

Budapest Declaration: On the Rights, Health and Well-being of Children and Youth on the Move

Issue Brief Provider Survey Overview



*Charles Oberg, MD, MPH
Global Child Health Consulting, LLC
oberg001@umn.edu*

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Introduction

The ***Budapest Declaration: On the Rights, Health and Well-being of Children and Youth on the Move*** is in response to the unprecedented global migration within and outside of their countries. This diaspora of families with children is often in response to armed conflict, violence, poverty and natural disasters [1]. The unprecedented global displacement of children has had a perverse effect on their health and well-being [2].

The Declaration is built on the principles of child rights as articulated in the UN Convention on the Rights of the Child (CRC) [3]. The Declaration establishes the first comprehensive child rights-based blueprint for global pediatric leadership and action that integrates clinical care, systems development and public policy. Since 2017, more than 30 professional organizations have endorsed the Declaration.

Budapest Declaration Framework

- ✓ **Entitles** all children to the full complement of rights, regardless of their displacement status
- ✓ **Enumerates** requirements for a holistic response to their physical and mental health risks and needs
- ✓ **Defines** the elements of leadership for pediatricians and organizations
- ✓ **Establishes** a Child Health Action Plan for Children and Youth on the Move
- ✓ **Requires** evidenced-base policies, protocols and evaluation
- ✓ **Grounds** the work in a global context

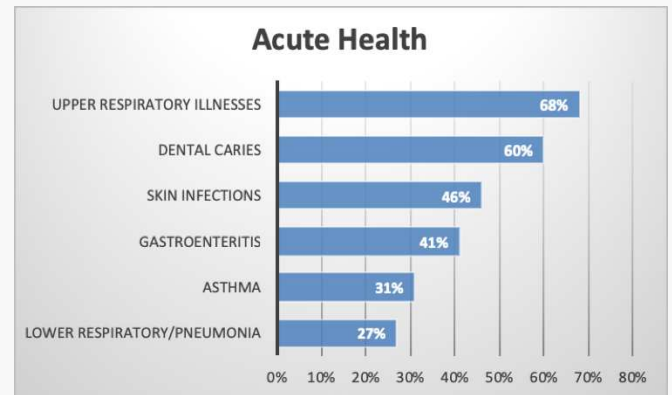
ISSOP Children on the Move Survey

Pediatricians have critical roles to play in response to the unprecedented global displacement of children. As such, ISSOP created a Children on the Move Survey to garner the global pediatric response to the diaspora of children on the move. In Phase I, more than 153 pediatricians and other child health providers from 41 countries and 5 continents completed the survey. This Issue Brief summarizes the overall results of the first phase of the survey. Phase II will consist of translating the survey, which was originally in English, to a number of other languages to reach more pediatricians globally and expand the scope of the findings.

Findings

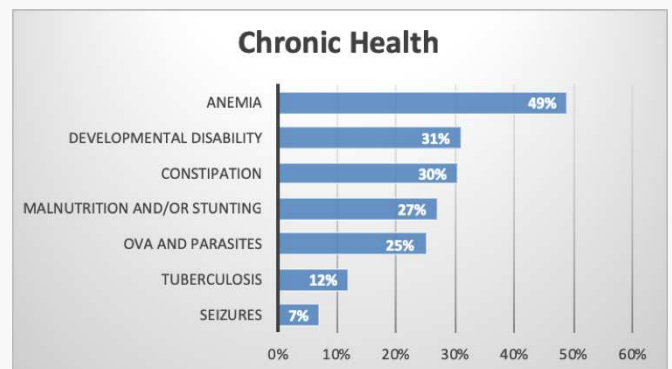
Acute Health Conditions

As expected, there was a significant acute illness burden for refugee and/or immigrant children identified by the providers surveyed. Providers were asked what conditions they saw frequently as opposed to only occasionally or almost never. The figure at right provides a look at the percentage of those acute health conditions frequently seen. **68%** of providers reported upper respiratory infections as frequently seen. The second most frequently seen condition was **60%** for dental caries. This speaks to the immense burden on oral health. Acute gastrointestinal and skin infections were each seen more than **40%**. Finally **30%** reported asthma and **27%** lower respiratory disease and/or pneumonia.



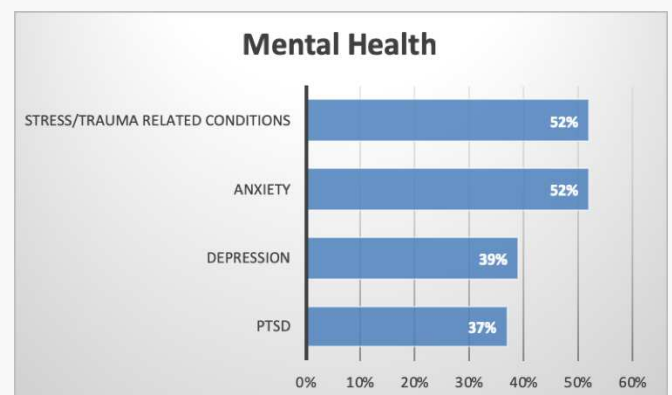
Chronic & Mental Health Conditions

Chronic health morbidity is also prevalent. The survey revealed that over **49%** of providers surveyed stated that they frequently saw anemia. In addition, **31%** reported frequently observing developmental disabilities and **30%** chronic constipation. **27%** of providers frequently observed serious growth concerns of malnutrition and/or stunting with a quarter identifying Ova and Parasites. Though less frequently reported TB, and Seizures were reported at **12%** and **7%** respectively.



Trauma and stress is the norm for children on the move and it occurs throughout their migration.

The magnitude of mental health related illness are depicted in the figure to the right. As can be seen from the graph **52%** reported frequently seeing stress related health conditions such as headaches, abdominal pain and secondary enuresis. In addition **52%** of providers reported children with anxiety, **39%** depression and **37%** with Post Traumatic Stress Disorder (PTSD).



Findings (Continued)

Location and Payment of Care

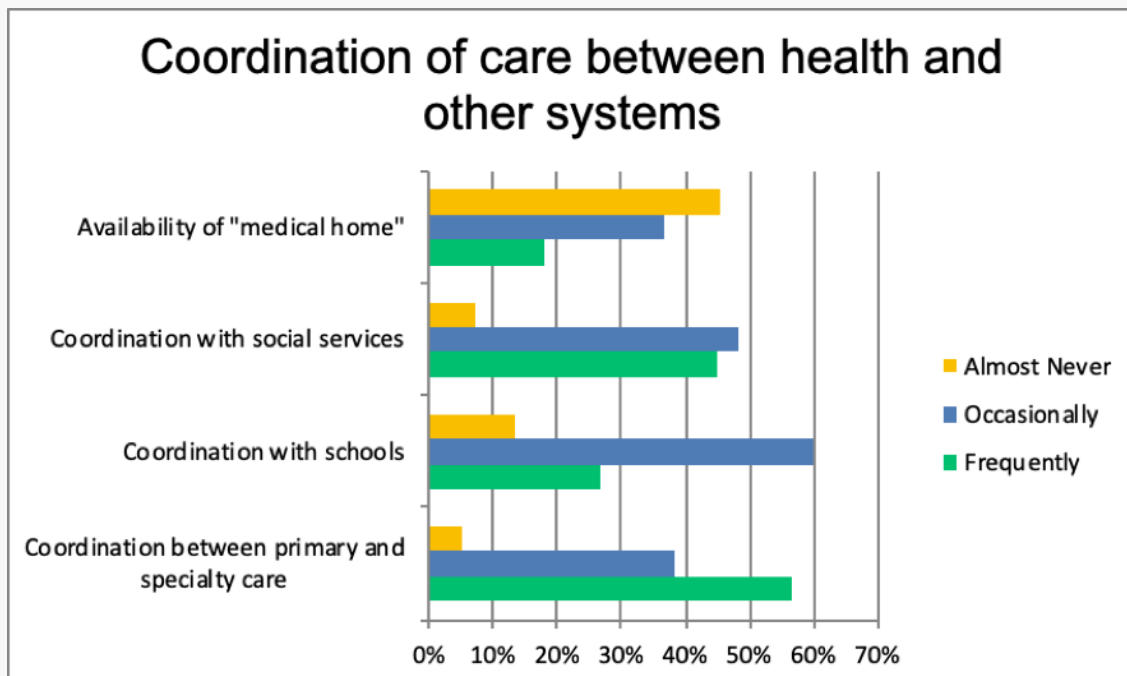
Providers reported that refugee and immigrant children most frequently used public community clinics (**74%**) and hospital based clinics (**63%**). The source of reimbursement was reported most frequently to be publicly funded health coverage. However, **13%** of the time the parents were frequently billed for services.

Coordination of Care

Children and youth on the move need high quality physical and mental health care that includes targeted and mainstream services independent of their visa status and without discrimination. Coordination of care is essential.

The figure below provides a glimpse into the coordination of care for **Children on the Move** across health, educational and social services systems. As can be seen, there is generally inadequate coordination across care systems. Only **57%** of providers state that there is frequently coordination between primary and specialty care services. In regard to coordination outside the medical domain, the findings are even more troubling. Only **45%** of providers report that there was frequent coordination with social services and only **27%** with schools.

In addition, the payment for care and location of health services are predominately in the public domain independent of the provider's home country.



Recommendations

Improved Clinical Care & Coordination

- Children and youth on the move have unique physical and mental health risks that need to be addressed.
- Children and youth on the move need publicly funded, high quality physical and mental health care that includes targeted and mainstream services independent of their visa status and without discrimination.
- Pediatricians and child health providers should work with colleagues in a transdisciplinary approach to ensure children live in nurturing, rights-respecting environments; and within these settings, physical and mental health needs are identified and addressed whenever they occur.

Newly Designed Health Systems

- Systems of care should be established that serve the special physical, mental, public and social health needs of these children and youth, in a manner that addresses bias, prejudice and xenophobia—and consistently affirms their dignity and rights.
- Systems must address the vulnerabilities of newborns, children with disabilities adolescents and young adults, unaccompanied minors and pregnant women on the move
- Delivery systems for these children and youth, even in countries with well-established health systems, must address the fragmentation and barriers to optimal care
- Trauma informed and integrated medical-behavioral policies and practices should be incorporated in all new designs

Program Development, Implementation & Evaluation

- Ongoing formative and summative evaluations that contribute to continuous quality improvements in programs, systems and public policies should be implemented and integrate the metrics of child rights, social justice and health equity.
- Academic institutions should be engaged to support all aspects of regional, national and global initiatives, including professional education, research and evaluation, and dissemination of knowledge and experience



Conclusion

Pediatricians and other child health providers must work with other disciplines in a transdisciplinary response to the full spectrum of rights violations

Pediatricians, child health providers and organizations have a leadership role to play in fulfilling the rights of children and youth on the move to optimal health and health care

Every nation state should advance Health in all Policies and Universal Health Care approaches and commitments to advance equity in the health and well-being of children and youth on the move [4].

Pediatricians, child health providers and organizations have a leadership role to play in fulfilling the rights outlined in the CRC so that all children and youth on the move have access to optimal health and health care

Pediatricians and other child health professionals, supported by professional organizations, should be fully engaged in all aspects of the response to the needs of children and youth on the move—at local, national and international levels—with clearly delineated roles and responsibilities.

We must commit to a Child Rights-based Approach (CRBA) with policy that advances the principles of child rights, engages children and youth and addresses all protection, promotion and participatory rights [5]

Citations

1. Budapest Declaration: ON the Rights, Health and Well-being of Children and Youth on the Move, retrieved at http://www.ecpcp.eu/fileadmin/PDF/2017/ISSOP_declaration_11_17.pdf 28/1/2018
2. SSOP Position Statement on Migrant Health, Child: Care, Health and Development, 23/7/2017, DOI 10.1111/cch.124853.
3. Goldhagen J: Children's Rights and the United Nations Convention on the Rights of the Child. *Pediatrics*, 2003; 112(3): 742-745
4. Health in All Policies-Helsinki Statement: Framework for Country Action, Ministry of Social Affairs and Health, Finland and World Health Organization, 2014, ISBN 978 92 4 150690 8
5. Child Rights-based Approach, @ <https://www.unicef.org.uk/child-friendly-cities/child-rights-based-approach/>, retrieved 28-1-201