Setting WHO Standards for Children's Rights in Healthcare Settings

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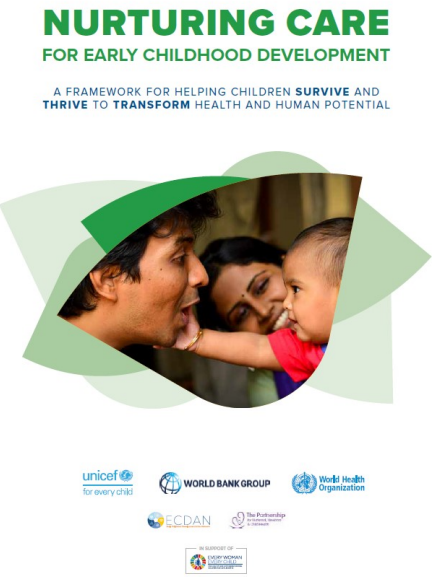
World Health Organization



Status of child and adolescent health in the WHO European Region

High standard of living for many children in the Region, but ….

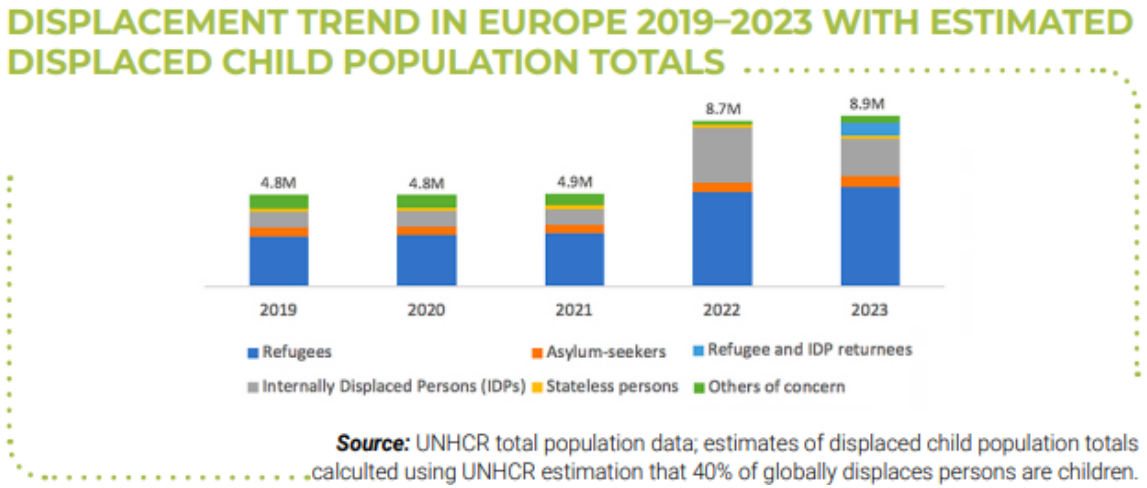
…. climate change, widening socio-economic gaps, migration, armed conflict …. with disparities between and within countries increasing

Concerning trends in health issues:

- overweight and obesity
- chronic respiratory diseases
- mental health conditions
- intentional and unintentional injuries
- developmental difficulties
- under-immunization
- overuse of antibiotics leading to increase in AMR
- rapidly evolving digital environments outpacing regulatory measures

Status of child and adolescent health in the WHO European Region

There are 9 million forcibly displaced children in Europe



Provide quality healthcare, social protection and education to all children regardless of migration status

Collect quality health data disaggregated by migration status, age, and sex to inform about a responsive health policy and practice

Trauma and difficult conditions lead to poor health and development

Conditions in reception centres, refugee camps, and detention centres are harmful to children's health

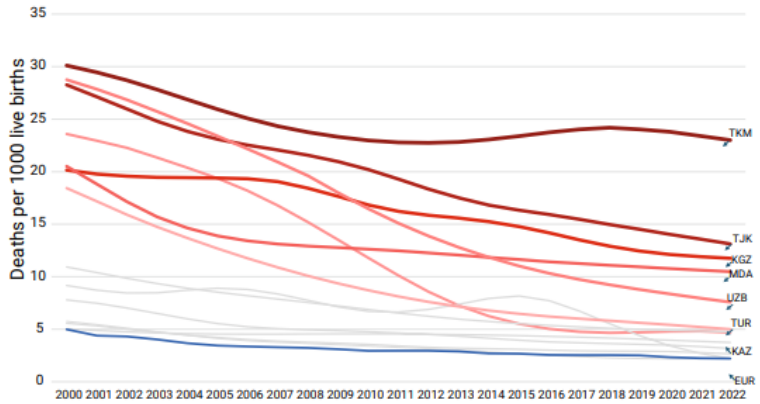
Unaccompanied and separated children are highly vulnerable

Meeting migrant children's health, education and social needs is a major challenges for countries

Status of child and adolescent health in the WHO European Region

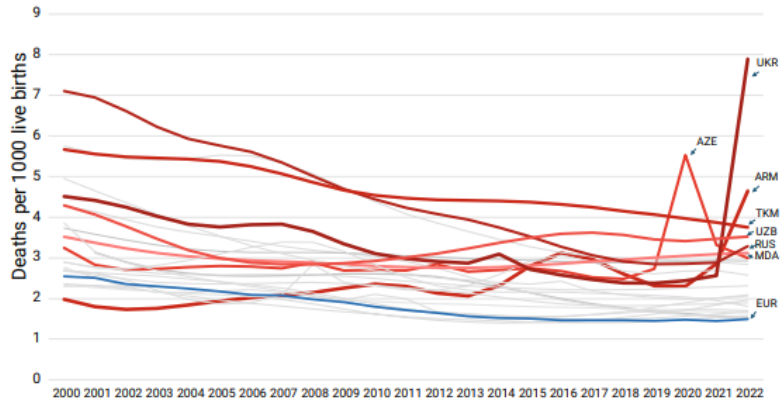
Children and adolescents in the Region do not have equal chances of surviving to adulthood

NEONATAL MORTALITY RATES
EUROPEAN REGION



EUR: WHO European Region Median KAZ: Kazakhstan KGZ: Kyrgyzstan MDA: Republic of Moldova
TJK: Tajikistan TKM: Turkmenistan TUR: Republic of Turkiye UZB: Uzbekistan

15–19 YEAR MORTALITY RATES
EUROPEAN REGION



ARM: Armenia AZE: Azerbaijan EUR: WHO European Region Median MDA: Republic of Moldova
RUS: Russian Federation TKM: Turkmenistan UKR: Ukraine UZB: Uzbekistan

Only the countries with mortality rates above the median are represented in the graphs.

Neonatal mortality rate in the highest mortality country is **10 times** higher than the Region and **28 times** higher than the lowest mortality countries

Median **15-19 year mortality** rate **increased** in the Region for the first time in 20 years, with an increase seen in 19 countries across the Region

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Strengthening health services for children and adolescents through a human rights-based approach

Improvements in the design and implementation of health care by systematically taking into consideration the rights of children and adolescents, and their caregivers

Based on …

- International human rights instruments
- Regional instruments
- Normative guidance
- Technical and policy guidance


United Nations CRC/C/GC/15

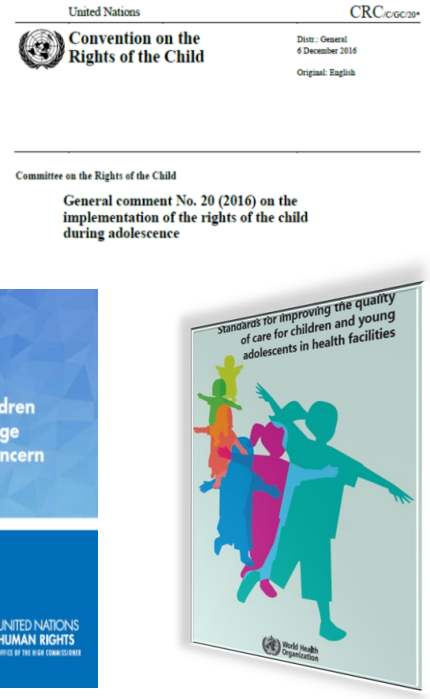
Convention on the Rights of the Child

Distr.: General 17 April 2013 Original: English

Committee on the Rights of the Child

General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*

Contents


United Nations CRC/C/GC/20*

Convention on the Rights of the Child

Distr.: General 6 December 2016 Original: English

Committee on the Rights of the Child

General comment No. 20 (2016) on the implementation of the rights of the child during adolescence

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A Right to Health ….. definitions and key aspects

1946 – WHO Constitution (Preamble)

…. “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” ….

…. “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

1948 – Universal Declaration of Human Rights (Article 25 – adequate standard of living)

1966 – International Covenant on Economic, Social and Cultural Rights (Article 12)

Convention on the Rights of the Child

Convention on the Elimination of All Forms of Discrimination Against Women

Convention on the Rights of People with Disabilities

Convention on the Protection of the Rights of All Migrant Workers and Members of their Families

A Right to Health ….. definitions and key aspects

An **inclusive right** including a right to "**underlying determinants of health**":

- Safe drinking water and adequate sanitation
- Safe food
- Adequate nutrition and housing
- Healthy working and environmental conditions
- Health-related education and information
- Gender equality

Contains both **freedoms** and **entitlements**

- The right to prevention, treatment and control of diseases
- Access to essential medicines
- Maternal, child and reproductive health
- Equal and timely access to basic health services
- The provision of health-related education and information
- Participation of the population in health-related decision-making at the national and community levels

A Right to Health ….. Core components

Availability

There must be a sufficient quantity of functioning health facilities, goods and services for all

Accessibility

Health facilities, goods, and services must be accessible to everyone

Four dimensions: non-discrimination, physical accessibility, economic accessibility (affordability) and information accessibility

Acceptability

Health facilities, goods, services and programs are people-centered, culturally appropriate, gender sensitive, and cater to the specific needs of diverse population groups, and in accordance with international standards of medical ethics for confidentiality and informed consent

Quality

Health facilities, goods, and services must be scientifically and medically approved

A Right to Health ….. Core components

Quality

Health facilities, goods, and services must be scientifically and medically approved

Key component of universal health coverage (UHC)

Quality health services should be:

- safe: avoiding injuries to people for whom the care is intended
- effective: providing evidence-based services to those who need them
- people-centred: providing care that responds to individual needs
- timely: reducing waiting times and harmful delays
- equitable: providing care that does not vary in quality on account of age, gender, ethnicity, disability, geographic location, and socio-economic status
- integrated: providing a full range of health services throughout the life course; and
- efficient: maximizing the benefit of available resources and avoiding waste

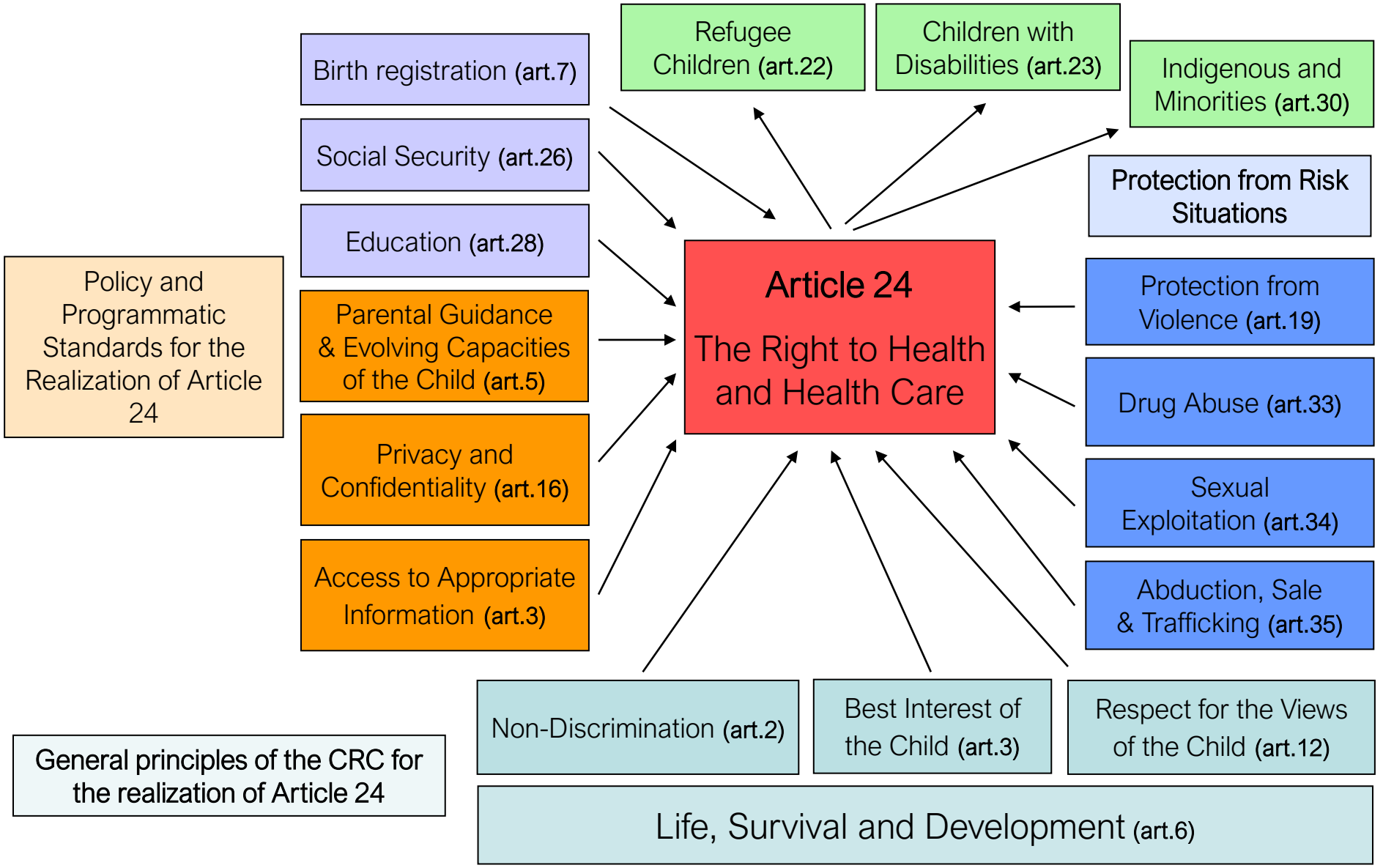
A Right to Health ….. The Convention on the Rights of the Child

Article 24

Governments must take appropriate measures to:

- diminish infant and child mortality
- ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care
- combat disease and malnutrition, including through provision of adequate nutritious foods and clean drinking-water
- ensure appropriate pre-natal and post-natal health care for mothers
- ensure access to education and support in use of basic knowledge of child health and nutrition, advantages of breastfeeding, hygiene and environmental sanitation and prevention of accidents
- develop preventive health care, guidance for parents and family planning education and services
- abolish traditional practices prejudicial to the health of children

Child and Adolescent Health and the CRC
Going beyond Article 24



Relevant rights and principles for children's health include:

Relevant Right/Principle	Core Principle	Related Instruments
Right to Health	Every child has the right to the highest attainable standard of health and access to health services without discrimination.	CRC, Article 24
Non-Discrimination	All children are entitled to health services without discrimination based on race, gender, disability, or socioeconomic status.	CRC, Article 2
Best Interests of the Child	The best interests of the child should be a primary consideration in all health-related decisions and policies.	CRC, Article 3
Survival and Development	Every child has the right to survive and develop to their full potential, including access to health care that supports physical, mental, and social well-being.	CRC, Articles 6 and 24
Participation	Children have the right to express their views freely in all matters affecting them, including health, and those views should be given due weight.	CRC, Article 12
Protection from Harm	Children should be protected from all forms of physical or mental harm, including harmful traditional practices, child labor, and abuse.	CRC, Articles 19 and 32
Access to Information	Children and their guardians should have access to appropriate information about health, including health services, nutrition, and disease prevention.	CRC, Article 17

What is needed operationalize human rights for children and adolescents?

- Strengthening accountability – legal, political, institutional:
  - Laws, regulations and policies which conform to human rights standards
  - Engagement of NHRIs in monitoring quality of services for children and adolescents
  - Utilizing international human rights mechanisms – e.g. CRC Committee
- Ensuring rights-based health care: AAAQ
- Empowering children and adolescents and caregivers – if possibility of remedy and redress
  - Active and informed participation in policy making, service design and evaluation
  - Ensuring remedy and redress processes and mechanisms are available
- Empowering providers
  - Ensuring providers understand their obligations and rights

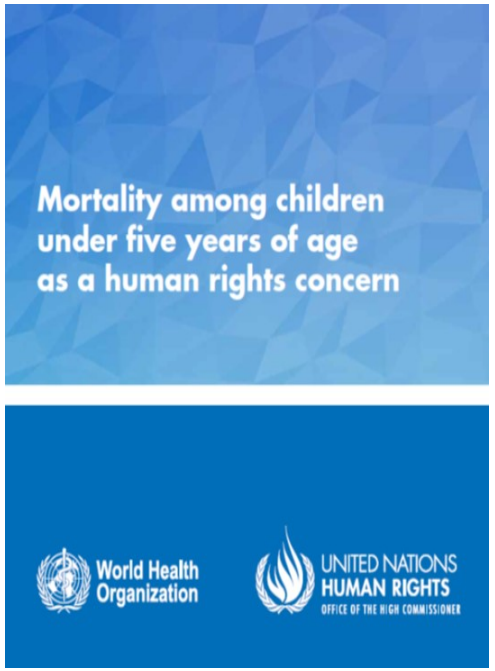
Articulating and using a HRBA to improving MNCAH

- To inform the design, implementation, monitoring and evaluation of health laws, policies, programmes and services
- To advocate for more effective and accessible accountability mechanisms and processes

Articulation of a HRBA to child health and development needed for “buy-in”, planning and programming

Normative guidance available from UN Human Rights System:

- Authoritative interpretation of the CRC in the context of children and adolescents and health:
  - CRC General Comments 4, 15, 20 (and 25)
  - Technical Guidance on the application of a HRBA to efforts to reduce PMM and PU5M (UNHRC)



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Right to be heard - includes their views on all aspects of health provisions, including, for example, what services are needed, how and where they are best provided, barriers to accessing or using services, the quality of the services and the attitudes of health professionals, how to strengthen children's capacities to take increasing levels of responsibility for their own health and development, and how to involve them more effectively in the provision of services, as peer educators

Right to facilities for treatment and rehabilitation - children are entitled to quality health services, including prevention, promotion, treatment, rehabilitation and palliative care services.

At the primary level, these services must be available in sufficient quantity and quality, functional, within the physical and financial reach of all sections of the child population, and acceptable to all.

States should ensure an appropriately trained workforce of sufficient size to support health services for all children.

Adequate regulation, supervision, remuneration and conditions of service are also required, including for community health workers.

Capacity development activities should ensure that service providers work in a child-sensitive manner and do not deny children any services to which they are entitled by law. Accountability mechanisms should be incorporated to ensure that quality assurance standards are maintained

Build capacity of duty-bearers to fulfil their obligations and of children, parents and other caregivers to understand and claim their child health- and survival-related rights

Provide access to essential health interventions

Provide access to essential medicines included in the WHO list of essential medicines for children

Adopt evidence-based interventions to support good parenting, especially for families experiencing children's health and other social challenges

Ensure functional systems for the prevention, identification and reporting of abuse, neglect or negligent treatment, maltreatment or exploitation of children while in the care of parents or other caretakers

Ensure the participation of affected populations and other stakeholders in implementing efforts to address child mortality and morbidity (e.g., involving community members in health facility management committees)

Reduce reliance on out-of-pocket payments for health services by providing social protection or sharing financial risks across the population, which promotes access to services by the most marginalized populations

CONTENTS

Integrating human rights principles and standards in planning and programming for newborn, child and adolescent health:

- Validation and analysis of laws, regulations and policies for MNCAH
- WHO global policy survey and data portal for RMNCAH
- Standards for quality of care for MNCAH
- WHO global standards for MNH, children and adolescents
- EURO rights-based hospital assessments in Central Asian Republics and Moldova

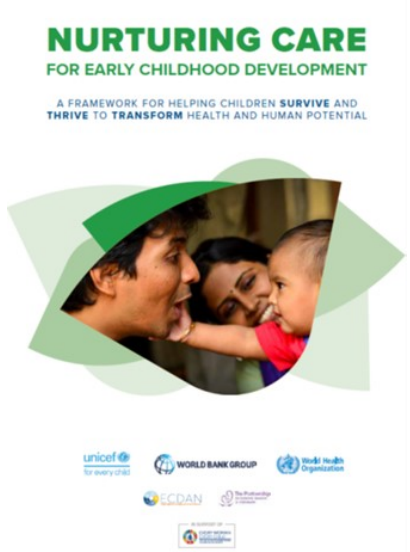
Normative guidance available in WHO:

AA-AH! Guidance includes specific recommendations in relation to aspects of adolescents' rights to health and health care

AFHS standards

Pediatric care standards

Nurturing care framework



AFHS … rights-based:

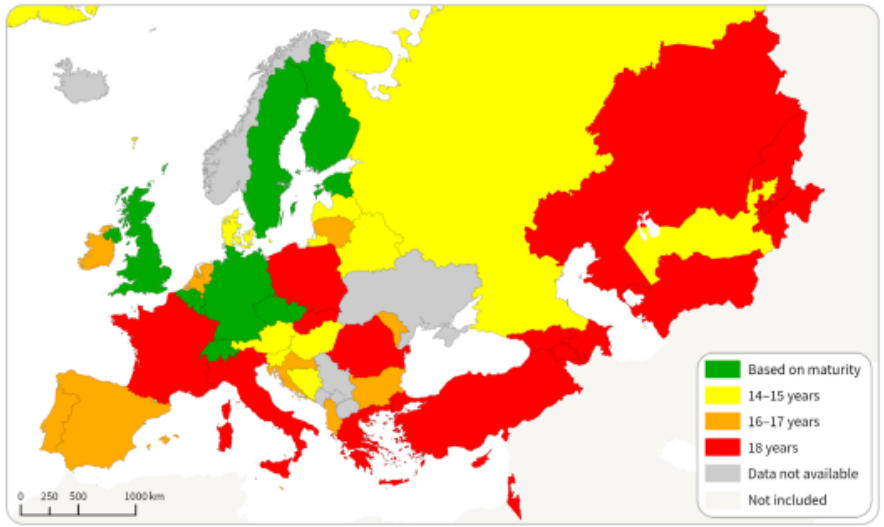
Table A3.1. Global standards for quality health-care services for adolescents

STANDARD	DEFINITION
1. Adolescents' health literacy	The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
2. Community support	The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
3. Appropriate package of services	The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach. Service provision in the facility should be linked, as relevant, with service provision in referral-level health facilities, schools and other community settings.
4. Providers' competencies	Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitudes and respect.
5. Facility characteristics	The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
6. Equity and non-discrimination	The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
7. Data and quality improvement	The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff are supported to participate in continuous quality improvement.
8. Adolescents' participation	Adolescents are involved in the planning, monitoring, and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

Consent for medical treatment?

Less than 25% of countries allow adolescents access to health services based on maturity without parental consent

AGE OF ADOLESCENT CONSENT FOR MEDICAL TREATMENTS IN THE WHO EUROPEAN REGION



Source: adapted from Park et al. Child and adolescent health in Europe: Towards meeting the 2030 agenda. JoGH. 2023;13:04011 (https://doi.org/10.7189/jogh.13.04011, accessed: 23 July 2024). CC BY 4.0

ACCESS TO CARE WITHOUT PARENTAL CONSENT

- Adolescents should have access to health services according to maturity.
- The United Nations Convention on the Rights of the Child states:
  - adolescents should be involved in decision-making about their health
  - adolescents should have access to confidential medical counselling.
- The age of consent for health services is higher than the age of criminal responsibility in some countries.
- Adolescents have limited legal access to contraceptives without parental consent in some countries.

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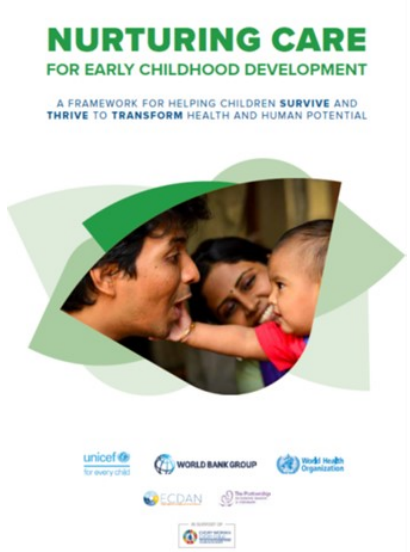
Normative guidance available in WHO:

AA-AH! Guidance includes specific recommendations in relation to aspects of adolescents' rights to health and health care

AFHS standards

Pediatric care standards

Nurturing care framework



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STANDARDS FOR PAEDIATRIC CARE

The standards place children and adolescents at the centre of care by improving both the provision and patients' experience of health care. They are a critical component for strengthening health systems. They uphold children's right to health: the principle of the best interests of the child is the primary consideration throughout the health care services provided. Children and adolescents must receive the highest possible standard of care during health service delivery.

The standards are based on the eight domains of the framework for improving the quality of paediatric care and address the most common conditions that affect the quality of care of children and adolescents in health facilities.

Theme: Provision of care

Standard 1 Every child receives evidence-based care and management of illness according to WHO guidelines.

Standard 2 The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child.

Standard 3 Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care.

Theme: Health system resources

Standard 8 The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses.

Standard 7 For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses.

Theme: Experience of care

Standard 4 Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.

Standard 5 Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.

Standard 6 All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

Thank You!

"We are not small adults"

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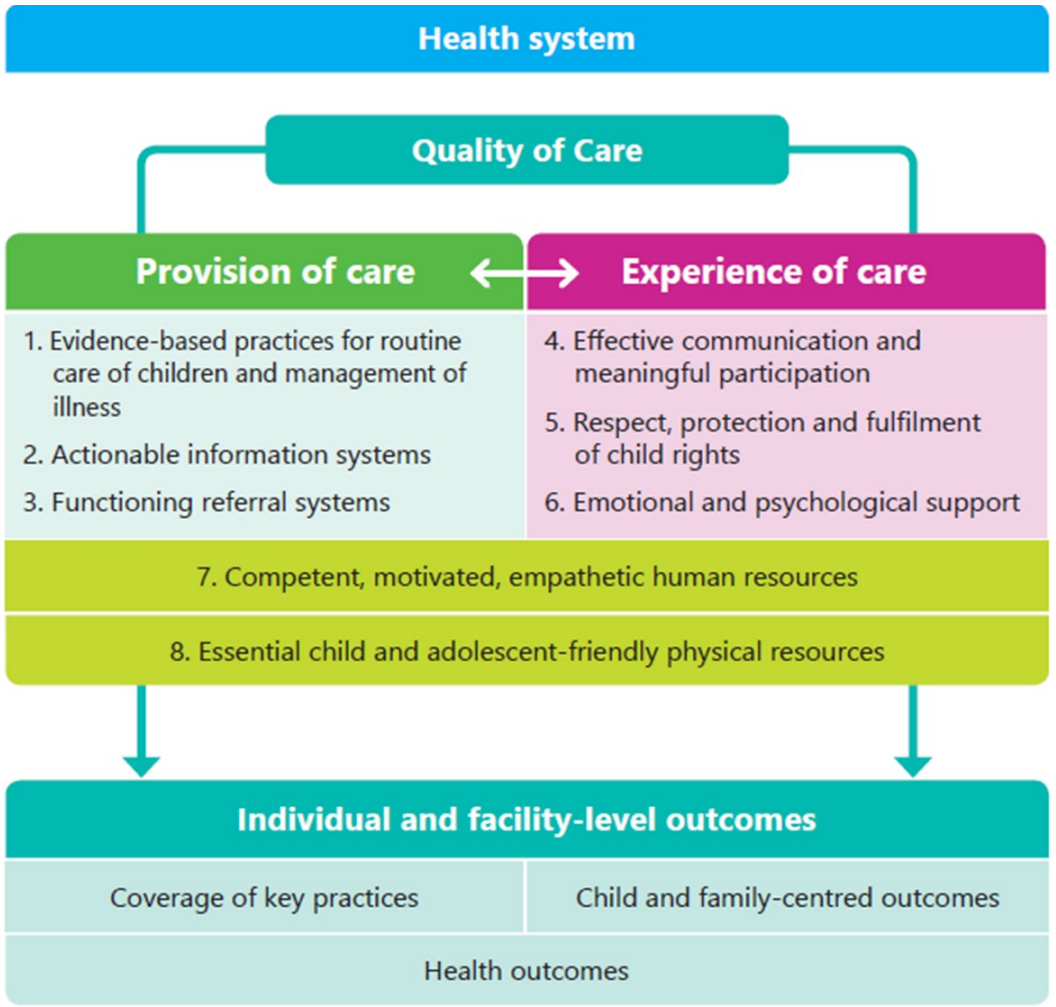

Experience of care

Effective communication and meaningful participation

Respect, protection and fulfilment of child rights

Emotional and psychological support

STANDARD 4.

Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.

Quality statement 4.1 All children and their carers are given information about the child's illness and care effectively, so that they understand and cope with the condition and the necessary treatment.

Quality statement 4.2 All children and their carers experience coordinated care, with clear, accurate information exchange among relevant health and social care professionals and other staff.

Quality statement 4.3 All children and their carers are enabled to participate actively in the child's care, in decision-making, in exercising the right to informed consent and in making choices, in accordance with their evolving capacity.

Quality statement 4.4 All children and their carers receive appropriate counselling and health education, according to their capacity, about the current illness and promotion of the child's health and well-being.

STANDARD 5.

Every child's rights are respected, protected and fulfilled at all times during care, without discrimination.

Quality statement 5.1 All children have the right to access health care services, with no discrimination of any kind.

Quality statement 5.2 All children and their carers are made aware of and given information about children's rights to health and health care.

Quality statement 5.3 All children and their carers are treated with respect and dignity, and their right to privacy and confidentiality is respected.

Quality statement 5.4 All children are protected from any violation of their human rights, physical or mental violence, injury, abuse, neglect or any other form of maltreatment.

Quality statement 5.5 All children have access to safe, adequate nutrition that is appropriate for both their age and their health condition during their care in a facility.

STANDARD 6.

All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability.

Quality statement 6.1 All children are allowed to be with their carers, and the role of carers is recognized and supported at all times during care, including rooming-in during the child's hospitalization.

Quality statement 6.2 All children and their families are given emotional support that is sensitive to their needs, with opportunities for play and learning that stimulate and strengthen their capability.

Quality statement 6.3 Every child is assessed routinely for pain or symptoms of distress and receives appropriate management according to WHO guidelines.

Normative foundation and standards are there - but what are the challenges in countries for operationalization of rights?

- Absence of human rights awareness and literacy (both duty bearers and rights holders)
- Restrictive legal and regulatory frameworks – how to push for change?
- Lack of sustained political commitment – at what levels?
- Empowerment – what avenues for remedy and redress?
- Persistent social/cultural values
- Adaptation of health/rights standards to socio-economic context – no one glove fits all
- Systematic monitoring of compliance with rights standards at facility level
- Lack of systematic research in – and data on – evidence of impact

- Are there opportunities? (e.g. legal dialogues, MPDSR, marketing)

THANK YOU

Tjekliste for hurtig vurdering af børns rettigheder til leg og læring når de er på hospitalet

Verdenssundhedsorganisations, WHO i 2017, FN's Børnekonvention artikel 23, 28, 29 og 31 (dansk oversættelse)

Progression for implementering af børn og unges rettigheder til leg og læring på hospitaler		Vurderingspunkter	Sandt	Falsk
	Betydelige fremskridt	1. Alle børn har tilgang til lege- og fritidsaktiviteter tilpasset deres alder og præferencer (dvs. både yngre børn og teenagere)		
		2. Hospitalet benytter understøttende aktiviteter som fx hospitalsklovne, musik, kunst, kæledyrsterapi eller lignende		
		3. Alle læger og sygeplejersker bruger leg i pleje og behandling		
		4. Børns synspunkter indgår i design af nye legerum eller ved forbedring af eksisterende legerum		
		5. Hospitalet opgør tilfredshed med legeaktiviteter og faciliteter		
		6. Hospitalet støtter forskning om leg og andre understøttende aktiviteter i pleje og behandling, som offentliggøres og deles med et bredere publikum.		
	Meningsfulde fremskridt	7. Der er en hospitalspolitik, der garanterer børns rettigheder til leg og læring		
		8. Der er et veludstyret legerum		
		9. Der er *play specialists** der kan støtte børn under leg		
		10. Alle børn opmuntres og hjælpes til at lege, også selv om de ikke kan forlade deres seng		
		11. De fleste læger og sygeplejersker har fået undervisning i, hvordan de kan bruge leg i pleje og behandling, og de anvender den		
		12. Der er en skole på hospitalet, en skolelærer eller et andet system der gør det muligt for børn at fortsætte deres undervisning, mens de er på hospitalet		
	Nogle tiltag	13. Der er ved at blive udarbejdet en politik om leg og læring på hospitalet		
		14. Der findes ikke et legerum til børn, men der er et rum, hvor børn kan lege med andre børn		
		15. Leg bruges i pleje og behandling af noget personale, der har modtaget en vis grad af undervisning		
		16. Der findes visse muligheder for at børn kan fortsætte deres skolegang, mens de er på hospitalet		
	Ingen tiltag	17. Der er ingen politikker, der garanterer børns ret til leg og læring		
		18. Der findes ikke noget legerum til børn		
		19. Der findes noget specialiseret personale med kompetencer i leg på hospitalet (eks. *play specialists*)		
		20. Leg bruges ikke i pleje og behandling (fx til at stimulere udvikling, i forberedelse til procedurer, til distraktion eller til at hjælpe børn med at udtrykke følelser)		
		21. Der er ikke muligt for at børn at fortsætte deres undervisning, mens de er på hospitalet (fx gennem en skole på hospitalet, en skolelærer eller et andet understøttende system)		

**Play specialists* arbejder med børn og unge patienter og bruger leg som terapeutisk redskab. De har ofte en pædagogisk grunduddannelse og en sundhedsfaglig overbygning. Denne faggruppe findes ikke i Danmark og en række andre europæiske lande.

From: Gjærde LK, Hybschmann J, Dybdal D, Topperzer MK, Schrøder MA, Ginsberg EI, et al. Legens rolle på hospitaler nu og i fremtiden. Ugeskr Læger. 2023;185:V07220445.