**Subject: Responses from the Icelandic Human Rights Centre to the OHCHR’s study on children’s right to health – Human Rights Resolution 19/37.**

In general, Iceland is a very child-friendly environment. According to data compiled by *Save the Children*, Iceland is the second best country in the world to be a mother and moreover the best country in the world to be a child.[[1]](#footnote-1) Health being a major factor in this survey, it exhibits a benignant prospect of how children in Iceland are taken care of and how healthy they are. That being said, there are however and unfortunately, some identifiable health dangers to children in Iceland, as will be addressed in the following.

1. The Icelandic Human Rights Centre (ICEHR) has identified the main challenges to children’s health in Iceland. They include matters such as children’s poor dental health, ranking much lower than any other Scandinavian country and which has been deteriorating somewhat in the last decade. This problem has however been recognized by the Government as the Minister of the Interior has announced his plans to reinforce and strengthen prevention and promotion of children’s dental health in Iceland. This is also identified and discussed in the Government’s Health Action Plan and Action Plan for promoting the situation of children and young people in Iceland for the period 2007-2011. According to the plan the aim is to inter alia improve children’s dental health by measures such as free monitoring, prevention measures and higher reimbursement for children’s dental care. Hopefully this malignant health concern will be mitigated in the near future, for the benefit of all Icelandic children.

Another challenge to children’s health in Iceland is obesity and the rising number of overweight children, supposedly making up for as much as 20% of all Icelandic children. Governmental action is clearly needed in order to address this growing health issue and reverse its development, the ICEHR has information that the establishment of a treatment facility for overweight and obese children is on the agenda.[[2]](#footnote-2)

Further concerns involve matters such as access for disabled children to various services, which are often limited by public allocation or the parents’ financial standing. Extensive waiting lists for various support remedies for children and their families are in most cases the rule rather than the exception and it can take months and even years for children to get proper diagnoses and assistance which they are entitled to by law. This has been a prevailing problem to which a solution seems nowhere to be found.

Furthermore, as various NGOs in Iceland have already pointed out, not enough importance is given to psychological services for children and young people outside of treatment facilities and access to such services varies greatly between individual municipalities. There are very few psychologists and social workers working within the basic healthcare system and therefore the healthcare clinics are not able to afford adequate psychological services to children and young people although numerous individuals seek their assistance. Psychological services or treatments outside of treatment facilities are not included in health insurance and therefore expensive and limit access for children of families with poor financial status. Some municipal social services pay for a minimum treatment for children in the need of such assistance. It is also of concern that a very high number of children are diagnosed with ADHD and put on medication. This is a problem that needs attention and it is important that other methods are explored and adequate solutions are found to address this.

ICEHR is moreover concerned that the severe cutbacks that have been made in health care services during the current economic crisis will decrease the standard of service and increase the workload of all the good people working in this sphere. An example of the limited services is that some pregnant women living in smaller municipalities do have to travel quite a distance to get adequate service and protective measures during birth since the smaller hospitals are not adequately equipped with qualified specialists.

1. On 13June 2007 the parliament adopted a Resolution on a four year Action Plan for strengthening the position of children and adolescents in Iceland. Health related aims include measures such as parental reinforcement and education, ensuring parents can adequately care for children who have special needs/are disabled, and protection of children from sexual abuse and violence. Dental health of children should moreover be improved and public financial support to parents raised. Health promotion in society shall be emphasized, in particular with a view to improve children’s nutrition as well as increase physical exercise. In addition children shall be educated about obesity and prevention measures thereto shall take place in schools, as well as improving resources for overweight and obese children. Other preventive measures should aim to provide all children with tobacco and smoke-free environment and continue to fight against smoking among youngsters. Adolescents should receive appropriate education about impact and consequences of consuming alcohol and illegal drugs in addition to make sure to impede underage access to such substances. Increasing measures to improve children’s health and wellbeing shall be adopted and special emphasis placed on mental and social well-being, by means of inter alia highlighting mentality and productive use of leisure time and family. The aim is furthermore to increase access to sports and extracurricular activities, in particular for those who come from low-income and/or poor families.

Measures tailored for children and adolescents who suffer from mental illnesses or developmental impairment (þroskafrávik) or long-term disease. These measures include scrutinizing the existing services for diagnosing and treatment for children with mental illnesses and developmental impairment. Immediate action shall be taken in order to address the problem of growing waiting lists for various services for children with special needs, in particular for services provided by BUGL (Psychiatric Centre for Children and Adolescents at National University Hospital in Iceland). Following-up measures for children after they finish treatment will moreover be emphasized within the health care system. Measures for children with behavioural and addiction problems include the establishment of a variety of treatment availabilities. The establishment of an institution for that purpose shall be executed under the responsibility of Child Protection Agency (e. Barnaverndarstofa). Rapid reaction and targeted intervention in case of young people with addiction problems will be elevated, as well as providing counselling for parents. Contractual relationships with NGOs shall be established in order to carry out consultation services via telephone at all times. In addition, an Action Plan shall be created for the prevention of drug use among young people, in collaboration with NGOs.

Finally the Action Plan includes a chapter on preventive actions against sexual violence against children and actions to protect children from any form of sexual abuse or extortion. It articulates measures such as strengthening preventive actions against child pornography, in particular when it comes to vulnerable groups of children such as disabled children or those who reside away from their home and family or come from a low income family. Moreover a legal framework to deal with situations where perpetrators approach children online or by other means with purposes of sexual abuse should be composed. Further scrutiny shall be conducted on how to amend the law so that perpetrators can be rehabilitated after serving their sentences and how follow up measures on the most dangerous child abuse perpetrators can be adopted, inter alia measures such as surveillance. In addition, the Government recognized the importance of strengthening the work of the Child Protection Agency for data collection and treatment for children victims of sexual abuse.

1. Icelandic law on elementary schools no. 91/2008 stipulates that all schools shall promote healthy lifestyles in accordance with the personality, maturity, talent, ability and interests of every child. It is furthermore stipulated that children’s special needs and health impairments shall be met appropriately. Supervision for ensuring that children have access to school health care is in the hands of the school principal. Those children with special needs have, according to law, the right to special support from school authorities. Further rules on children’s right to health are specified in the Act on Health care no. 40/2007, albeit that the Act is generally applicable to all persons, regardless of age and children are not specially mentioned.

In the 2011 curricula for elementary schools it is stated that schools shall work continuously for prevention measures and promotion of health whereby spiritual, physical and mental welfare of students are at the forefront. General preventions shall be emphasized, such as against tobacco, alcohol, illegal substances and addictions, such as gambling, video-games and internet addiction. It is important that all schools conduct a policy plan for prevention published in the school curriculum. Action plans against addictions, bullying and other violence, in safety and security matters and discipline must be implemented. Responsive actions shall moreover be drawn up.

4. One good example of good practices for promoting children’s right to health is the webpage [www.6h.is](http://www.6h.is). On the page there are information and education regarding children’s health. The webpage is a collaboration project between the Centre for Children’s Health, the Public Health Institute of Iceland, The Children’s Hospital and the Directorate of Health. The primary focus is to provide reliable information from professionals about health programs for children, teens and parents. The 6h stand for health, exercise, happiness, courage, rest and hygiene, and the 6 stands for puberty. By viewing materials on the webpage children can get a holistic picture of a healthy lifestyle with a clear focus on positive actions and guidance. This is an interactive webpage focused on serving each audience individually, including children, adolescents and parents.

5. The UN Covenant on the Rights of the Child was ratified by Iceland in 1992. Iceland is therefore obliged under international law to fulfil the Covenant’s articles, including Article 24 on children’s right to health. Moreover, in past years the Government has aimed at the implementation of the Covenant into Icelandic law, but several barriers thereto still remain. The primary barrier to its full implementation rests on Article 37. Since no juvenile prison facility exists in Iceland, the incorporation of Article 37 into domestic law is untenable. As a result, juvenile prisoners continue to be incarcerated alongside with adult prisoners, risking the formers’ health and chances of rehabilitation severely.

Children’s right to health is emphasised in various national legislation, regulations and policies. ICEHR appreciates the work done on this subject but as always there is room for improvement. Therefore the ICEHR urges the Icelandic Government to focus on the weak spots and aim to maintain the number 1 spot as the best country for children for years to come.

1. Report by Barnaheill – Save the Children (2012) English version here <http://www.barnaheill.is/media/PDF/Mothers_2012_lr.pdf> [↑](#footnote-ref-1)
2. <http://skemman.is/stream/get/1946/3254/10284/1/Kristin_Thorbjornsdottir_fixed.pdf> [↑](#footnote-ref-2)