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 **OHCHR Study on children’s right to health –**

**Human Rights Council resolution 19/37**

**Replies of the Cypriot Commissioner for Children’s Rights**

Answers to the issues raised based on the information provided to the Cypriot Commissioner of Children’s Rights either directly through consultation with the competent authorities or indirectly through complaints submitted to her.

1. *Please provide information on the main health challenges related to the children in your country.*
2. The Commissioner is concerned about the lack of appropriate in-patient psychological and psychiatric treatment of children who are to this day treated together with adults in Athalassa Psychiatric Hospital, in the absence of specialized children’s psychiatric unit.
3. The Commissioner intervened on several occasions pointing out that certain Departments of the Makarios Hospital (Children’s Hospital) remain for years understaffed with regard to medical and nursing experts for children with negative results on the quality of the medical services offered to children.
4. The Commissioner received several complaints concerning vulnerable population groups of children (immigrants, unaccompanied, undocumented etc) who had been denied access to public health services by reason of their status or their inability to pay the medical fees.
5. Increased incidents of bullying and violent attacks amongst students in schools call for an immediate re-evaluation of the psychological services offered on an individual basis to children in schools and the allocation of more human and financial resources to these services. The issue is further exacerbated by the lack of in-service training and prevention programmes addressing school teachers and students.
6. The Commissioner received several complaints concerning the physiotherapy treatment and the house-care and support of the children with cerebral paralysis. The absence of a structured evaluation system, the lack of coordination between the different public sectors, the unwillingness to adopt certain policies in order to give alternatives to the parents, has a negative effect on the social inclusion and the quality of life of their children. Additionally, the relative legislation needs to be amended so that the definition of paralysis/quadriplegia will be consistent with the modern medical perception.
7. Although smoking is generally prohibited in enclosed areas, the Commissioner is greatly concerned about smoking in playgrounds and various other places used daily by children which are not covered by the legislation.
8. *Please provide information on the national policies, strategies and plans of action for addressing the priority concerns and challenges identified in question 1. Please include information as to whether the child’s right to health, including the right to health care, is explicitly referred to in existing policies, strategies and plans of action.*
9. The Commissioner repeatedly pointed out the need for policies and strategies for state authorities to address the psychological needs of children and adolescents in relation to health care issues. Since January 2008 the Commissioner has intervened to the Minister of Health recommending the creation of a Special Unit for Psychiatric Care for Children and Adolescents and adequately trained medical and nursing staff. The Commissioner appreciates that the issue was immediately taken on board by the Minister of Health, and a decision to establish a separate unit for children and adolescents with specialized medical and nursing stuff was taken, but she is greatly concerned for the fact that, due to regrettable delays, this is not yet in place.
10. The concerns of the Commissioner about the lack of experts at the Children’s Hospital were discussed repeatedly by the competent Parliamentary Committee, in the presence of the competent Minister. The issue is still pending due to the need to overcome certain disputed legislative issues.
11. In relation to the issue of the medical fees of the vulnerable groups of children, the Ministry of Health adopting the intervention of the Commissioner, issued a circular to all public health services instructing them to provide immediate access and treatment to such children without advance payment. The medical fees would afterwards be settled up by an administrative arrangement of the Ministry of Health. The Commissioner is concerned about the level of implementation of the circular.

1. In relation to bullying, the Commissioner in cooperation with the Ministry of Education and Culture delivered experiential workshops on the issue in public schools, promoted a relevant anti-bullying manual for use by the schools, and participated in public discussions for awareness raising. Furthermore, the Commissioner is exerting pressure for the development of a national policy and plan of action to combat bullying.
2. In relation to the treatment and care of children with conceptual paralysis, the Commissioner intervened and initiated discussion with all relevant stakeholders, including government, Parliament, parents and relevant organizations/NGO. According to the information given by the Ministry of Labor and Social Insurance, a new structured evaluation system is being developed and will be applied as a pilot project in September 2012. Additionally, the Department in charge will concentrate under its umbrella all state services thus targeting a better coordination and a better application and monitoring of the relevant national policy.
3. In relation to the smoking issue, the Commissioner intervened to the Minister of Health and from the latter’s response, it appears that the relevant legislation will soon be submitted to Parliament introducing a complete prohibition of smoking in playgrounds and any other places used daily by children.
4. *Please indicate what role schools have in promoting children’s right to health. Is health promotion included in the school curricula?*

Until 2011 health promotion was included in the school curricula as a theme occasionally appearing in various subjects. After the recent educational reform, health promotion is taught as a separate subject including modules on Children’s Rights. The Commissioner commends the measures and health education programmes implemented in schools and considers that these initiatives will further enhance and promote a better understanding of the healthcare needs of children themselves and also of state authorities which, eventually, could result in better health services offered to children.

1. *Please provide examples of good practices undertaken to protect and promote children’s right to health, particularly in relation to children in especially difficult circumstances.*

A good practice undertaken to protect and promote children’s right to health is the circular issued by the Ministry of Health to all public health services in order to provide immediate access and treatment for children of vulnerable groups of population without any advance payment which is referred to 2.6 above.

1. *Please indicate what the main barriers are when trying to implement children’s right to health.*

Many of the health care issues children face in Cyprus are the result of the lack of official policies and the reduction of the government budgetary expenditures to support and promote public health, particularly that relating to children.

Leda Koursoumba

Commissioner for Children’s Rights

Nicosia, August 2012