**CONTRIBUTION FOR THE DAY OF GENERAL DISCUSSION ON THE RIGHT TO HEALTH OF THE CHILD**

**‘Children’s health: prevention is the best cure’**

Introduction

This contribution focuses on the need to take the basic health and the natural environment of the child as a starting point for ensuring its right to health. This assumption implies that preventive measures as well as measures intended to improve and harmonize the natural environment and daily health behavior of children should be prioritized in policies that impact upon children’s health.

Secondly, it is assumed that all possible actors in society, such as individual family members, friends and neighbors, as well as different kinds of medical professionals, school teachers and (sports) coaches can all contribute to the realization of the right to health of the child. This explicitly includes the right of children to be involved in their own health on the basis of their right to participation as laid down in article 12 CRC. In addition, not only States Parties, but also private companies have a responsibility in realizing and respecting children’s right to health, for example by refraining from unethical marketing of drugs, soft drinks, candy bars and other unhealthy products. Notwithstanding the great (financial) interests of the medical sector in performing medical treatments, especially in treating children, utmost care must be undertaken to minimize medical treatments that are not absolutely necessary.

Main health challenges for children

In modern societies, modern health problems are on the rise: obesity, mental health problems, smoking, drug and alcohol addictions and stress. Other health problems arise from injuries, traffic accidents and high levels of violence. Therefore, (preventive) measures are required that tackle the root causes of these health problems.[[1]](#footnote-1) Families have a central role to play in providing good examples of healthy behavior. Improvements can be made by establishing child-friendly health care services, that take into account all the relevant provisions of the CRC for ensuring children’s right to health.[[2]](#footnote-2) In addition to simply ensuring basic access of children to health care, health services must be adapted to address child-specific needs, such as play areas for children of different ages, information and communication materials adapted for different ages and ensuring a high level of involvement of children in both individual medical decisions as in the shaping and organization of their health care.

Secondly, modern societies become increasingly technical and organized. Phones, computers, televisions, social media and video games consume a lot of the free time of children and adolescents, to the negligence of their opportunities to play outside and sport in the open air. In many cities, few locations are available where children can move and play freely and safely, without running the risk of being hit by a car. Playfields are replaced by parking lots. To counter these developments, more efforts need to be taken to ensure that all children have a safe place to go to in the immediate proximity of their living places. Getting back in touch with natural places where they can go and play outside safely. Also in schools, it must be ensured that sports classes are an integral part of the schedule of each week. Thereby, all children are stimulated at least once a week to exercise. Given the increasing numbers of people suffering from obesity, efforts are required to not only motivate the children, but also to involve parents and other family members to take their children outside and provide good examples of healthy behavior.

I. Role of children and families in realizing the right to health of the child

*Prevention of health problems*

Children have a central role to play in their own health. Therefore, solid measures must be put in place to empower children, according to their age and evolving capacities (art. 5 CRC), to increasingly take responsibility over their own health. Measures must be taken to involve the child from the start in its medical treatment ánd in the prevention of health problems (art. 12 CRC). This must be achieved by informing them fully and appropriately and by fully respecting their right to consent to or to refuse medical treatments (art. 16 CRC). This premise is also relevant for the daily health behavior of children, such as eating, sporting, prevention of injuries, hygiene, smoking, using alcohol and drugs and also for assessing the decision-making process involving the triad of 1) the child itself, 2) the parents, teachers or other caretakers and 3) the medical professionals in ensuring the child’s right to health.

Children’s health is heavily influenced by the health of the family members and by the natural environment in which children live. The health of the pregnant mother directly influences the health of the fetus and its potential for the healthy development of the child in its future life. After birth, the health and health behavior of both the mother ánd the father offer an important example for the developing health behavior of children. Therefore, the focus in international law on the importance of maternal health in ensuring the health of children, should be broadened by taking into account the health of all persons living in direct proximity of the child, such as the parents and siblings in a so-called nuclear family. Specifically, the role of the father in giving examples of healthy behavior to his children, should be recognized, as well as his involvement in ensuring good health of the children under his supervision.

Prevention of health problems in children can be further realized by stimulating healthy behavior within families: maintaining a healthy diet and stimulating sports activities, reduction of stress, smoking, alcohol and drugs use, are all required to organically teach children how to take good care of themselves. Notwithstanding all well-intended words spent on promoting healthy behavior, good health in children is primarily realized by learning from example. However, stimulating healthy behavior within families should remain respectful of the privacy of families. It can be achieved by making families aware of healthy lifestyles and by limiting the exposure to unhealthy products and lifestyles. This can be achieved by adopting regulations to prevent aggressive marketing techniques for unhealthy products, specifically when directed towards children, e.g. by placing candy in the lowest rackets in the supermarkets and by offering toys with such products. School canteens should not only offer candy machines, but replace them with more healthy products such as fruits, sandwiches and muesli bars. Children’s menus in restaurants should not only offer French fries and hamburgers, but also healthier dishes that are appreciated by children.

Investments in sport facilities and coaching trajectories for involving children and their parents in sports programs, will have beneficial effects on the future health of children and thereby reduce increasing costs in health care in the future. Similarly, supportive and voluntary coaching for parents in raising their children can be helpful in reducing stress on a family by offering solutions and opportunities. Supportive coaching may also have beneficial effects for reducing the risks of child maltreatment and the (mental) health problems resulting from it. Many parents maltreating their children, are faced with a myriad of risk factors for child maltreatment, such as medical problems themselves, lack of social support, debts or housing issues. Therefore, offering proactive relief for issues they are wrestling with, is required to reduce the overall burden that parents have to cope with.

Additional efforts must be taken to stimulate social cohesion between parents and other actors in the daily lives of families, because these are often the first to notice problems or calls for help. In doing so, programs should stimulate people to take ownership of the challenges they meet. Options to think of are collaborative practices to bring and take children to school, sports and other activities. On the other hand, parents can be supported in accepting a helping hand from others and experiencing they are not only in their responsibility of taking care of their children.

Last but not least, the natural strength of the human body should be respected as an important source of health of both parents and their children. In some countries, pregnancies and deliveries become heavily medicalized, to the extent that women have to make a strong case to deliver naturally, even if no complications are expected at all. This practice is worrying, because undergoing a caesarian has many health risks of its own, it reduces the opportunity of the mother to breastfeed her children and it increases the recovery period of the mother after the birth of the child, thereby limiting her abilities to care for her own child and achieve safe attachment.

The natural strength of the human body should also be the starting point when deciding upon the necessity of medical treatments for children. Unfortunately, it has been established that pharmaceutical companies are far from ethical in marketing drugs for children.[[3]](#footnote-3) Children have actually been identified as a major potential consumer market for selling drugs to, notwithstanding the existence of less intrusive, preventive or alternative medical treatments available for children, such as behavioral treatment for children diagnosed with ADHD or even asthma treatments. Also, many drugs that are now prescribed to children, have not been tested for them or even for adult women. Therefore, extreme prudence must be taken in performing medical treatments and proscribing medicines if not strictly required.

Clear legislation must be enacted to identify and untangle the potential conflicts of interests of medical professionals working with children. Furthermore, all medical professionals encountering children at some point in their work, must be educated about the rights of children in health care and the need to address them as children in the first place and not only as patients or even consumers of health care.

*Central role of child and families in addressing health problems*

According to article 18 CRC, parents have the primary responsibility for raising their children. This premise should not be changed when a child needs a medical treatment or when it is taken up in a hospital. Parents often know perfectly well what their child needs. Only if children and parents explicitly request so, shall the responsibility for taking care of the daily needs of the child be transmitted to the medical professionals taking care of the child. In order to make this possible, hospitalization of children should be prevented as much as possible, by making multidisciplinary health teams available for taking care of the child in its own environment. Even then, continuous dialogue should be maintained with both the child and its parents to ensure their continuous involvement in the health care of the children. If it is absolutely required for the child to go to the hospital, opportunities must be given for the parents to stay with the child in all phases of the treatment, including the opportunity to stay with the child during the night, if the child and its parents wish so. Examples have been established in the Netherlands where newborns in need of intensive care are able to stay in the same room as the mother.

Examples of good practices

In the Netherlands, several examples of good practices with respect to the realization of children’s rights in health care are found. A short explanation of several of them is provided below:

• Mothers who have just delivered their first baby, are contacted by the health department of the municipality where they live, whether they want support of other, experienced mothers. Through this channel, mothers who do not have the necessary social network to answer questions on raising their children, are offered support in meeting the challenges of being a good parent.

• A special code has been developed that offers insight to medical professionals on the risk factors for child maltreatment and the considerations they have to make in reporting a suspicion of child maltreatment. (KNMG-meldcode).

• The foundation Child & Hospital, member of the European Association on Children in Hospital has established a system of ‘smileys’ that are granted to hospitals that are qualified as child-friendly. A distinction is made between the requirements of the departments of neonatal care, daycare and the children’s department.

• The Guusje Nederhorst-foundation raises money to refurnish and paint children’s departments of hospitals, so that children will feel more at ease while staying there.

• In organizing sports tournaments for children 6-12, children’s rights training and games to make children aware of healthy behavior by doing quizzes, games and providing individual information on healthy behavior have been integrated in the city of the Hague.

• In order to stimulate mothers to stay fit during pregnancy and after delivery, the newly established company ‘Mom in balance’ provides special sports trainings for pregnant women and mothers in natural parks that are specifically tailored at their physical abilities and limitations.

Main barriers

• Efforts to ensure children’s rights in health are often focused on the implementation of children’s rights within health institutions. However, the realization of the right to health of children should start in a much earlier phase to prevent future health problems and to prevent the need for hospitalization. In addition to the efficacy of such measures, total costs are much lower than highly expensive medical treatments and hospital stays.

• One of the major obstacles in ensuring children’s rights in health care is that there is limited time available to establish the necessary rapport between a medical professional, the child and its family. This makes it difficult for children to become genuinely involved in their treatment.

• Child-friendly health and family-friendly health care go hand in hand. This means that in providing health care to children other elements must be taken into account that are not directly medical. Such elements include keeping children and family members together, ensuring healthy food, providing for playing areas and educational facilities. Given the increasing costs of healthcare, these elements are often unlikely to be funded, although they are important in improving the experience of children in healthcare, in preventing future problems and in improving therapy compliance,

Recommendations

*Prevention*

• Approach the child as a person and holder of rights

It is important to bring back humanity in the sometimes highly technocratic medical institutions that are increasingly being developed. Whereas standard protocols and evidence-based procedures have become mainstream in many (western) medical institutions, the position of the individual patient, more particularly the child (art. 3 CRC on the best interests of the child), should be the ultimate focus of the medical practice. Actual healing goes beyond the provision of medicines and the performance of medical treatments, but it must take the needs, views and wishes of the child and its parents as a starting point.

• Focus on prevention of health problems by empowering children and families

Support families to take ownership in ensuring and maintaining a healthy lifestyle by making available health information to children and their families. Make available supportive family health coaches upon request, who can help to bring awareness on living patterns and opportunities for enhancing healthy lifestyles for children in close collaboration with the child and its family.

• Stimulate (outdoor) sports activities

Make available sufficient parks, swimming pools and outdoor playing areas where children can be physically active. Ensure that any practical or financial limits are removed, so that all children can make use of these facilities that are essential for them to grow up and develop healthy. Establish these facilities after consultation with children and their supervisors, so that potential requirements such as attainability or safety requests are included in the design.

• Involve private sector in ensuring children’s rights

Acknowledge that responsibilities for ensuring children’s right to health must be shared with the private sector. Establish guidelines on the testing, distribution and marketing of pharmaceuticals and non-healthy foods for children and make companies aware of the impact of their activities on children’s health, for example by conducting a health impact assessment, involving children, their families and communities, before setting up a project that has effects on the living environment of children and their families.

*Health sector*

• Training for health professionals

Ensure that all professionals who encounter children as part of their (daily) work, are aware and able to respond to their particular needs, rights and sensitivities. Pay attention to child-sensitive communication modes with children (e.g. explanation of treatments using bears and dolls) and address the practicalities of organizing health care around the child. For example, working schedules of professionals should be adapted to the sleeping and eating patterns of children and not vice versa if that is more efficient for the professionals.

• Multidisciplinary health teams

Establish multidisciplinary teams that take into account not only the health needs of the child, but also its developmental needs, wishes for contacts with friends and family, opportunities to play and continue with school or leisure activities. Involve the child in determining how best to coordinate such a team. Such an approach will not only be beneficial to the physical health of the child, but also to its emotional well-being.

• Child health advocates

In order to identify the particular needs of children and their families, an assessment must be done upon admission to the medical trajectory so that necessities and expectations are clarified. It is recommendable that each child has one particular professional who guides her/him through the health care process and advocates for particular wishes of the child. A continuous dialogue is required to put the interests of the child and its family first. In doing so, the invisibility of the child can be reduced and its active participatory role enhanced. In the end, this process should be concluded by an evaluation of its experience and feedback on measures taken to meet the needs of the child.

Contributor

We welcome the initiative to dedicate the forthcoming Day of General Discussion to the theme of children’s right to health and we are grateful for having the opportunity to contribute to the development of this important right of children.

This contribution is submitted by Sarah Spronk, MSc, LLM, PhD-candidate on children’s right to health at the Leiden Law School ([s.i.spronk@law.leidenuniv.nl](mailto:s.i.spronk@law.leidenuniv.nl)).

Sarah Spronk is a PhD-candidate at the University of Leiden, department of child law. Her research topic is children’s right to have access to child-friendly health care. She is currently in the last year of her PhD-research. As a next step, she aims to perform research on the relation between children’s perceptions of child-friendly health care in relation to the international legal framework on children’s right to health. She has a degree in International and European law, specializing in children’s rights. Also, she has a degree in Medicine, with a Master in Medical Anthropology, specializing in children’s health care, protection and data exchange for risk analysis of child maltreatment. During her studies, she worked for the NGO Save the Children and for the International Criminal Court in the Hague.

I furthermore draw your attention to the technical contribution on children’s right to health as submitted in the preparation phase for General Comment 14 on children’s right to health to the Convention on the Rights of the Child.

Available at: http://www2.ohchr.org/english/bodies/crc/callsubmissionsCRC\_received.htm

1. For a further elaboration of the need to approach children’s health from a public health perspective see Aasen, H.S., ‘Children and the right to health protection’ in: *Health and Human Rights in Europe,* edited by Toebes, Hartlev, Hendriks and Herrman, Groningen, Intersentia 2012, p. 227-247. [↑](#footnote-ref-1)
2. Further insight into the basic requirements of child-friendly health care can be obtained from the newly adopted Guidelines of the Council of Europe on child-friendly health care, adopted in Lisbon on 21st September 2011 at the 1121st meeting of the Minister’s Deputies. [↑](#footnote-ref-2)
3. Editorial CRINMAIL ‘Children’s rights and the order kind of drug use’, Issue 1276, 16 May 2012. [↑](#footnote-ref-3)