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**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office
of the High Commissioner and the Secretary-General**

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Summary of the full-day meeting on the rights of the child

Report of the United Nations High Commissioner for Human Rights*

Summary

The present report is submitted pursuant to Human Rights Council resolution 22/32 on the right of the child to the enjoyment of the highest attainable standard of health, in which the Council requested the United Nations High Commissioner for Human Rights to prepare a summary of the full-day meeting on the rights of the child. The report contains a summary of the discussions held on 7 March 2013 during the annual full-day meeting on the rights of the child, the theme of which was the right of the child to the enjoyment of the highest attainable standard of health.

* Late submission. N.B. The full-day meeting described in the present report was held on 7 March 2013, after the official deadline for submission (4 March 2013).

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I. Background

1. In its resolution 7/29 on the rights of the child, the Human Rights Council decided to dedicate, at a minimum, an annual full-day meeting to a discussion on different specific themes on the rights of the child, including the identification of challenges in the realization of the rights of the child. In its resolution 19/37, the Council decided to focus its next annual full-day meeting on the right of the child to the highest attainable standard of health. In the same resolution, the Council also invited the Office of the United Nations High Commissioner for Human Rights to prepare a report on that issue (A/HRC/22/31) and to present it to the Council at its twenty-second session, to inform the annual day of discussion on children's rights.

2. Since the adoption of resolution 7/29, the Human Rights Council has held a number of thematic discussions on the rights of the child:

- “20 years of the Convention on the Rights of the Child: achievements and challenges for its full realization” (tenth session)
- “The fight against sexual violence against children” (thirteenth session)
- “Protection and promotion of the rights of children working and or living on the street” (sixteenth session)
- “Children and the administration of justice” (nineteenth session)
- “The right of the child to the highest attainable standard of health” (twenty-second session)

3. The annual full-day meeting on the right of the child to the highest attainable standard of health, held on 7 March 2013, provided a significant opportunity to discuss the challenges to achieving the full realization of the universal right to health. Discussions focused on strengthening the implementation of the right of the child to health and on accountability mechanisms that needed to be in place to ensure compliance of State with their relevant obligations. Emphasis was also placed on the social determinants of health and the interdependence between the right to health and other rights enshrined in the Convention on the Rights of the Child. The full-day meeting consisted of two panels: one focusing on challenges to achieving the full realization of the right of the child to health; another on the implementation of the right of the child to health and accountability mechanisms.

4. The full-day meeting discussion was chaired by the President of the Human Rights Council. The discussions of the panel were moderated by the Editor in Chief of *The Lancet*, Richard Horton. Child representatives from Bolivia (Plurinational State of) and Haiti also participated in the annual full-day meeting.

II. Challenges in achieving the full realization of the right of the child to health

5. The United Nations High Commissioner for Human Rights opened the annual meeting. A video produced by World Vision and Save the Children, entitled “Our health, our rights, our voices”, was then shown. Panellists in the morning session included the Assistant Director-General for Family, Women and Children's Health at the World Health Organization (WHO), Flavia Bustreo; the Director of the Programme on Children's Health at the Ministry of Public Health of Uruguay, Gustavo Giachetto; the Secretary-General of Terre des Hommes International Federation, Ignacio Packer; Tama, a child representative

from Haiti; Jonas, a child representative from Bolivia (Plurinational State of); the Special Rapporteur on the sale of children, child prostitution and child pornography, Najat Maalla M'jid; and Selina Amin of Plan International Bangladesh.

A. Opening remarks by the High Commissioner

6. In her opening statement, the High Commissioner stated that the right to health was a universal human right recognized in international human rights instruments, including article 24 of the Convention on the Rights of the Child, which stipulates that States must take measures to diminish infant and child mortality, as well as to combat disease and malnutrition. They must, in addition, take all appropriate measures to abolish practices that are harmful to children's health. She stressed that the right of the child to health had to be interpreted broadly, paying attention to all other rights that might affect its realization. The High Commissioner stated that, in addition to the 6.9 million children around the world that die each year from preventable causes before they turn 5, every hour, 300 children die because of malnutrition, which also stunted the development of an estimated 170 million children worldwide. She emphasized that other areas requiring sustained and immediate attention included obesity, violence, injuries and accidents, substance use, and sexual and reproductive health. She stated that the sharp increase in mental health problems among adolescents was also alarming.

7. The High Commissioner stressed that a child rights-based approach to health emphasized the need to eliminate exclusion and reduce social disparities in health between different groups of children. Therefore, in order to achieve the full realization of the right of every child to health, States had an obligation to ensure that children's health was not undermined by discrimination. Certain groups of children were disproportionately vulnerable, including children with disabilities and chronic illness; migrant children; children in street situations; children in institutions or without parental support; children who were victims of violence and sexual exploitation; and children living in remote or disadvantaged areas, or in situations of extreme poverty. The High Commissioner also stressed that children needed access to the tools and instruments necessary to remedy any violations they suffered to their rights, including their right to health. In this context, she welcomed the ratification by Gabon, Germany and Thailand of the third Optional Protocol to the Convention on the Rights of the Child on a communications procedure, and hoped that more countries would join them soon to achieve its earliest possible entry into force.

B. Issues addressed by panellists

8. The moderator pointed out that the annual day of discussion was being held after the High-level Dialogue on Health in the Post-2015 Development Agenda, which was held in Botswana from 4 to 6 March 2013. The High-Level Panel of Eminent Persons on the Post-2015 Development Agenda had agreed on key principles to guide global health in the post-2015 era, including the urgent need to accelerate progress achieved within the framework of the Millennium Development Goals. The annual day of discussion on the rights of the child offered an opportunity to influence the post-2015 agenda with regard to the right of the child to health.

9. With regard to achieving further progress in reducing child mortality, Ms. Bustreo stated that, despite the fact that 6.9 million children died every year from preventable causes, there had been a significant reduction in childhood deaths, from 12 million in 1990 to less than 7 million in 2011. This progress was testimony to the commitment made by States to saving the lives of young children. She however recalled that 10 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 had not been achieved. Similarly, more progress needed to be made, given that the majority of deaths continued to be among the most disadvantaged children and young girls. The legally binding obligations of States arising from the Convention on the Rights of the Child and other international instruments were still not being enacted into national legislation. WHO was committed to the elimination of the preventable deaths of millions of children, but this required action and resources. Applying a human rights-based approach could lead to an improvement in children's health.

10. With regard to measures taken by Uruguay to combat non-communicable diseases and their impact on the realization of the right to health, Dr. Giachetto stated that Uruguay had taken a crosscutting approach in its health policies and had set up special programmes devoted to pregnant women, and to children's and adolescents' health. It had also given consideration to the issue of 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 through a successful anti-tobacco policy and vaccination programmes for hepatitis B and human papilloma virus. Dr. Giachetto added that Uruguay addressed the right to health with an inclusive approach, and therefore also considered the impact of other social indicators on health. In particular, he emphasized the importance of the link between health and education.

11. Mr. Packer referred to the challenges faced by children in their access to high-quality care. The principle of universal access to health required establishing how many people it would reach, how much would it cost and where to start to make it a reality. Achieving universal health coverage in low- and middle-income countries was possible, but required bold steps by Governments and the international community. The focus should be placed on the mother, the child and reproductive health. An essential first step was to remove financial barriers to health services and to abolish fees. The second step was to ensure robust and sustained public funding for health by both national revenues and official development assistance. Third, States had to invest in quality of care, therefore investing in each element of the health system, from information to health workers, through to primary and secondary health care. Evidence was against levying fees for primary health care. With regard to the cost of universal health coverage, there was evidence from some countries that a 10-per-cent increase in national health budgets resulted in increased use of services and improvements in child health.

12. Tama, a child representative from Haiti, stated that the right of the child to health was the least prioritized because more emphasis was given to other rights, such as the right to education. Changes in government led to changes in programmes that could have an impact on a child's access to health services. She added that, in fragile States or after emergencies, there were never enough health centres and doctors, and the quality of health care was poor. She asked the Human Rights Council to pay attention to those issues in their discussions.

13. Jonas, a child representative from Bolivia (Plurinational State of), stated that being healthy allowed children to study, play and be with one's family. The right to health was important, because being a human was not possible without being healthy. Many deaths could be prevented by timely care and reasonable costs. Health care had to be affordable and also provided to all, including indigenous women, the poor and uneducated and young people. National legislation needed to be in place to allow significant changes to be made, and should be developed with the participation of children, who were not only the future, but also the present.

14. The Special Rapporteur on the sale of children, child prostitution and child pornography addressed the question of the impact of sexual exploitation on children and the links between the health and justice sectors. She stated that violence and sexual exploitation

were violations of the rights of the child that had a devastating impact on the child's physical and psychological health and development. Physical consequences included HIV/AIDS, unwanted pregnancies, abortions and other severe complications that could even lead to death. Psychologically, it could lead to the loss of self-esteem, self-mutilation, addictive behaviours and suicide. Detecting the different forms of violence and sexual exploitation was a challenge, as children were too ashamed to discuss such matters, and sometimes the aggressor was a person known to the child and the family. All medical staff should be trained in detecting the signs of physical and sexual abuse in children. The skills of medical staff should be bolstered by legislation, especially by procedures for reporting such incidents. The protection of child victims of violence and sexual exploitation should be multidisciplinary, addressing legal, psychological, social and medical aspects. Health-care staff were essential not only in detection of sexual violence but also in reporting it to the authorities and in follow-up services. Perpetrators should be punished and the victims should be protected and provided with appropriate compensation.

15. On the question of the links between child marriage and the non-fulfilment of an adolescent's right to sexual and reproductive health, Ms. Amin stated that the statistics on child marriage were daunting. She pointed out that, in developing countries, more than 30 per cent of girls were married before the age of 18, and noted that, ironically, 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 both the mother and the child. The devastating consequences of child marriage continued to be ignored and all necessary action should be taken to stop this harmful practice. Health education in school was essential for the development of children, especially because it provided the tools necessary for children to make the right decisions in life. She added that children and adolescents had the right to age-appropriate and comprehensive information on sexuality and reproduction as part of health education. Comprehensive sexual education, which extended beyond information on biological reproduction and disease transmission, should be provided to children and adolescents as part of the school curriculum.

16. In summing up, the moderator emphasized four key themes that had emerged in the discussion: evidence; society; voice; and opportunity. He noted that gathering reliable evidence was critical to resolving problems. Children were at the heart of society, and the health of children was a barometer that measured the present and future moral and political commitment to a more just world. The voices of children were critical to a participatory process, and it was necessary to seize all opportunities to realize the right of the child to health.

C. Plenary discussion

17. During the interactive discussion, the delegations of Armenia, Bahrain (on behalf of the Group of Arab States), the Congo, the Council of Europe, Estonia, the European Union, Gabon (on behalf of the African Group), Germany, Haiti, Iran (Islamic Republic of) Jordan, Nepal, Norway, the Organization of Islamic Cooperation, Paraguay, Qatar, Slovenia, Sri Lanka, the Sudan, Sweden (on behalf of a cross-regional group), Switzerland, the Syrian Arab Republic, Thailand, Turkey, the United Arab Emirates, and the United States of America and Uruguay took the floor. The national human rights institutions and non-governmental organizations that took the floor were the National Human Rights Council of Morocco, Human Rights Watch, Caritas International, Defence for Children International and World Vision International.

18. During the discussion, many delegations referred to efforts they were making at the national level to ensure the implementation of the right of the child to the highest attainable

standard of health. Member States reiterated that the realization of the right of the child to health was indispensable for the enjoyment of all other rights enshrined in the Convention on the Rights of the Child, and the need for a holistic approach to the promotion of the right of the child to health. Reference was also made to the importance of ensuring that all children had equal access to quality health care without discrimination, and that inequalities in access to health care were often linked to more structural issues, such as inadequate health systems, insufficient health financing and lack of qualified human resources. Conflict, poverty and the lack of clean water in certain areas prevented children from enjoying their right to health. Child mortality, epidemics and HIV/AIDS continued to pose serious challenges for some countries. Several delegates raised the situation and vulnerability of children under foreign occupation.

19. Several speakers stated that more attention should be paid to technical assistance and cooperation in enhancing children's human rights, including the right to health. Some delegations also expressed support for the Rio Political Declaration on Social Determinants of Health adopted at the World Conference on Social Determinants of Health on 21 October 2011, as well as for the Optional Protocol to the Convention on the Rights of the Child on a new communications procedure. Birth registration was mentioned as an essential step to strengthen the rights of the child, including the right to health. The importance of treating children with care, sensitivity, fairness and respect throughout any health-care intervention was also raised. Several delegations referred to the best interests of the child as a primary consideration. In this context, the promotion of breastfeeding was raised. The essential role of the family in ensuring the well-being and protection of children was also emphasized.

20. Health education, and in particular sexual and reproductive health education and information for children and adolescents, was stressed. Reference was made to how sexual and reproductive rights were being neglected and breached by harmful practices, including female genital mutilation and child marriage. Other issues raised included technology advances and prenatal sex selection, the importance of awareness-raising initiatives on the right of the child to health, and the need for States to take appropriate measures to reduce child mortality.

21. Non-governmental organizations expressed concern at children's environmental health, and called upon Governments to take action to prevent the exposure of children to toxic chemicals and to treat its impact on health. They also expressed concern with regard to migrant children and requested that States ensure that the best interests of the child were always prioritized, regardless of the migration status of the child or of his or her parents. Attention was also drawn to the vulnerability and special needs of children in detention and of children in conflict with the law.

D. Concluding remarks

22. **The moderator summarized the key points raised and invited panellists to respond to a number of issues, including whether universal health coverage was a panacea; the challenges to multi-sectoral policies in dealing with access of children to health; the role of the family and how to address opposing views expressed on issues concerning sexual education; the role that national human rights institutions could have in promoting and protecting the right of the child to health; and how the international community could do more to support and strengthen institutions in child health.**

23. **With regard to universal health coverage, Ms. Bustreo stated that the universality of access to health services was the concept that underpinned the work of**

WHO. The key question was how to measure universality; she emphasized that the first step for countries was to measure when and where children were born, where they lived and the services to which they had access. She noted that international organizations had a responsibility to share examples of good practices with States, and referred to a concrete example from Brazil. She also stressed the importance of establishing and facilitating knowledge networks among countries and in particular South-to-South sharing. Lastly, international organizations also had an important role to play in capacity-building.

24. Dr. Giachetto stated that a comprehensive multi-sectoral policy was being put in place in Uruguay in order to ensure a comprehensive, holistic approach to health, which needed to include social determinants for the population. Health issues could not be tackled from within the Ministry of Public Health alone, and many different players had to be brought in. This approach included not only health but also education, housing, social security and other sectors. He emphasized the importance of the role of families in supporting every phase of a child's development. He pointed out that the ultimate aim of multi-sectoral approaches was to ensure that there was complete access to quality health services targeted at the special needs of the population, governed by the principle of equality. This involved identifying vulnerable groups and designing specific programmes to meet their needs. This also involved the identification of a set of basic needs for all children, regardless of their nationality, race or place of origin.

25. Mr. Packer stated that national human rights institutions, including ombudsmen, had a key role to play in obtaining the views of children and the community in the area of child health. He also addressed the question on the practical steps States that could take to ensure a human rights-based approach to child health. He stressed that States had to work on social responsibility and on how individuals act in communities, such as in the area of discrimination. Concrete steps included providing information at the community level and involving leaders who work on integration issues in communities.

26. The Special Rapporteur on the sale of children, child prostitution and child pornography addressed the issue of female genital mutilation and other forms of sexual violence, stating that solutions had to be found at both the domestic and international levels. At the national level, awareness-raising initiatives for changing public perceptions were vital. She emphasized the importance of ensuring access to prompt appeals and compensation systems and the need for an effective legislative framework. At the international level, proper cooperation, coordinated action and effective accountability and monitoring systems were needed. She also highlighted the challenge of addressing concerns about global norms and rights, and the sovereignty and cultural integrity of States. Children's rights were human rights, but the way in which they were translated in practice was a complex matter. In the Catholic and Islamic cultures, some saw sex education as potentially encouraging early sexual behaviour when, in fact, its aim was to provide information and the necessary tools for young persons to understand sexual matters. Child exploitation and sexual violence could not be tolerated in any culture. It was important to provide scientifically proven information on sexual behaviour and education to change attitudes.

27. Ms. Amin stated that parents and other stakeholders, including local elites, should be informed on child rights. She emphasized that education had an impact on child and maternal mortality, and various other aspects of health. In Bangladesh, life skills were taught as part of the school curriculum. National media were mobilized and community radio was used to disseminate information to entire communities.

28. Jonas pointed out that children could help each other on issues relating to the right to health. The majority of parents believed that issues relating to sex and sexual relations were taboo and there was discrimination against children with HIV/AIDS or adolescents who were pregnant. All children should be respected and should respect each other. Jonas and Tama thanked all present for the opportunity to participate in the annual day discussion.

III. Implementation of the right of the child to health and accountability mechanisms

29. The afternoon panel discussion started with a message read out by the Special Rapporteur on sale of children, child prostitution and child pornography on behalf of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, Anand Grover, followed by the video “Our health, our right and our action” produced by Save the Children and World Vision. Panellists in the afternoon session were Professor of Law at the University of Essex, Paul Hunt; a member of the Committee on the Rights of the Child, Maria Herzog; the Special Representative of the Secretary-General on Violence against Children, Marta Santos Pais; the Principal Adviser with Special Interest in Public Health of the Directorate-General Health and Consumers, European Commission, Isabel de la Mata; the Chief Executive Officer of Save the Children, India, Thomas Chandy; and Senior Staff Attorney of the Inter-American Court of Human Rights, Oscar Parra.

A. Remarks by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health

30. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health stated that the rights of the child to health did not merely entail access to health care; that right also contained such freedoms as the right to control one’s health and body, and entitlements, including the right to a system of health protection that provides equality of opportunity for every child to enjoy the highest attainable level of health. This imposed three levels of obligations on States, including not to interfere with the enjoyment of the right; the obligation to ensure that third parties would not interfere; and the obligation to fulfil. The obligation to fulfil required States to take whatever measures necessary – legislative, administrative, budgetary and judicial – to achieve the full realization of the right of the child to health. This right should be interpreted in the light of the general principles of the Convention on the Rights of the Child.

31. The Special Rapporteur stressed the crucial role of national laws and policies. National legislation should be in line with the State’s obligation to respect, protect and fulfil the right of the child to health. Too often, however, laws, regulations and policies were barriers to the full realization of that right; for example, criminal laws and other legal restrictions could prevent adolescents from having access to certain sexual and reproductive health-care goods (such as contraceptive methods), directly outlaw a particular service (such as safe abortion) or ban the provision of sexual and reproductive information through school-based education programmes. Such criminal laws and other legal restrictions affecting the sexual and reproductive health of adolescents could amount to violations of the right to health and should be revoked. The right to sexual and reproductive health was a fundamental part of the right of the child to health, and States should ensure its full realization by providing comprehensive sexuality education and full and affordable access to quality and confidential, age-friendly and evidence-based reproductive and sexual health services. The Special Rapporteur stressed that accountability was central to ensuring that

duty-bearers were meeting their human rights obligations. National accountability mechanisms included complaint systems, judicial remedies and independent monitoring bodies, which should be accessible, effective and transparent. Any child victim of a violation of the right to health should have access to effective judicial or other remedies at both the national and international levels.

B. Issues addressed by panellists

32. With regard to what accountability meant and the relevance of human rights to it, Mr. Hunt stated that health and human rights issues could not be addressed by lawyers or health experts independently, and that both needed to cooperate. In the context of the right of the child to health, accountability first meant monitoring what was happening (including using indicators and benchmarks, and gathering other information, such as “shadow reports” prepared by non-governmental organizations); second, reviewing the indicators, benchmarks, shadow reports and other information, and carefully assessing whether human rights commitments were being kept; and third, taking remedial action. Judicial accountability was extremely important, but it was accountability of last resort. Accountability for the right of the child to health was critical, and it required collaboration across law, human rights, health and other professionals. Accountability was, however, just one stage in the policy cycle. There were also the stages of situational analysis, policy formulation, budgeting and implementation. The right of the child to health had to be integrated into each stage of this policy cycle. Mr. Hunt reiterated that this could not be done without close, sustained and respectful collaboration between the human rights and health communities.

33. With regard to ensuring greater impact of the Committee on the Rights of the Child at the national level, Maria Herzog stated that the Committee’s weakest point was the lack of a follow-up mechanism and the difficulty in monitoring the national implementation of its concluding observations. It was up to States to translate recommendations made by the Committee into concrete plans, policies and programmes, and to ensure that adequate financing was made available. She emphasized the importance for all personnel working in the health sector to be versed in the human rights dimension of children’s health. Other key actors, including businesses and the media, should also be involved and informed, as they were crucial in preventing illnesses and ensuring the greatest degree of access to health. Recent examples of actions by the Committee to strengthen the right of the child to health included four new general comments on the right of the child to health, the right to play, the best interests of the child and the responsibilities of businesses with regard to children’s rights. She emphasized the responsibilities of businesses with respect to the right of the child to health, including businesses that caused environmental degradation or engaged in the employment of children, as well as the various gaps that the pharmaceutical industry needed to address with regard to children’s access to the right to health.

34. The Special Representative of the Secretary-General on Violence against Children addressed the impact of violence against children and the accountability mechanisms that were needed to ensure its prevention and elimination. She stated that violence against children compromised all human rights, including the right to health, and referred to the importance of health professionals in detecting violence. Hospitals were usually the first point of contact for children who had been victims of sexual violence; it was therefore important that they be prepared to offer immediate and even urgent assistance to children who had endured sexual abuse. In a growing number of countries, health-care centres were a sound platform for hosting one-stop shops for child victims of violence, where health and social services, police and justice departments joined hands to provide the necessary technical advice and support, protect child victims and secure their rehabilitation, guided by

the child's best interests. She explained that violence against children could lead to depression and low self-esteem, and was associated with eating and sleeping disorders, aggressive and risky behaviours such as drug abuse, involvement in sex work and early pregnancies. Every three seconds a girl under the age of 18 got married, usually in a forced marriage to a much older man, and these early marriages exacerbated the problem of early pregnancies. The Special Representative pointed out that the risk of maternal mortality for girls who became pregnant before the age of 15 was five times higher than among women married in their twenties. She noted that accountability had several aspects, and that legislation was a key component. A ban on all forms of violence against children was required in legislation, accompanied by the removal of any justification that might legitimize practices that propagated violence against children. More data and evidence were also needed, and funds should be invested in medical staff and ethical standards. Cooperating with and empowering young persons were an important part of the fight against child abuse.

35. According to Ms. de la Mata, it was important to concentrate on deprived populations by implementing comprehensive policies covering education, health and nutrition issues in order to provide vulnerable groups with assistance. The European Commission was also addressing issues such as unhealthy lifestyles and the situation of children with disabilities and mental health problems. The European Union had several financial instruments, including the European Social Fund and the Fund for European Aid for the Most Deprived. A set of specific indicators on health issues, such as infant mortality and child mortality, had been designed to monitor progress, and Member States were given specific targets to reach and measures to implement. During the economic crisis, the value of health had to be demonstrated even further and a case had to be made for investing in young people, including their health. The European Union had strategies in place to promote specific health programmes and activities, and to address social inequalities.

36. With regard to the role of civil society and that of community accountability mechanisms, Mr. Chandy stated that the State was not solely responsible for accountability; working together with civil society and the community was necessary in order to be effective. The framework for accountability should be based on filling the gaps in information and equality. With regard to inequalities, he noted the close correlation of poverty and discrimination. To address the issue of the gap in information, awareness-raising at the ground level was needed on entitlements and rights. In addition, it was essential that the voices of the community and their leaders be heard. Children should also be given a voice in the discussion and be given the opportunity to participate, as they were the most effective advocates for their needs. He reiterated that partnerships with the Government, civil society and the community were needed to achieve accountability, and noted the importance of working as a coalition, not as competitors.

37. Mr. Parra referred to relevant judicial decisions in Latin America related to the right of the child to health. The Constitutional Court of Colombia had addressed a case brought by parents whose children had been denied access to vaccination against meningitis, as they were not eligible to benefit from plans for these families. The Constitutional Court had noted that, since the children lacked the ability to participate in the legislative process and there was a lack of protection from the executive, it was the judiciary's role to protect their rights. He also referred to a case in Argentina in which a child had been refused medication owing to budget restrictions. In this case, the Supreme Court ruled that the State could not interrupt ongoing treatment on the grounds of lack of resources. Mr. Parra also referred to a case with the Inter-American Court of Human Rights involving Argentina, where a child with a mental impairment had sought appropriate compensation for rehabilitation, and the judicial trial at the domestic level had taken too long. The Court ruled that the delay in the case had had a deleterious impact on the rights of the child, including the right of the child to health, and that an interdisciplinary team should be set up to address the child's situation.

C. Plenary discussion

38. During the interactive dialogue, delegations from the African Union, Algeria, Australia, Belgium, Brazil, Bulgaria, Chile, China, Costa Rica, Cuba, Egypt, the Holy See, Indonesia, Malaysia, Maldives, Peru, Romania, the Russian Federation, Sierra Leone, South Africa and Spain took the floor. The International Labour Organization, the Joint United Nations Programme on HIV/AIDS and the United Nations Children's Fund, also took the floor. Interventions were also made by the South African Human Rights Commission, the Al Zubair Charity Foundation, the Maarij Foundation for Peace and Development, Human Rights Advocates and the Consortium for Street Children.

39. During the discussion, States noted that the universal right of the child to enjoy the highest attainable standard of health was an urgent global priority, and stressed the importance that child health be part of the post-2015 development agenda. Participants raised the situation of children affected by HIV/TB co-infection, stressing that paediatric drug formulations were not available and calling for further investment and collaboration with pharmaceutical companies and research institutes in order to preserve the life and dignity of children living with HIV or HIV/TB co-infection. Some referred to the progress made over recent decades on children's health. Examples of strategies to develop primary health-care systems capable of bringing medical advances to the population at large, together with improved access to clean water, improved sanitation, better child nutrition and comprehensive child immunization programmes were also mentioned.

40. Concern was reiterated during the dialogue about the 6.9 million children who die every year from preventable causes, and reference was made to the importance of adopting a human rights-based approach to access to health services for children. Some speakers pointed out the social stigma of adolescent pregnancies and indicated that educational programmes and media campaigns should play a greater role in raising awareness. The importance of health education, campaigns and promotional materials in order to prevent and tackle problems relating to obesity and substance use was also raised, as was the importance of international cooperation in supporting health systems and national health plans. Reference was also made to the 150 million children involved in hazardous work and worst forms of child labour, and the challenges that they faced in realizing their right to health.

41. Some speakers referred to the OHCHR report on the right of the child to the highest attainable standard of health (A/HRC/22/31), and emphasized that cultural and historical backgrounds should have been further considered. In particular, Egypt expressed its deepest disappointment at the report and indicated that, instead of providing a contribution to global and national efforts, the report presented a high-risk and culturally insensitive approach that disregarded the priorities of developing countries. Egypt stated that the occurrence of risk behaviours among children, such as sexual activity among minors and drug use, should not be a justification to accept these practices, and that such practices should be eradicated through means of parental guidance, awareness and the promotion of abstinence. They requested that their position and its definitive rejection to the approach and content of the report be clearly registered in the summary report.

42. Reference was made to the lack of accountability as the biggest obstacle in the implementation of the right of the child to health. The important role played by national human rights institutions, the judiciary and the media as part of the accountability framework was also raised.

43. Non-governmental organizations referred to the situation of children in refugee camps, who were potentially at risk of being recruited as child soldiers, and to the importance of prevention and health education and awareness-raising campaigns. Attention

was drawn to the millions of children living or working in the street and the challenges they faced in the realization of their right to health, including access to health services.

D. Concluding remarks

44. The moderator invited panellists to address a number of issues, including the implementation of effective accountability mechanisms; reflecting on the family and cultural value systems; ensuring that disadvantaged groups, including children in street situations, had access to health services; and ensuring that mental health was integrated in health policies.

45. Mr. Hunt stated that, in order to implement effective accountability mechanisms, a combination of devices was needed, including parliaments, national human rights institutions and child rights commissioners, local health authorities, hospital boards and patient committees. In addition, all accountability measures should be underpinned by transparency and participation. In addressing how dialogue between United Nations agencies could be improved to ensure that the right of the child to health was implemented, the agencies should work together on specific projects in a collaborative spirit, at the request of intergovernmental bodies, such as the Human Rights Council. He added that governing boards of agencies should consider the right to health systematically, and give the political space to officials in the agencies to engage in inter-agency collaboration on human rights. He invited States in the Human Rights Council to take their views on the right to health to these bodies.

46. Ms. Herczog emphasized the importance of a right-based approach and, in particular, of the Convention on the Rights of the Child as a universal tool and framework that should be part of the post-2015 development agenda. The family was paramount and efforts should be made to support the role of the family and the parents. Parents should be supported in the development of non-violent and rights-based methods. She stressed that developing good indicators was a complex issue, while noting the excellent set of indicators for child rights in early childhood that was already in use.

47. The Special Representative of the Secretary-General on Violence against Children stated that issues such as pregnancies of adolescent mothers created stigma and needed to be addressed in a culturally sensitive way. Children should be given the opportunity to receive information and participate as partners in all processes. With regard to the question of the links between the right of the child to health and women's right to health, the Special Representative referred to the Commission on the Status of Women, which was also addressing the issue of violence against women and girls and noted the coincidence of the topic. She highlighted the need to increase cooperation between women's rights organizations and children's rights organizations.

48. Ms. de la Mata pointed out that specific policies were needed to ensure the inclusion of marginalized communities, in addition to broader declarations on access to health. She stated that, at the European level, specific programmes had been developed to address specific groups of children, such as Roma children, and that mental health was a central theme with regard to children's health.

49. Mr. Chandy reiterated that the family was the basic unit for the protection of the child. He also stressed that rapid urbanization in Asia and Africa had led to a growing number of children living on the street. It was essential to ensure that care structures were built for children in street situations and addressed health and

protection issues related to children in the streets. As many of the children living and working on the street could come into conflict with the law, adequate attention should be paid to juvenile justice systems as well.

50. Mr. Parra explained that, when Governments did not make progress in the implementation of the right to health, judicial intervention could fill the gap. With regard to the issue of child labour, he stated that, in the Inter-American system, the Commission had referred to the specific problem of child labour, linking it to the vulnerability of children in situations of poverty. The elimination of child labour was a priority objective for States in the region.
