



# General Assembly

Distr.: General  
25 February 2013

English only

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## Human Rights Council

Twenty-second session

Agenda item 3

**Promotion and protection of all human rights, civil,  
political, economic, social and cultural rights,  
including the right to development**

### **Written statement\* submitted by World Vision International, a non-governmental organization in general consultative status**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[11 February 2013]

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\* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

## Child participation for the right to health

The Convention on the Rights of the Child explicitly affirms that children have the right to express their opinions, to be listened to, and to participate in decisions that affect their lives. World Vision welcomes the increased recognition by medical practitioners and public health decision makers that children must be consulted regarding decisions which affect their own health, however this right encompasses far broader parameters and will only be fully realised when the role that children can play in national and international health policy decisions is accepted and facilitated.<sup>1</sup> The participation of children is pivotal to ensure inclusiveness and ownership of their right to health, to reduce dependency, and to achieve a broader impact on their well-being and that of their peers.

World Vision and other organisations' experience have proven that children can undertake their own initiatives and implement child-led projects that allow them to make decisions and influence their families, communities and policy makers. Some of these initiatives aim to influence public decisions and monitor their implementation in order to improve everyone's health, while others seek to improve their relations with peers, or raise awareness about issues that matter to them. Children are challenging health cultural beliefs and practices; promoting healthier habits and behaviours; raising awareness and disseminating information; and claiming their right to participate in policy design and monitoring.

Some examples have included:

1. The World Vision's Children Council in Lebanon identified smoking as one of the most important issues facing their community. Children in this Council have been taking an active role in reaching out to their peers, engaging each other as partners and working together to persuade others not to succumb to peer pressure in a country where smoking is prevalent and socially acceptable.

"I know that we have more hope with children than we have with adults... By raising awareness among children now, we help them not smoke as adults, because it is very difficult for grown-ups to stop smoking", Yasmina, age 12.

"We have good health and if we lose it because of smoking no one can help us restore it," said Melissa 14. "Even if adults are careless about their health, children should not be."

2. The Children's Committee in Shambarai in Tanzania supported children whose parents wanted to force their daughters to undergo female genital mutilation, taking a key role in empowering children to report the cases of violence against them. As a result of this child-led initiative, the prevalence of FGM has decreased in the community and has been replaced by special ceremonies to keep with the tradition of indicating a significant step into womanhood.

3. In Latin America, adolescents and children from the age of 12 from Brazil, Argentina, Bolivia, Guatemala, Honduras, El Salvador and Dominican Republic consulted with their peers in their respective countries, and then gathered in Costa Rica in October 2011 to draft their own declaration to be presented at the Rio conference on the Social Determinants of Health. Some of the highlights of their declaration included:

"We concur on the need for governments (ministries of health in particular) together with pro-youth institutions or similar organisations, to create conditions in the

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<sup>1</sup> As indicated by General Comment on Article 12 of the Convention on the Rights of the Child.

respective countries throughout the region to enable us to act on the social determinants of health, creating transparent, periodic formal institutional mechanisms so that we adolescents and youth may participate in creating policies to respond to social determinants directly affecting us.”

Other particular requests included for the development of incentives and subsidies to enable children to participate on issues of sexual and reproductive health, teenage pregnancy prevention, HIV transmission and other communicable and non-communicable diseases which directly affect children, calling for greater coordination between Ministries and authorities. The children expressed that they were underrepresented, wanting the opportunity to share their own experiences, to help shape decisions and contribute towards the work to reduce inequities.

### **What are children saying about barriers and challenges to access health?**

There are significant similarities between what children are saying and what research tells us concerning barriers and challenges to children’s right to health. Some of these similarities are highlighted below. Health research does not usually address the issue of participation explicitly, but a closer examination of existing research points to the centrality of child participation as a crucial element for the realization of the right to health. After more than twenty years of the ratification of Convention of the Rights of the Child, children are claiming their right to participate in these matters, and they are also taking action.

World Vision did a revision of the themes that children have raised since the Special Session of the United Nations General Assembly on Children in 2002, including in child-led reports to the Universal Periodic Review and to the Committee on the Rights of the Child.

Particular barriers which the children have identified, and which many years of health-related research have consistently highlighted include:

1. Inadequate access to birth registration - Registration at birth or shortly afterwards establishes a child’s legal identify, providing an official record of a child’s birth by its government. It is a fundamental human right,<sup>2</sup> which gives every child the right to be registered by the State within whose jurisdiction she/he is born. Registration is the gateway to citizenship and participation, and for children to live out their right to health. Furthermore, without adequate registration of the child population and the vital statistics on health that this provides, governments cannot adequately plan the delivery of health services and interventions.
2. Supply side barriers and challenges - Affordable and accessible life-saving drugs and child-friendly services are not adequately available. Children have pointed to the shortage of doctors and qualified health personnel and the lack of laboratory equipment. Targeted services for the poorest or most marginalized children and communities are not provided, and capacities are weak for managing health systems at the sub-national and local levels, where health legislation is seldom enforced.
3. Demand side barriers and challenges, which the children understand as a denial of quality health care. High levels of out-of-pocket health expenditure and associated costs such as transport, prohibits many from accessing essential health services. Cultural or traditional practices, resulting in lack of awareness about key child and maternal health conditions requiring urgent attention, also influence people’s decisions to seek care. WHO research in 2010 identified: a) inappropriate health practices leading to people receiving

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<sup>2</sup> Articles 7 and 8 of the 1989 UN Convention on the Rights of the Child.

medication/care from pharmacies, and other providers with little formal training; and b) gender-based issues such as violence, disempowerment, stigma and discrimination against women and girls are contributing factors to limited access for children.<sup>3</sup>

4. Inequity in child survival and development - Poverty is a crucial factor determining inequities in child survival and development. Compared with their wealthiest peers, children from the poorest households throughout the developing world are doubly at risk of dying before age five. Seldom do the poorest children, often living in remote areas, urban slums and disproportionately from ethnic minorities, enjoy the same level of access to basic health care.<sup>4</sup> Voice and citizen participation, including child participation, are key to address inequity.

5. Social determinants of health. Children are increasingly raising the need for adequate food and improved nutrition, as well as access to clean water and sanitation, and the links to child mortality. Recent developments to highlight the role that social determinants play in the right to health demonstrate that attention to water and sanitation, nutrition, education and early child development are indispensable to prevent diseases that end up having a tremendous burden in public health and very high costs in treatment. As illustrated by some of the examples above, children's participation plays a key role in prevention. The more children learn about their rights and the causes and social determinants of health, the more they express other needs or concerns, such as unclean drinking water in schools and at home, and the need for nutritionists, especially in rural areas. More recently children are increasingly raising their voices about FGM, teenage pregnancy, mental health and even denouncing corruption and bribery in the health sector.

6. Participation and accountability – Children are asking for their voices to be heard, are expressing their desire to be healthy and to “learn to be healthy”, and are calling for strong and accountable partnerships for this. Existing mechanisms for children, families and communities to participate in the design, monitoring and review of health services are lacking or weak in most contexts where World Vision works. This critical barrier needs special attention for the realization of children's right to health. Policies that are designed with the participation of all their constituencies are more effective and less expensive. When authorities know that a community is getting sick because members can tell them that their water makes them sick, the problem can be tackled at its root, and great expense then saved on treating the sickness. Children are a constituency in their own right, thus their participation in policy design is essential.

Clearly there is a strong correlation between what research and what children tell us; that there is a continuum of essential determinants starting with the registration of a child, adequate and affordable access to care and a clean and safe environment in which to the child can develop and thrive, and a strong and enabled civil society in which the child can contribute. Only when such determinants are in place can the child's right to health be fully realised.

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<sup>3</sup> The World Health Report of 2010 (Health Systems Financing: the Path to Universal Coverage) showed that over a billion people are unable to use the health services they need, 100 million people are pushed into poverty, and 150 million people face financial hardship because they have to pay directly for the health services they use at the point of delivery (Xu et al. 2007; WHO 2010).

<sup>4</sup> “Narrowing the Gaps to Meet the Goals” UNICEF, September 2010.

## Conclusions

When children can exercise their right to participation, they contribute by:

- Providing key information for the implementation of programs and policies that will work for them. Working in partnership with children helps organizations and public institutions be more targeted, more effective in their strategies, and directly contribute to attaining the right to health of the entire population.
- Children are able to propose solutions that may have not occurred to experts or other adults involved in decision-making.
- Once children have adequate information they take immediate action in the areas of hygiene, healthy behaviours, change in cultural patterns and traditions, prevention of diseases and peer education/pressure towards healthy habits.
- Children are able to advocate for themselves and if adequately supported, could play a far more substantive role in monitoring public policy at local and national level, becoming key actors of civil society to support governments and hold them to account.

## Recommendations

1. States must progressively remove all barriers to child participation on health matters. They should create and enhance existing mechanisms allowing children to speak about barriers to health, or be heard through other media including art and drama, as well as engaging children in exploring solutions.
  2. All actors must ensure that children understand that health is a right equal to other rights, and encourage them to engage in monitoring, reporting and holding duty bearers to account.
  3. The Human Rights Council has a role to play to increase the political space, understanding and acceptance of child participation. In particular it should:
    - Encourage all States to ensure children are consulted through the process of preparing the National report for the Universal Periodic Review, including the mid-term reviews, through specific consultations with children;
    - Encourage relevant thematic and country-specific Special Procedures to consult with children about their right to health during country visits;
    - Continue to invite children to address the Human Rights Council on matters pertaining to their right to health, as well as other rights.
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