

The Budapest declaration for children and youth on the move



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Paediatricians and child health professionals have crucial roles to play in response to the unprecedented global movement of children. More than 25 million children are currently displaced, internally and across borders, as a result of violence, armed conflicts, deprivation, climate change, globalisation, and natural disasters.¹ Extensive physical, psychosocial, and developmental health disorders have been documented among them.²⁻⁴

In response, the International Society of Social Pediatrics and Child Health issued a policy statement on migration in 2017,⁵ and convened interdisciplinary professionals to address the health issues impacting displaced children at its 2017 annual meeting in Budapest. Based on this work, the Budapest Declaration on the Rights, Health and Well-being of Children and Youth on the Move was adopted as a transdisciplinary, child rights-based approach to the health and wellbeing of displaced children.

To our knowledge, this is among the first blueprints for a global health response by child health professionals and organisations to this epidemic of displacement. On the basis of the UNICEF publication *Beyond Borders*,⁶ the Declaration requires child health professionals and organisations to be: (i) aware of the global movement of children; (ii) cognisant of the perverse effects of displacement on the health and wellbeing of these children; (iii) familiar with the vulnerabilities of these children; (iv) conscious that systems of care for these children are fragmented, and (v) committed to the WHO definition of health.

The Declaration also includes prerequisites for a child rights-based approach that addresses all protection, promotion, and participatory rights of children. This requires child health professionals to know the profound violations of these rights, as articulated in the UN Convention on the Rights of the Child (CRC), and address the full spectrum of these violations across the continuum of clinical care, health-care systems, social systems, and public policy.

Based on these principles, a framework for global action has been established in the Declaration. The framework addresses the CRC entitlement of all children without discrimination (Article 2) to: optimal survival and development (Article 6), the opportunity to participate in decisions that affect them (Article 12), and optimal health and health care (Article 24)—it stipulates that

children on the move receive the same comprehensive health-care services as those available to residents. By invoking the principle of the interdependence and indivisibility of rights, it further stipulates all rights articulated in the CRC be addressed by stakeholders for the health and wellbeing of these children, and that State parties be held accountable for their actions.

With respect to the unique health risks and needs of children on the move, the Declaration addresses the leadership role of child health professionals and organisations in planning and implementing a continuum of care for these children. Upon entry into safe spaces, physical, psychosocial, and developmental health assessments should be provided. Children should receive primary care with links to local referral services, and psychosocial and developmental care should focus on urgent and chronic problems and risks—including the mental health of caregivers. Protective factors should be identified and supported.

Because the care of children and young people on the move requires cultural and linguistic competencies and experience with trauma-informed care, professionals working with these children should achieve these skills. Attention should be placed on ensuring that care is provided in a manner that is sensitive to ethnic origins, takes place with informed consent, includes participation in decision making, and interpreters are trained and adhere to standards on confidentiality and professionalism.⁷

For more on the **Budapest Declaration on the Rights, Health and Well-being of Children and Youth on the Move** see <https://www.issop.org/2017/11/10/budapest-declaration-rights-health-well-children-youth-move/>



Child health-care professionals and organisations have important parts to play in fulfilling the rights of displaced children; therefore, they should have leadership roles in this regard in partnership with UNICEF, WHO, UN High Commissioner for Refugees, International Organisation for Migration, and other public and private sector organisations. Comprehensive child health action plans based on the Declaration, should include high-quality clinical care, systems of care that serve the particular needs of these children in a manner that consistently affirms their dignity and rights, and policies that ensure every community and nation advance health in all policies⁸ and universal health care.⁹

Finally, the Declaration calls for the application of evidence-based practices and rigorous evaluation. Academic institutions should be engaged to support all aspects of professional education, research and evaluation, and dissemination of knowledge and experience.

The political, social, economic, cultural, and environmental causes of the displacement of vulnerable children and families are unlikely to subside soon. Child health professionals and organisations should be at the forefront of advocacy and service delivery to ensure a comprehensive response to the health and wellbeing of these children. Services, systems, and policies should be informed by evidence and rigorous evaluation. A child rights-based approach is necessary to ensure all needs and rights are fulfilled. The Budapest Declaration establishes an outline for a global response to the health and wellbeing of children and young people on the move.

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- 1 UNICEF. UNICEF data: monitoring the situation of children and women. <https://data.unicef.org/topic/child-migration-and-displacement/migration/> (accessed Jan 16, 2018).
- 2 Fazel M, Betancourt TS. Preventive mental health interventions for refugee children and adolescents in high-income settings. *Lancet Child Adolesc Health* 2018; **2**: 121–32.
- 3 Jakab Z, Severoni S, Ostlin P, Verschuuren M, Stein CE. Refugee and migrant health: a priority in the WHO European Region. *Lancet* 2015; **386**: 2477–78.
- 4 Carrasco-Sanz A, Leiva-Gea I, Martin-Alvarez L, et al. Migrant children's health problems, care needs, and inequalities: European primary care paediatricians' perspective. *Child Care Health Dev* 2017; published online Nov 21. DOI:10.1111/cch.12538.
- 5 ISSOP Migration Working Group on behalf of ISSOP. ISSOP position statement 8—migrant child health. <https://www.issop.org/2017/02/19/issop-position-statement-8migrantchildhealth/> (accessed Jan 16, 2018).
- 6 UNICEF. UNICEF Beyond Borders. https://www.unicef.org/publications/files/UNICEF_Beyond_Borders_Nov_2017.pdf (accessed Jan 16, 2018).
- 7 Global Migration Group Working Group on Human Rights and Gender Equality, OHCHR, UN Women. Principles and Guidelines, supported by practical guidance, on the human rights protection of migrants in vulnerable situations within large and/or mixed movements. <http://www.ohchr.org/Documents/Issues/Migration/PrinciplesAndGuidelines.pdf> (accessed Jan 16, 2018)
- 8 WHO. Social determinants of health: health in all policies training manual. http://www.who.int/social_determinants/publications/health-policies-manual/en/ (accessed Jan 16, 2018).
- 9 Rumbold B, Baker R, Ferraz O, et al. Universal health coverage, priority setting, and the human right to health. *Lancet* 2017; **390**: 712–14.