



EPHA contribution to the UN Office of the High Commissioner for Human Rights Study on Children's Right to Health

Human Rights Council Resolution 19/37

EPHA is the European Platform bringing together public health organizations representing health professionals, patient groups, health promotion, disease and injury specific NGOs, academic groupings and other health associations. Our membership includes representatives at international, European, national, regional and local level.

EPHA's mission is to protect and promote public health in Europe. EPHA brings together organizations across the public health community, to share learning and information and to bring a public health perspective to European decision-making. We help build capacity in civil society participation across Europe in the health field, and work to empower the public health community in ensuring that the health of European citizens is protected and promoted by decision-makers. Our aim is to ensure health is at the heart of European policy and legislation.

Please see www.ephapro.org for more information.

The European Public Health Alliance (EPHA) welcomes the opportunity to contribute to the United Nations Office of the High Commissioner for Human Rights call towards the Civil Society stakeholders in light of its study on Children's Right to Health as called by Human Rights Council Resolution 19/37.

As the United Nations Convention on the Rights of the Child states, every child has the right to the highest attainable level of health and the right to a safe physical and social environment – a principle that should be seen as the right and not as a privilege as it still is in many countries of the world.

Information on the main health challenges related to children.

Just like for the adult population, there is a tendency for childhood health prevention and healthcare interventions on both individual and societal level to be tailored for more affluent strata in the population and to be highly health sector-led. This is based on an assumption that health problems occur only in its extreme – as a disease, a disability or an injury, and not rather as an accumulation of unfavourable socioeconomic health determinants – including policies.

Children live in families and communities and therefore EPHA believes that social, family and care policies are of particular importance for their development and wellbeing. Education and quality childcare, maternity and parental leave arrangements (developed on the public health grounds taking into account the evidence of the importance of breastfeeding uptake and retention, emotional development and female labour participation), or fiscal benefits (child allowance) – all promote children's health long-term perspective. In contemporary societies – especially in urban areas up to 25% of children grow up in jobless or 'in-work poor' houses. Alongside human poverty impoverished habitats, environmental pollution, social disruption, distrust and crime co-exist.

The actions aimed at improving the health of children tend to be skewed towards the treatment of already existing ill-health conditions or, at its best, oscillating towards primary prevention (early diagnosis, screening). Little integrated and holistic preventive measures are taken into account, in particular for the period of the early childhood through acting on various factors that determine, pre-condition or build up children's health capital from the very early on – ideally from before the birth. Early, formative years serve as the foundation for all of life's later endeavours. While talking about the European Region on average, most children enjoy reasonably high standard of health and well-being. However, there are also huge differences in

infant and child mortality rates between countries in the region – differences portraying vast health inequalities in Europe – one of the richest regions of the world. Every year, 200 000 of under-fives die and much more suffer from ill-health caused mainly by various injuries and accidents (the leading cause of death), infectious diseases and malpractices. What's worth emphasizing – following the trend of adult population, chronic, communicable and non-communicable diseases and conditions (diabetes, cancers, CVDs, obesity and overweight) – highly preventable and avoidable due to their underlying lifestyle, diet and nutrition, environmental factors – are growing also among children population.

Children need clean and safe physical, social and emotional environments, safe and energy-efficient housing, healthy and nutritious food, healthy and sustainable lifestyles; they need friendly, accessible, affordable, available and acceptable services (healthcare, education and care) that they can reach and that can reach them. Moreover, they need parents and carers who can provide for their physical and emotional needs and to be able to raise them up free of poverty, social exclusion and deprivation. With respect to the latter, it has to be stressed out that adverse effects on children's health and well-being due to their vulnerabilities are strongly aggravated by increasing socio-economic inequalities across virtually all countries and regions of the world – including Europe. Currently, 27% of European child population is at risk of poverty or social exclusion, with rates up to 40-60% in countries like Romania, Bulgaria, Latvia or Poland.

Improving children's health requires joined-up and cross-sectoral (in line with the "health in all policies") approach policy-making accompanied by integrated and continuous care, starting with a healthy pregnancy for the mother and her child, through birth and care, reducing poverty and improving living conditions up to 5 years of age and beyond.

Concrete public health challenges related to children's health that EPHA continues working on:

- **alcohol and tobacco** – especially issues related to their availability and accessibility, affordability (taxation), visibility (advertising and marketing, especially to vulnerable consumers like children, pregnant women, low SES groups);
- **diets and nutrition** – issues related to obesogenic environments, food production and consumption (along the food supply chain), food safety and security, equity in access to resources (food, water), availability and accessibility, affordability of healthy and unhealthy products (taxation), advertising, marketing and food labeling;
- **breastfeeding**, food intended for infants and of "special medicinal purposes";
- **maternal and paternal leave**;

- **child poverty and social exclusion** and their impact on children's health and well-being: diets, social participation, quality education and care, energy and fuels, clean and safe environments, housing, among others;
- **antimicrobial resistance, vaccination**, access to healthcare services (including preventive and health promoting services); a potential threat to children's health is the recent re-emergence of communicable diseases such as measles, tuberculosis or even polio; In times of economic recession and disruption of the public health services, ensuring the entire children population comprehensively vaccinated against these and other infectious diseases would be essential;
- **children's mental health and well-being**; de-institutionalisation and community-based care;
- physical and social environments, urban mobility, physical activity, transport;
- **second-hand smoking**, noise pollution, Endocrine Disruptors (ECDs), pollutants and chemicals in products of everyday life, food and surroundings;
- **children of vulnerable backgrounds** due to their ethnicity (especially Roma children), migrant status, physical or mental disability, poverty and social exclusion (rural areas, homeless, numerous families, young families);
- **health professionals** sensitized to children's health and well-being issues; **child participation and involvement** in health and social services developments that affect them directly and indirectly;
- **inadequate and insufficient living conditions, unsecure and undecent [housing](#) (crowding, [chronic respiratory conditions](#), home injuries and accidents)**; in this light, see EPHA's partnership in [TACTICS Child Injury Prevention](#) project;
- **inadequate and inaccessible water and sanitation system, and hygiene conditions**; contaminated and unsanitary conditions in urban settings form a particularly high risk for communicable diseases;
- **deprivation and unequal access to quality services of general services like healthcare facilities and adequate nutrition**; in urban areas, high concentrations of poverty combined with inadequate services ([immunization](#), maternal and child care, hunger and malnutrition, indoor and outdoor air pollution) increase child mortality and morbidity;
- **educational deprivation and cognitive development underperformance**; urban inequalities undermine children's right to education, increase poverty and diminish later-life employment opportunities;
- **child protection** from forced labour, physical and mental violence, injury and abuse, as well as sexual exploitation;

Examples of good practices undertaken to protect and promote children's right to health, particularly in relation to children in especially difficult circumstances.

EPHA believes that the best strategy to improve children's health and well-being, reduce and prevent children's health inequalities is to combine focus on strictly health with non-health factors that directly and indirectly impact on the health of child population. In addition to that, a combined approach, where enforcement and environmental or behavioural change are backed up by an effective educational and informational programme has proven its value.

At the EU level, EPHA considers the following initiatives good practices undertaken to protect and promote children's right to the enjoyment of the highest attainable level of health:

- European Child Safety Alliance's [2012 Child Safety Report Cards](#);
- EU Platform on Poverty and Social Exclusion;
- EC Recommendation on Child-Poverty;
- Unicef dedicated website on Roma children;
- EPHA [European Charter for Health Equity](#);
- EU School Fruit Scheme;
- Cancer Research UK campaign [The answer is plain](#) calling for plain packaging of tobacco products and its relation to child population;
- Royal College of Physicians [Passive smoking and children report](#);
- UCL Health Equity Institute [An Equal Start: Improving Outcomes in Children's Centers – a summary and evidence review](#);
- [MEND: empowering children and adults to become fitter, healthier and happier and to reach or maintain a healthier weight](#);
- UCL Health Equity Institute [The Health Impacts of Cold Houses and Fuel Poverty](#);

In addition to the above, EPHA has issues a number of interesting briefings and policy positions applied to the EU level:

- [EPHA Briefing on Health Inequalities](#);
- [EPHA Briefing on Children Health](#);
- [EPHA Briefing on Roma Health](#);
- [EPHA Position on Food Intended for Infants and Young Children and on Food for Special medical Purposes](#);
- [EPHA Position on the European Commission's 7th Environmental Action Programme](#);
- [EPHA Briefing on Food Taxation and other Fiscal Measures applied to Food](#);

- [EPHA Position on Urban Mobility](#);

The main barriers when we are trying to implement children's right to health.

- lack of political, financial and moral willingness to put children, their health and well-being at heart of policy development, implementation and resource allocation: when it comes to prioritizing children's health and well-being, children's right to health whether at local, regional, national and European level, there is a lack of leadership and commitment visible. In the current climate of budget cuts, industry and private sector-dominated political agenda, although affected the most when inappropriate, children have the least power to have their say in developing and applying decisions.
- lack of investment in children themselves, services designated to meet their needs (social, healthcare, education and care, research and innovation, transport), in parents of young, numerous or vulnerable children, social and physical environments in which children are born to, grow up, play and learn.
- failure to create, fund and implement a plan of action with measurable indicators to address the leading causes of death and disability for children, to ensure a clear strategy for providing a coordinated, integrated and effective approach to children's right to health.
- lack of dissemination of good practices in order to feed into development and uptake of evidence-based policies, practices. This includes measures that would have the greatest impact on children, families and communities with the greatest need and the largest burden, such as tobacco smoke-free environments, plain packaging of tobacco products, fiscal measures applied to unhealthy foods, energy-efficiency measures applied to housing and fuel, environmental incentives applied to food production, among others.
- overreliance on the current way of measuring progress in contemporary societies in terms of the GDP, whilst neglecting other health, social and well-being indicators of human capital, especially that of child population.
- lack of recognition and capacity to uptake a whole-of-government (all levels, all sectors) and whole-of-society 'especially inclusion of civil society and children themselves) approach to realize children's right to health.
- prevailing economic crisis and austerity measures ill-applied to sectors crucial to child development and health.