

Children's rights and the prevention of infectious disease

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The use of the UN Convention

will transform your work as a

Paediatrician

*-And improve the health of children
in society*

I am going to talk about some blocks and obstacles to infectious disease prevention and how the use of a Children's rights approach (CRA) will help us

A CRA is integral to EACH and EVERY encounter between a paed and a child

What the convention says

- ◆ Provision of services: eg health, education, social services
- ◆ Protection: eg violence, neglect, exploitation
- ◆ Participation rights: provision of information, asking of consent, listening to children's views

Applying these to prevention

- ◆ Provision of services: eg immunisation
- ◆ Protecting the child from the exploitation of society and the media
- ◆ Ensuring the child's view is heard: eg obtaining consent and consulting young people over health promotion

Article 6

- ◆ States Parties recognize that every child has the **inherent right to life**.
- ◆ States Parties shall ensure to the maximum extent possible the **survival and development** of the child.

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.

Article 27

- ◆ States Parties recognize the right of every child to a **standard of living** adequate for the child's physical, mental, spiritual, moral and social development.

Article 12

- ◆ States Parties shall assure to the child who is capable of forming his or her own views **the right to express those views freely in all matters affecting the child**, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 13

- ◆ The child shall have the right to freedom of expression; this right shall include **freedom to seek, receive and impart information and ideas of all kinds**, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice

Article 17

- ◆ States Parties recognize the important function performed by the mass media and shall ensure that the child has **access to information and material from a diversity of national and international sources**, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

Article 17 (cont)

- ◆ Encourage the development of appropriate guidelines for the **protection of the child from information and material injurious** to his or her well-being

Implications for paediatricians

- ◆ Integration of prevention with curative services
- ◆ Ubiquity of health education
- ◆ Best interests of the child
- ◆ Applies to all children (including in prison)
- ◆ Listen to the Child's view
- ◆ Protection from injurious information: advertising, media
- ◆ Government responsibility to protect children

The pathways of infectious disease and children's rights

ID

- ◆ Agent
- ◆ Exposure
- ◆ Immunity
- ◆ Primary health care
- ◆ Secondary health care
- ◆ Recovery/rehab

CR

- ◆ Life and development
- ◆ Health and health care
- ◆ The child's view
- ◆ Consent
- ◆ information

The agent (exposure)

- ◆ Children from social class V have a higher risk of exposure than children from social class I
- ◆ This relates to housing quality and to air purity (Article 27 - standard of living)
- ◆ Paediatric role: data collection and advocacy

Immunity

- ◆ Natural immunity: breast feeding, good nutrition
- ◆ Artificial immunity: immunisation
- ◆ Paediatric role:
 - promotion of breast feeding/nutrition
 - protection from advertising of infant formula
 - education on immunisation
 - informing the child/gaining her consent

Scenario 1: Restriction of breast feeding rights

- ◆ Breastfeeding mothers detained away from babies
- ◆ Matt Weaver
- ◆ guardian.co.uk, Friday 18 August 2006 00.18 BST
- ◆ Breastfeeding mothers are being separated from their babies for several days in the government's drive to deport failed asylum seekers, Guardian Unlimited can reveal today.
- ◆ Immigration officials have been accused of flouting several UN conventions by detaining mothers away from pre-weaned infants in at least two cases this spring.
- ◆ In March this year a Vietnamese mother was seized from her Birmingham home without notice. She was then locked up at the immigration removals centre at Yarl's Wood in Bedfordshire, without her six-month-old baby.

Paediatrician action

- ◆ RCPCH plays an important role
- ◆ Speaking out and supporting the Commissioner for Children
- ◆ Joint statement RCPCH, RCPsych and RCGP: meeting on 9th December 2009 on immigrant detention to launch this
- ◆ Lobbying of MPs
- ◆ This won't happen again!

Scenario 2: Immunisation in hospital

- ◆ Andrea (4) was admitted to hospital with a febrile convulsion. It was noted that she had not been immunised against measles, but the doctor was not sure if the vaccine could be given after a convulsion, nor how to obtain the vaccine, and did not ask the consultant about this. She was discharged the next day.
- ◆ 2 months later she was admitted with severe pneumonia following measles at home and required a period of ventilation.

Paediatrician role

- ◆ Integrate prevention with cure! Ensure that every opportunity is taken for immunisation catch-up, including in hospital.

Primary health care

- ◆ Listening to parents and children
- ◆ Provision of a clear explanation and offering information in writing
- ◆ Ensuring the child is heard; child friendly health centre
- ◆ Clear pathway if increasing severity
- ◆ Role of paediatrician: education of primary care staff, preparation of information handouts

Secondary health care

- ◆ Listening to the child, see on her own if possible
- ◆ Obtaining consent for procedures
- ◆ Consulting CYP over facilities in hospital
- ◆ Offering the CYP a clear explanation

Recovery and rehabilitation

- ◆ Information to the child including (for a young person) a **copy of the discharge letter**
- ◆ Explanation on recurrence risk
- ◆ Involvement of the child in management, if long term illness

Tasks for us all

- ◆ Know the UNCRC
www.unicef.org/crc
- ◆ Use the CRC in your work
- ◆ Train all paediatricians in the use of the CRC:
use the RCPCH/AAP course
www.essop.org
- ◆ Work with others and speak out for children
- WHO is the voice for children's health in
your country?