

Module 4

Health Policy and Health Services

A Course for Health Professionals

Children's Rights and Child Health

Health Policy and Health Services

Learning Objectives for Module 4

1. Understand areas of children's health care in which service and policy improvements need to be made in your community or region.
2. Understand how to make hospitals and/or health practices more child-friendly.
3. Learn strategies that would more fully implement the rights of all children, and in particular those marginalized by social, environmental, medical, mental health or other disabilities, to non-discriminatory care.
4. Identify ways in which health care providers can support policy development that promotes full implementation of children's rights to optimal health and development.

Content of Module 4

This Module examines how a commitment to respecting children's rights and an understanding of the Convention can impact health policy and the delivery of Pediatric services. The Activities are designed to show that consistent respect for the rights of all children will not happen merely as a result of good intentions. Intentions must be accompanied by changes in the structures, processes and behaviors through which services are designed, developed and delivered. The Module concludes with a discussion about strategies that might be developed and implemented to effect the necessary cultural shifts that will be required to prioritise children's needs and to develop services that are more child-friendly.

Articles 2, 3, 6, 12 and 24 are the principal articles in the Convention that address all children's basic entitlements to life, the best possible health and optimal development. These and other supporting Articles are presented in the following Tables.

Table 1

Children's Rights to the Best Possible Health

- **Article 6.** The right to life and optimum development.
- **Article 24.** The right to the best possible health and access to health care.

Underlying principles

- **Article 2.** Non-discrimination. Every child has the right to equal respect for all the rights contained in the Convention.
- **Article 3.** The obligation to promote the best interests of children: in all actions affecting children their best interests must be a primary consideration.
- **Article 12.** Listening to children and taking them seriously.

Table 2

Other Specific Rights in the Convention

Many other rights are in the Convention, that, if respected, will result in better health and development for children:

- Article 9. The right not to be separated from parents
- Article 19. The right to protection from all forms of violence and sexual abuse
- Article 28. The right to education
- Article 31. The right to play
- Article 37. The right to protection from arbitrary detention and not to suffer cruel or inhuman treatment or punishment
- Article 8. The right to knowledge of identity

Activities and Discussion

The Convention's principles and standards can be used as tools for implementing the best possible health care. You can draw on material in Module 2 on the indivisibility and inter-relatedness of rights to enhance your understanding of the issues addressed in this module.

Activity 4.1 is designed to help you reflect on the extent to which the right to the best possible health is being protected for children in your practice and community, and to

explore what strategies might be developed to address those areas that require change in order to raise standards. Activity 4.2 assumes the perspective of a specific child receiving health services and how they might experience those services, as well as asking learners to identify ways in which the services and/or policies might be made more child-friendly.

Activity 4.1

The questions presented in Activity 4.1 are meant to stimulate thought, dialog and discussion related to barriers to protecting children's rights to the best possible health. The primary focus for the Activity is the respect of children's rights in the context of the/your practice of Pediatrics and in health policy.

Activity 4.1 Protecting Children's Right to Best Possible Health

Please use your own clinical and personal experiences to frame and inform your responses to the following questions.

1. Is the right to the best possible health being protected for all children? If not, which children are losing out and how?
2. Identify examples of specific breaches of children's rights in existing health policy and practice, locally, regionally and nationally.
3. How can health professionals discover:
What children think about services?
What services children would like developed?
How children would like services changed?

Discussion

It is difficult to define "best possible health," and what is possible will be different for different children in different countries. However, the Convention provides a holistic framework of principles and standards with which to assess whether health services are promoting the best possible health outcomes for all children. Articles 6 and 24 encourage an approach that considers the whole child. For example, although a hospitalised child might be receiving high quality treatment for their medical condition, their well-being will be impaired if they are denied adequate contact with their family, opportunities for education and play and a chance to be involved in decisions about their treatment.

As you considered the questions in Activity 4.1, a number of potential perspectives may have come to mind. With respect to protecting children's rights to the best possible health care, perhaps you considered the challenges faced by marginalized children, e.g.,

disabled, ethnic, minority and indigenous, poor, incarcerated, institutionalised, etc. children. Specific breaches of children's rights in practice and health policy might have included:

- Failures to introduce or follow child protection procedures,
- Physical abuse of children by staff,
- Detention of children in mental health institutions without proper safeguards, and
- Doing research without proper consideration of children's best interests.

Activity 4.2 will move from the theoretical to discuss specific strategies to develop child friendly health services.

Activity 4.2

How child friendly are health services and what can be done to ensure they respect the rights of children? The following Activity will help you see the world that children experience, and consider ways to ensure that experience occurs within a rights respecting environment.

Activity 4.2 How Child-Friendly are Health Centers, Clinics and Hospitals?

Imagine you are either a seven-year old ethnic minority boy, or a 14-year old girl, who is confined to a wheel chair. You are visiting a hospital or health centre for treatment.

How might you, as either of these children, experience the services you receive, and what might be done to make the environment and the services more child-friendly?

Now imagine yourself as a homeless, gay/lesbian/transgender or child marginalized by other factors carrying a social stigma. How might your access to health care be affected and how might you experience the quality of that care?

Discussion

As you transformed yourself into a young person in the above Activity, you would have seen the world from a dramatically different perspective than as an adult. Now, for thought and discussion purposes, consider the following questions as an adult that relate to the world you might have experienced as a child.

The reception/waiting area. Is it friendly and are there age-appropriate toys, magazines, and posters? Is the seating comfortable for children? Is there any area where they can play safely? Is there any age-appropriate information about services provided? Is information provided in the main community languages spoken in the area?

Clinics. Are children routinely required to wait for long periods to see a doctor? Are children generally able to see the same physician/consultant each time they come for an appointment? Is time given to enabling the child to ask any questions?

Hospital wards. Are children introduced to the ward properly and given information about who is responsible for them? Are they given a named member of staff who they can approach for help? Are they encouraged to ask for help and information if they need it? Is there any publicly displayed statement or charter of rights? Are parents encouraged to be around and helped by staff to support their children while in the hospital? Is the design/décor age appropriate? What preparation and support are children given when facing surgery or painful treatments? Are they given an opportunity to articulate their concerns, fears or wishes?

Hospital services. Do children get access to education when they are staying in the hospital? What opportunities are there for play/entertainment? Are they age-appropriate? Is the food provided appropriate for children? Have they ever been consulted on the quality of the food or any other aspect of hospital provision?

Table 3 presents some ideas as to how to achieve a service environment and framework for public policy that will help ensure respect for children’s rights.

Table 3

Ways to Achieve Change
<ul style="list-style-type: none">● Formally ‘adopt’ the Convention on the Rights of the Child as a framework for developing policies and practice.● Develop systems for consulting with children and young people.● Work with staff, parents and children in developing a Child’s Charter that establishes what children are entitled to expect when they need and receive care in your facility.● Develop systems for analyzing how much of health services expenditures benefits children and whether it reflects their assessed levels of need.● Establish effective cross-departmental planning to ensure consistency and comprehensiveness in the development of services for and impacting children. Examples: Ensure that adolescents’ rights are not compromised by transferring them between child and adult health systems. Develop contracts between health and education services to ensure effective provision of services to disabled children.● Provide training for all relevant staff on children’s rights and the implications of the UN Convention on Rights of the Child.

- Encourage the appointment of an independent children's commissioner or ombudsman, who can monitor how effectively children's rights to health is being protected.

Conclusion

Consistent and effective consideration of children's rights in the development and delivery of health services will not happen by chance. There are many competing interests and more powerful voices than those of children. Rather, it is necessary to introduce systems to ensure that as services are developed, they are scrutinized from the perspective of whether they will promote and protect children's rights. Key points from this Module include the following.

1. Children have the right to life and the best possible health and access to the best possible health care services.
2. It is not enough simply to assume that services are promoting children's health and development, providing them with the best possible health services and ensuring the best possible health outcomes. It is necessary to scrutinize services to ensure they actually do protect and promote children's rights.
3. Key principles in the Convention can be used as a means of monitoring whether standards are being met for all children.
4. Giving consistent priority to promoting the best interests of children can be helped by introducing and institutionalising systems for raising standards throughout the service delivery system, including training, consultation, budget analysis, integrated planning of services, etc. Important questions to ask when developing and implementing children's services include, but are not limited to the following.
 - Can all children access services equally?
 - Are services designed for children, or for adults' interest and convenience?
 - Are children's views sought as a means of improving services?
 - Are children protected from all forms of violence and abuse?

Facilitating a positive response to these questions will help to ensure that the environment in which children are served respects and contributes to their right to the best possible health.

Additional Reading

The Convention's principles and standards have significant implications for the way that health policy is developed and implemented. The Convention's articles can be used as a framework within which to develop and monitor health policy at all levels. In other words, they provide a lens through which to evaluate services for children.

Children's Right to the Best Possible Health

Articles 24 and 6 are the two key articles in the Convention that deal explicitly with health care. Together, they place a high priority on investment in health care services designed to promote children's health and development. *Article 6*, the right to life and optimal development, was described in Module 2.

Article 24. The right to the best possible health and access to health care. This article stresses that governments have a responsibility to ensure that no child is deprived of their right to access health care services. It states that governments should take measures to:

- Diminish infant and child mortality,
- Provide medical assistance to all children with an emphasis on primary care,
- Combat disease and malnutrition,
- Ensure pre and post-natal health care,
- Provide public health education, and
- Develop preventive health care through guidance for parents and family planning education.

It goes on to stress the need to take action to end traditional practices that are prejudicial to the health of children.

Developing Health Services That Promote Children's Rights

A commitment to promote the best possible health for children is familiar to those who work in the health field. However, the Convention adds a new dimension. The implementation of a rights-based approach to children's health requires that policies designed to promote children's health take into account all the rights in the Convention. In other words, the right to health cannot be considered in isolation from other rights. In particular, health policy must be considered in the light of the principles that underlie the remaining articles of the Convention. These underlying principles were discussed in Module 2. They include the following.

Article 2. Non-discrimination. Every child has the right to equal respect for all of the rights in the Convention. In practice, it is rare that all children have equal access to health care. Discrimination that excludes groups of children from access to health care happens not only when there is a direct intent to deny them access. It also happens as an indirect and often unintended consequence of the ways in which health policies and

services are delivered, or by virtue of social or cultural attitudes that exclude or discriminate against certain groups of children. Examples include the following.

Disabled children. A disabled child has no less a right to life than a non-disabled child. The Convention is explicit in recognizing every child has an equal worth. However, in many countries disabled children are not equally valued. In some, they may be allowed to die, or treatment is withheld or withdrawn. Children with Down's syndrome are widely denied access to heart surgery that would enhance their quality of life and extend their life expectancy.

These practices are rooted in the belief that impairment reduces the value of a life, and that judgments made by professionals about quality of life should be allowed to influence access to treatment. Health professionals in some countries encourage parents to place disabled children in institutions, arguing that they represent an unacceptable encumbrance better swept out of sight. For most children so placed, the opportunity for fulfillment of their optimal development is unlikely to be realized. They are denied the right to family life, to social inclusion, often to the right to friendship, to play and to education. Rather, what is needed is appropriate health care and social support for families that enables and encourages them to protect the child's right to life and best possible health.

Ethnic minority or indigenous children. The way a health service is developed and designed usually reflects the cultural and social values of the majority population. In any given country, the language used by staff, attitudes toward privacy, the information provided, attitudes toward children, assumptions about parent/child relationships, etc., affect children's access to and the quality of health services they receive.

For children and parents in minority communities, the service may feel alien, unacceptable and even hostile. Communicating with professionals who do not speak your language, do not understand your culture or respect your values is likely to be a difficult experience and may lead to reluctance to seek health care. Even when help is sought, its quality may be diminished by poor communication, anxiety and mutual lack of trust. A commitment to respect the equal rights of all children to health care requires that its services are promoted in ways that are culturally relevant and available to all communities.

Poor children. Poor children are likely to have the greatest need for health care, but are often those with the least access to services. They are at greater risk of accidents, more likely to have poor diets, live in damp and unsanitary housing, be working in unsafe conditions, be exposed to violence and illegal drugs, etc.

The most immediate barrier to access arises when there are charges for health care. However, other barriers also impede access. Health services are often concentrated in urban areas, making access even more difficult for poor children living in rural communities. Travel to hospitals and clinics, even within cities, can prove too costly and

time-consuming for parents with low incomes. Appointments may be during parents' working hours and attendance may necessitate their loss of wages.

Poor families may have less access to information, such as the health needs of their children, the importance of vaccinations and the risks of infection. They may also have less access to information about how to promote the health of their children. Health services need to take account of these barriers, if poor children are not to be discriminated against in realizing their best possible health.

Adolescents. Adolescents are most at risk of failing to gain access to appropriate health care. Yet, they are going through a period when they are particularly in need of care. In light of these difficulties, it is important to develop and deliver services in ways that encourage teenagers to feel confident in approaching health professionals. Some barriers to adolescents' access to care are as follows.

- Health services are often not designed to accommodate the needs of teenagers.
- Adolescents are often reluctant to talk to doctors because they fear that their parents will be contacted – they want privacy but may not be offered confidential advice and treatment.
- They are often embarrassed and uncomfortable talking with adults about personal issues.
- They may fear criticism or moral censure if seeking help with sexual or reproductive health issues.
- Parents are less likely to be aware of their health needs at this age and therefore less likely to be in a position to encourage them to seek help.

Children in institutions. Children may be living in mental health institutions, children's homes or young offender institutions. Health care services and delivery for these children is often inadequate for a variety of reasons. Among them may be limited access to doctors and other health practitioners, no one to advise children on where to go for help; or no one to take responsibility for and/or identify their health needs.

Whenever possible, children should be enabled to use mainstream services provided for all children, rather than treating children within the institutions where they live. Mainstream care is less stigmatizing, more likely to provide children with privacy and respect for confidentiality and more likely to ensure that they obtain services of the same standards as those provided to other children.

In summary, although health services may be provided with the best intention of promoting universal and equal access for all children, significant numbers of children in all societies will be discriminated against in achieving access, unless explicit measures are taken to address the barriers to access imposed by their specific situations.

Suggested Actions to Ensure Non-discriminatory Services include, but are not limited to the following.

- Gather information about the social, economic and ethnic make-up of the local community.
- Analyze use of services in relation to the composition of the community, and identify groups of children who are not utilizing services adequately.
- Consult with parents and children of under-represented groups to determine what they need from the health service.
- Provide training for staff on developing non-discriminatory services.
- Develop and promote clear policies, in consultation with staff as well as with children and parents, on the right of children to privacy, to confidentiality, to consent to treatment, etc.
- Ensure that services respect the cultural and religious norms of all members of the local community, including the need for women doctors for girls, recognition of the need for privacy, availability of appropriate food, provision of prayer facilities, provision of information in all community languages, availability of interpreters, etc.
- Develop clear policies to ensure that all staff understand and respect the equal right to life of all children whether disabled or non-disabled.
- Explore the possibility of providing services in local communities to ease access for poorer children.
- Plan services to accommodate the routines and constraints of working parents.
- Develop health promotion information directly targeted at poor children and their families.
- Collaborate with authorities responsible for children in institutional care to develop systems to ensure they are enabled to access services on an equal basis with other children.

Article 3. The obligation to promote the best interests of children. Article 3 of the Convention states that “in all actions affecting children, their best interests must be a primary consideration.” Article 3 does not require that children always be the paramount consideration. However, it does mean that health authorities and professionals must always consider the potential impact of their actions on children and seek to ensure that children’s interests are given serious attention.

What implication does “best interests” have for health policy and services? In practice, it means that: a) services must be developed and organized for the benefit of the child rather than for the convenience of providers and administrators, and the priority for child health services, and b) providing training for students and/or creating research opportunities must not be the priority for child health services. Examples include the following.

- It is generally in children’s best interest to see the same provider each time they seek care. Care from multiple providers limits the capacity to build trust and confidence between providers and children and their families. Also, it limits the clinical benefits gained through continuity of care.

- Appointment protocols are usually designed to suit professionals' convenience, rather than considering the needs of children, for whom waiting may be stressful, boring and disruptive of their education.
- In developing countries that have introduced dollar charges for health care, there is evidence that access to services has been reduced significantly for poor children, especially for girls and disabled children. Such policies are directly against the best interests of children. In fact, there is growing evidence that charging for health services has not increased the total resources available for basic social services.
- The timing of meals, visiting arrangements and the general organization of hospital wards are too often organized for administrative convenience or efficiency, rather than with any explicit commitment to promoting the best interests of children.

Expenditures on health care services for children should reflect both the assessed levels of need, as well as children's numerical representation within local populations. Decisions about whether to invest in primary or tertiary care services should reflect what would best promote children's health and well being.

Article 3 applies not only to individual children, but also to populations of children. There is a potential tension between serving individual and populations of children. For example, an expensive drug treatment may be in the interests of an individual child, but may limit investment in low cost treatments that would improve the health of a greater number of children.

Comprehensive vaccination programs improve the life chances of a population of children, but may result in a negative reaction for an individual child for whom withdrawal from the program would have been in her/his best interests. There are no easy answers to these dilemmas. What is important is that the need to give proper consideration to the best interests of children should inform the decision-making.

Article 12. Listen to children and take their views seriously. As discussed in Module 3, the principle that children have the right to be listened to and taken seriously is central to the Convention on the Rights of the Child. However, the principle does not just apply to individual children. Equally important is the need to consult with groups of children and young people in the determination of which services are needed, the development of health services and how programs operate.

Listening to children is not just the right thing to do in principle, but it is one of the most effective means of ensuring that children's right to their best possible health is fulfilled. In order to provide services that promote the best interests of children, it is essential to consult and listen to them. They have an important perspective to contribute to the development of effective services. Children's participation will:

- Raise awareness about the key concerns they experience,
- Identify the difficulties they experience in accessing health care,
- Increase understanding of children's needs for health information,

- Help to develop accessible and child-friendly services,
- Promote greater sensitivity by health professionals to how children's services should be delivered,
- Increase access to and use of services, and
- Improve the health standards of children

Ask Children About Their Health Needs and Preferences

There are many ways you can consult with children to discuss their health care needs, find out what they think is available, what they would like to be available, what services they use and why, barriers to using services and their information needs. The preferred methods depend on whether your purpose is to evaluate existing services or you are trying to identify young people's unmet health care needs. You can, for example:

- Collaborate with local schools and schedule meetings with children in school,
- Organize a conference and invite young people to participate,
- Develop an evaluation forum with children in the hospital for children using hospital services,
- Design a questionnaire to be circulated to all local schools,
- Ask a local children's NGO to schedule a consultation with children in the locality, and/or
- Establish a young people's forum to provide feedback on their experiences with your services and develop protocols for future improvements.

Other specific rights. The Convention contains many other rights that, if respected, will result in better health and development for children.

- ***The right to protection from all forms of violence and sexual abuse.*** Codes of practice must ensure that staff do not hit, abuse or hurt children in any way, as well as an obligation to take action to protect children they suspect of being abused or hurt by their caregivers.
- ***The right not to be separated from parents.*** Every effort must be made to enable hospitalised children to maintain contact with their parents, and children should not be institutionalised and denied their right to family life as a result of either physical or intellectual disability.
- ***The right to education and play.*** Children in the hospital have the same right to education and to play as other children, and all efforts must be made to provide opportunities for children to maintain their education and to be able to play.
- ***The right to protection from arbitrary detention.*** Children should not be forcibly detained in mental health institutions unless doing so is absolutely necessary for their protection and safety, or the protection and safety of others. When it is necessary, there must be effective safeguards, time limits and rights of appeal.

- *The right to knowledge of identity.* Children born through assisted reproductive techniques have the right to know their biological parents.
- *The right not to suffer cruel or inhuman treatment or punishment.* While some treatments are inevitably painful, children should never be subjected to unnecessary pain and should always be provided with the most effective analgesics. They should never be exposed to treatment that is humiliating and/or unnecessarily invasive of their privacy.

How to Implement Children’s Right to the Best Possible Health

Starting from the premise that children have the right to life and the best possible health, access to the best possible health care services is necessary, but not sufficient to ensure a rights based approach to child health. Specific processes must be built into the development and delivery of services in order to achieve this goal.

- Formally “adopt” the UN Convention on the Rights of the Child as a framework for developing policies and practice. In other words, try to encourage the decision makers for the health service, hospital or health centre to make an explicit commitment to the principles of the Convention and to agree to use them as a reference point, or set of standards, for all services. For example, this would involve looking at all services to determine whether any groups of children were discriminated against in gaining access to care.
- Develop systems for consulting with children and young people in the development, delivery, monitoring and evaluation of services.
- Work with staff, parents and children to develop a Children’s Charter that establishes what children are entitled to expect when they need and seek health care.
- Develop systems for analyzing the degree to which health service expenditures benefit children and whether they reflect their assessed levels of need.
- Establish effective inter-departmental planning to ensure consistency and comprehensiveness in the development of services for children. For example, by ensuring that adolescents are not negatively affected when they transfer between children’s and adult services, and by developing contact between health and education services to ensure effective provision of services for disabled children.
- Provide training for all relevant staff on children’s rights and the implications of the Convention on the Rights of the Child.
- Encourage the appointment of an independent children’s commissioner or ombudsman who can monitor how effectively children’s rights to health are being protected.



Optional Handouts



Module Four

Health Policy and Health Services

HANDOUT 4.1

Children's Rights to the Best Possible Health

Key articles related to health

- **Article 6.** The right to life and optimal development.
- **Article 24.** The right to the best possible health and access to health care.

Underlying principles

- **Article 2.** Non-discrimination. Every child has the right to equal respect for all the rights contained in the Convention.
- **Article 3.** The obligation to promote the best interests of children: in all actions affecting children their best interests must be a primary consideration.
- **Article 12.** Listening to children and taking them seriously.

Other specific rights

The Convention contains many other rights that, if respected, will result in better health and development for children:

- The right to protection from all forms of violence and sexual abuse
- The right not to be separated from parents
- The right to education and play
- The right to protection from arbitrary detention
- The right to knowledge of identity
- The right not to suffer cruel or inhuman treatment or punishment

HANDOUT 4.2

Achieving Change

- Formally ‘adopt’ the Convention on the Rights of the Child as a framework for developing policies and practice.
- Develop systems for consulting with children and young people.
- Work with staff, parents and children in developing a Child’s Charter that establishes what children are entitled to expect when they need and receive care in your facility.
- Develop systems for analyzing how much of health services expenditures benefits children and whether it reflects their assessed levels of need.
- Establish effective cross-departmental planning to ensure consistency and comprehensiveness in the development of services for and impacting children. For example, by ensuring that adolescents are not compromised by transferring between children’s and adult health systems, and by developing contact between health and education services to ensure effective provision of services to disabled children.
- Provide training for all relevant staff on children’s rights and the implications of the Convention on the Rights of the Child.
- Encourage the appointment of an independent children’s commissioner or ombudsman who can monitor how effectively children’s rights to health is being protected.



Power Point Presentation



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