

**“no child should be deprived
access to healthcare... and the
right to play”**

- United Nations' convention on the rights of the child

Children's Rights:

A Framework for Health Promotion

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Children's right to health includes healthy living conditions as well as healthcare. For this reason, article 24 and related articles in the United Nations' *Convention on the Rights of the Child* (1990) could provide a useful balance for the overemphasis on clinical medicine in Canada's health system – that is, if we take children's right to health seriously.

In general, article 24 recognizes that every child has a right to the "highest attainable standard of health." Particular elements named in the article (see sidebar) illustrate the wide scope, from nutrition and clean water to environmental pollution, the prevention of accidents, access to health knowledge and ending traditional practices that threaten health. With regard to healthcare, article 24 states that no child should be deprived of access to healthcare services for the treatment of illness and rehabilitation of health. Other provisions in the convention reflect aspects of the social determinants of health, such as freedom from violence and exploitation, the right to education and the right to play. All of these are tied together by the basic principles of non-discrimination, giving priority to the best interests of the child, child participation and realizing the full potential of every child.

The convention, which applies to all children under the age of 18 years, provides an integrated framework for promoting children's health. It converges with findings from research into the social determinants of health for child development (British Medical Association 2011; National Scientific Council on the Developing Child et al. 2010). The benefits of a rights-based approach to children's health include the following:

Children's Right to Health

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;
 - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
 - (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
 - (d) To ensure appropriate pre-natal and post-natal health care for mothers;
 - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
 - (f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

Other Relevant Articles for Health

- Article 2: Right to be grow up without discrimination
Article 3: The best interests of the child are always to be factored into decisions/policies
Article 6: Right to survival and development of full potential
Articles 7, 18, 30: Right to family, culture, identity and nationality
Article 12: Views of children and youth must be heard and given due weight
Articles 13–15: Right to be informed, express views and freedom of religion
Article 19: Right to protection from all forms of violence, abuse and neglect
Articles 26, 27: Right to an adequate standard of living for child development
Article 31: Right to play

Source: Article 24 is reproduced in part with permission from *Convention on the Rights of the Child* (1990).

- A clear focus on primary prevention, including a strong policy basis for a shift in the allocation of public resources toward prevention. All provinces and territories have ratified the convention and are obligated to implement it.
 - A coherent framework for putting into practice the findings of research into the social and environmental determinants of health. The convention integrates health policy with other factors in child development.
 - With the child at the centre, the convention speaks to the duties of parents, the community, and the state to give priority to the best interests of the child. While the accountability mechanisms for the exercise of duties are still weak, it provides a strong basis for shared responsibilities in children's health.
 - Developing the full potential of every child, the heart of children's rights, makes good economic sense and grounds a business case for increased investment in evidence-based measures that promote healthy development for every child.
- Infant mortality – 24th of 30 countries (Raphael 2010)
 - Child poverty – 20th of 30 countries
 - Child well-being – middle rank of 21 countries
 - Health and safety – 22nd of 30 countries (Organisation for Economic Co-operation and Development [OECD] 2009)
 - Early childhood development and care – last of 20 countries for access and level of investment in OECD study and last of 25 countries in a UNICEF comparison on 10 benchmarks
 - Inequality in child well-being – average overall; higher in educational equality, lower in material equality, average in health equality (UNICEF 2010b)

Priority Areas for Attention in Health Promotion

The CCRC's report recommends that both federal and provincial governments shift resources to address the following issues as high priorities:

We can no longer afford to let children fall through the cracks of fragmented health and social support systems.

A recent report by the Canadian Coalition for the Rights of Children (CCRC 2011) identifies several priorities for attention in Canada, if we take children's right to health seriously. The report, titled *Right in Principle, Right in Practice*, emphasizes that Canada needs to focus on developing the full potential of every child. We can no longer afford to let children fall through the cracks of fragmented health and social support systems. Investing in the healthy development of every child will pay big dividends for a productive society. Implementing the convention is good economics for Canada, as well as the right thing to do.

The CCRC report is an independent, strategic assessment of how well we are implementing children's rights in Canada. Researchers for the section on the right to health were struck by the high degree of consensus in the analyses of the current state of children's health in government, professional, academic and civil society reports. We know what needs to be done to improve children's health in Canada, but we lack the public will and leadership to do it. A rights-based approach shines a light on the duties of leaders, such as governments and healthcare providers, toward children. The business case for investing in the development of every child turns the affordability argument on its head. We cannot afford to ignore what we know about the conditions that affect child development.

Children's rights also bring international comparisons into play. Among comparable countries, Canada is not doing well. The CCRC report lists the following international rankings of Canada compared with other countries as another reason for giving greater attention to preventive health policy:

- **Health inequities and living conditions:** More than 12 percent of children live in unhealthy poverty. Over a third of food bank users are children who lack food security and adequate nutrition. Income security is a health issue. Canada's chief public health officer has publicly recognized that household income correlates with 80% of the key factors in healthy child development (Butler Jones 2009).
- **Preventing abuse and neglect:** National figures for reported child maltreatment in 2008 are unacceptably high, and research indicates that most maltreatment is not reported. Neuroscience research shows the impact of early life trauma on the developing brain and stress responses, which can contribute to a myriad of significant physical and health problems in adulthood (Lanius et al. 2010). Strategies that prevent all forms of violence and abuse against children provide the greatest return for investment and should be a high priority.
- **Injury prevention:** A rights-based approach would focus on preventing all forms of injury in addition to the current narrow focus on sports injuries.
- **Mental health:** Many mental health issues start before age 18. Estimates are that 15% of young people struggle with mental health issues at any given time, many without access to services that we know can make a major difference in their development. Implementing the youth components of the national mental health strategy should be addressed in the current federal-provincial discussions on a new health accord.
- **Promotion of healthy living:** Beyond physical exercise and prevention of bullying, strategies are needed to help young people make healthier consumer choices in the face of marketing that targets the vulnerabilities of young people, such as violent video games and junk food.

Key to addressing these priorities is a shift toward health policy as an investment rather than a drain on the economy. In the context of an aging population, Canada needs to increase the focus on developing the potential of every child to maintain our economic and social well-being, rather than using demographics as an excuse to cut preventive health programming for children.

Canada and most provinces/territories have no coherent family or child policy. That would change under a rights-based approach to health promotion, which considers the best interests of the whole child and his or her living conditions. It would challenge the current fragmented approach to health services for children and narrow approaches to preventive health, which are often based on statistics more than children's real lives. It would lead to investments in community services that benefit all children and help to reduce disparities. Cutting community services is a false economy, for which we will pay more later. Both federal and provincial governments should allocate more funding for preventive measures, based on evidence from existing research on the social determinants of health.

CCRC recommends a combination of targeted initiatives to remove barriers for specific groups, such as Aboriginal children, children with disabilities, newly arrived immigrant children and children in remote communities, with support for broad-based community programming that reduces inequities between individual children. This would require co-operation across departments and levels of government. Research done by UNICEF has shown that an equity-focused approach, based on removing obstacles to fulfilling every child's rights, is a cost-effective way of closing gaps in the achievement of child development goals, which is our major challenge in Canada (UNICEF 2010a).

Talk about national standards seems to be dead in Canada. CCRC proposes the establishment of a mechanism to investigate and address inequitable access to healthcare, as recommended by the UN Committee on the Rights of the Child in its second review of Canada. (UN Committee on the Rights of the Child 2003) In this way, rights-based mechanisms could be a solution to the challenges of federalism. They could help to ensure equitable treatment while allowing flexibility between provinces in specific program choices.

Taking children's rights seriously means looking at health policy and healthcare through the eyes of a child, and including young people in the planning and design of health policy and healthcare services. Health policy analysts and care providers need to shift from the current focus on specific, discreet interventions, to see the child as a whole person. This will require training for healthcare professionals to be familiar with and promote children's right to healthy development.

The necessary changes in children's health will happen when we recognize that all people under age 18 are fully persons and Canadian citizens who need to be treated with respect

for their rights and supported so that they can become fully contributing members of our society. This is *right in principle and right in practice*. **HQ**

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