

## **Contribution by the**

### **FEDERAL REPUBLIC OF GERMANY**

#### **on the subject of preventable mortality and morbidity of children under 5 years of age as a human rights concern – Human Rights Council Resolution 24/11**

- 1. Has your government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age? Please provide information on provisions that ensure that explicit attention is being paid to specific health and development needs of vulnerable and disadvantaged children, and to interventions and service delivery approaches for these children.**

Here, the overarching aim should be the establishment of a comprehensive health care system that offers universal access and is able to maintain and restore the health of mother and child. Germany has a time-tested and efficient health protection system in place. Financed in line with the principle of social solidarity, the German health care system comprises a wealth of prevention, diagnosis, treatment and rehabilitation programmes and services that are appropriately provided to the individual patient, irrespective of their age or income. Moreover, Book Five of the Social Code (SGB V) which lays down the services and benefits of the statutory health insurance system comprises additional provisions that are specifically designed to protect the health of mother and child. These also include sub-statutory guidelines drafted by the Joint Federal Committee (G-BA) that is responsible for determining the sets of services offered. Specifically, they provide guidance on how to:

- detect, prevent and reduce potential risks to the life and health of mother and child throughout pregnancy and perinatally,
- establish quality assurance programmes for the care of preterm and newborn infants and to
- detect and treat childhood illnesses at an early date.

Since Germany's government and health care system have a federal structure, health care provision is organised by many different actors, such as on the level of the 16 Laender and the municipalities, the statutory health, accident and pension insurance carriers, the private health insurance companies and not-for-profit organisations and self-help groups. Moreover, complementary provisions aimed to prevent and reduce health risks have been integrated into many other fields of policy.

In addition to these statutory and sub-statutory provisions that define a high level of health care and protection from health risks, Germany is home to a host of initiatives that serve to optimise structures and processes in health care provision and to exploit the synergies of coordinated action. In respect of children, these are, for instance, the goal "Grow up healthy" ("*Gesund aufwachsen*") in the health goal-related initiative "*gesundheitsziele.de*", the Strategy of the Federal Government to Promote Child Health, ("*Strategie der Bundesregierung zur Förderung der Kindergesundheit*"), initiatives to boost the uptake of vaccination programmes, the National Action Plan "IN SHAPE - Germany's initiative for healthy nutrition and more physical activity" ("*IN FORM – Deutschlands Initiative für gesunde Ernährung und mehr Bewegung*"), specifically the initiative called "Healthy start - Young Families' Network" ("*Gesund ins Leben - Netzwerk Junge Familie*") with its focus on infants and young children and the "Action Programme on the Environment and Health" ("*Aktionsprogramm Umwelt und Gesundheit*"). All of these initiatives also seek to reach particularly the children and parents that are in need of special support. To this end, target group-specific measures have been set up.

**2. Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups? How is this data used in the development, implementation, monitoring and evaluation of policies, programmes and services relating to mortality and morbidity of children under five?**

Yes, it does. Since 2003, the Robert Koch Institute has been carrying out the German Health Interview and Examination Survey among Children and Adolescents ("*Kinder- und Jugendgesundheitsurvey - KiGGS*") that supplies comprehensive and population-representative information on the state of health and lifestyle of children and adolescents aged between 0 and 17 years throughout Germany. The baseline study which included more than 17,000 boys and girls along with their parents was conducted between 2003 and 2006. Since 2009, the KiGGS has been continued in the form of a longitudinal study as part of the health monitoring done at the Robert Koch Institute. From 2009 to 2012, the first telephone follow-up to the survey was carried out (KiGGS 1). KiGGS comprises, *inter alia*, surveys on non-communicable physical diseases and risk factors (acute illnesses, chronic illnesses, overweight and obesity, injury caused by accidents and poisonings), vaccine-preventable diseases, mental disorders and abnormal behaviours, health-relevant behaviours (such as alcohol and tobacco use), diet, sports/exercise, motor skills and the uptake of health care services and benefits. In the process, information on the interviewees' social and life situation as well as migration background are collected, as well. The resulting data inform health policy initiatives, such as those referred to in the answer to question 1.

**3. What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels? Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant**

**stakeholders, including national human rights institutions, civil society and community representation.**

Depending on the initiative, various coordination and monitoring mechanisms are in place. Thanks to its repeat surveys and interviews, the Robert Koch Institute's German Health Interview and Examination Survey among Children and Adolescents allows emerging health trends to be identified. As a result, the data are an important basis for evaluating the effectiveness of political approaches on a population-wide level. Within the programmes, evaluations are frequently done as part of individual projects. Generally, efforts are made to achieve a maximum degree of transparency; the contents and results of the initiatives are accessible to the general public, *inter alia*, on the internet and in various publications. The relevant stakeholders participate in these initiatives in line with their specific goal and mission.

**4. How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?**

In Germany and on the EU level, strict regulations are in place that are intended to ensure the high quality of drinking water, food and environmental conditions, backed up by corresponding control mechanisms. When determining the corresponding health-related standards and limit values, the special needs of vulnerable populations such as children are taken into account through, *inter alia*, special extrapolation factors. Comprehensive statutory provisions also ensure the safe disposal of sewage water.

**5. How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility and quality of health services been considered?**

Information on the implementation of human rights in Germany is provided in the 10<sup>th</sup> Human Rights Report of the Federal Government ("*10. Bericht der Bundesregierung über ihre Menschenrechtspolitik*", editor: Federal Foreign Office). As set out in this report, Germany is party to the major human rights instruments, having undertaken numerous commitments to protect the human rights and granted powers to the international control organs. The rights of the child are part of the universal human rights which to respect the Federal Government and its fellow EU countries have undertaken within the framework of international and European treaties, specifically the United Nations 1989 Convention on the Rights of the Child and its two Optional Protocols. The Treaty of Lisbon that was signed on 13<sup>th</sup> December 2007 includes an explicit provision devised to protect the rights of the child (new Articles 3 (3) and 5 of the Treaty of the Euro-

pean Union). Protecting and strengthening the rights of the child is an endeavour that the Federal Government is particularly committed to.

With its statutory health insurance system that is financed by the community of the insured and offers every individual access to all medically necessary types of state-of-the-art care regardless of their age and income - comprising not only GP and pediatric care, but also referrals to specialist care - the principles on which the German health care system rests ensure the children's right to appropriate and quality-assured health care.