 of the CRC states that a child have a right of non-discrimination for themselves and their parent/s or legal guardian/s in relation to their race, colour, sex, language, religion, political or other opinions, nationality, ethnicity or social origin, economic status or property, disability, birth or other statuses, including sexual orientation, gender identity and health status [1].

Intersectionality provides a framework to observe the interconnectedness of the areas of identity addressed in the right to nondiscrimination of a child. It ensures that these areas of identity are not observed in isolation as they can overlap developing layers of discrimination, which further perpetuates inequalities that limit access to equitable healthcare [14].

### Gender-based discrimination

Children of all genders have the right to the highest attainable standard of physical and mental health [2]. Gender-based discrimination is particularly pervasive, affecting a wide range of outcomes that impact children's rights, from infanticide/foeticide to discriminatory infant and young child feeding practices, gender stereotyping and access to health services [15]. Attention should be given to the differing needs of children, and the impact of gender-related social norms and values on children's health and development. Attention also needs to be given to harmful gender-based social and cultural practices and norms that undermine the right to health for children of all genders [15].

All policies and programmes affecting children's health should be grounded in a broad approach to gender equality that ensures young women's full political participation; social and economic empowerment; recognition of equal rights related to sexual and reproductive health; equal access to information, education, justice and security, including the elimination of all forms of sexual and gender-based violence. This is essential as the empowerment of the person with the main 'traditionally maternal' responsibilities within the family positively correlates with an increase in access to education and health for children, and a decreases violation of women's and children's rights [16]. This concept has been popularised as the 'Girl Effect' [17].

### Vulnerable Children

Undocumented children, children in disadvantaged situations, and from areas of low socioeconomic status should become a primary focus for efforts to fulfil a child's right to health. Countries should identify factors at national and subnational levels that create vulnerabilities for children or that disadvantage certain groups. These individual children and the intersecting factors that impact them should be addressed when developing laws, regulations, policies, programmes and services for children's health to ensure health equity [6].

## Child Maltreatment

Child maltreatment has a serious impact on children's well-being, development, physical and mental health. In addition, the social and occupational outcomes of child maltreatment can slow a country's economic and social development. By using a multisectoral approach child maltreatment can be prevented [3].

### Key facts and definitions



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All children have the right to health and to be protected from all forms of violence, as stated in the Convention on the Rights of the Child and other international human rights treaties and standards [1] [2]. Yet, annually, there are millions of children around the world that are victims of physical, sexual and emotional violence, regardless of their economic and social circumstances, culture, religion or ethnicity, with serious impact on their well-being, development, physical health and mental health [3].

Child maltreatment refers to all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation; resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power [18] [19]. The dynamics and factors that drive child maltreatment differ immensely depending on the context, which includes the setting, the victim's age, and the relationship between the victim and perpetrator [3].

### **Scope of the problem**

Child maltreatment is a global issue with a serious impact on children's lives. However, data from many countries are still lacking. Furthermore, child maltreatment is complex and difficult to study and current estimates vary widely depending on the country and the method of research used. Estimates depend on for instance, the definitions of child maltreatment used; the coverage and quality of official statistics; the type of child maltreatment studied, the coverage and quality of surveys that request self-reports from victims, parents or caregivers [3] [19].

Nonetheless, estimates of child maltreatment indicate that nearly a quarter of adults (22.6%) worldwide suffered physical abuse as a child, 36.3% experienced emotional abuse and 16.3% experienced physical neglect, with no significant differences between boys and girls. However, the lifetime prevalence rate of childhood sexual abuse indicates more marked differences by sex – 18% for girls and 7.6% for boys [20].

There are several risk factors for child maltreatment that have been identified (not present in all social and cultural contexts), that provide an overview when attempting to understand the causes of child maltreatment [3]. These risk factors can occur on different levels: Individual (caregiver or child; age, sex, personal history, etc); Relationship (social relationships (isolation from the community, discrimination, gender roles, violence in the family, etc)); Community (neighbourhoods, schools, etc); and Societal (norms, economic inequality). However, no single factor on its own can explain why some individuals behave violently towards children or why child maltreatment appears to be more prevalent in certain communities than in others. It is better understood by analysing the complex interaction of a number of factors at different levels. Further, the risk factors are not necessarily by themselves diagnostic of child maltreatment wherever they are detected. However, in places where resources are scarce, children and families that have several of these factors should have priority in receiving services [3].

### **Types of Child Maltreatment**

Child maltreatment can be viewed within a wider categorization of violence, by dividing it into three broad categories, according to the context in which it is committed: self-directed violence, interpersonal violence and collective violence. In addition, the nature of violent acts crosscuts each of these three categories. The nature of acts can be physical abuse, emotional and psychological abuse, sexual abuse or neglect. By classifying violence according to both type and nature of the violent act, we are provided with a useful framework for understanding the place of child maltreatment within the complex patterns of violence [3]. While keeping in mind that the boundaries between acts of violence often tend to become blurred and the experiences of violence often overlap [21].



Areas involving violence, exploitation and abuse against children are for instance child labour; female genital mutilation and cutting; child marriage; commercial sexual exploitation; child trafficking; children associated with armed groups [21].

### Consequences of Child Maltreatment

Over the course of a victim's life, child maltreatment involves a broad range of adverse mental and physical health outcomes that are costly, both to the child and to society. The health and social consequences of child maltreatment are wide-ranging and include major harm to the development of victims, as well as harm to their physical and mental health. Exposure to maltreatment and other forms of violence during childhood is associated with risk factors and risk-taking behaviours later in life. These include depression, smoking, obesity, alcohol and drug use, violent victimization and the perpetration of violence, high-risk sexual behaviours and unintended pregnancy, which can lead to death, disease and disability (such as heart disease, sexually transmitted infections, cancer and suicide). In addition, child maltreatment has a huge economic impact, including child welfare, costs of hospitalization, mental health treatment, and longer-term health costs [3].

### Prevention of Child Maltreatment

There is sufficient evidence to state that child maltreatment can be prevented. Nevertheless, little attention has been given to prevention in terms of research and policy. A comprehensive strategy for the prevention of child maltreatment includes interventions at several levels, involving the individual level (biological variables, personal history), relationship level (an individual's close social relationships), community level (settings in which social relationships take place) and societal factors (underlying conditions) [3].

When addressing prevention of child maltreatment, it is important to ensure that scarce resources are sufficiently concentrated to sustain prevention activities at the required levels and for the time necessary to achieve a prevention effect, as indicated by scientific outcome studies of similar interventions. Prevention strategies with the most evidence of effectiveness, hence providing a good starting point for preventing child maltreatment, are support for families by means of home visits and training programmes for parents. Further, prevention programmes should make a priority of working with subgroups of the population at the highest risk of maltreatment [3].

Services providing care and support to maltreated children and their families need to be strengthened and need a stronger evidence base than presently exists to show their effectiveness. To standardize care and improve its quality, protocols for the provision of services will be of use. Lastly, well-trained professionals who regularly work with children can be an invaluable asset in the detection of child maltreatment [3].

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