

The right to health in early childhood:

The unfinished business of ensuring the world's youngest generation of rights holders survive and thrive in the post-2015 era

Report overview:

The United Nations Special Rapporteur on the right to health released this thematic report to the United Nations General Assembly in October 2015. The report focuses on the right to the highest attainable standard of health and its relationship to the right of the young child to survival and development. These indivisibly linked rights have two key dimensions:

1. The right to survival and healthy development is central to the enjoyment of the right to physical and mental health throughout life
2. The right to health in early childhood includes freedoms and entitlements that are not only essential to immediate survival and health, but also to the healthy development of the child and the adult s/he will become.

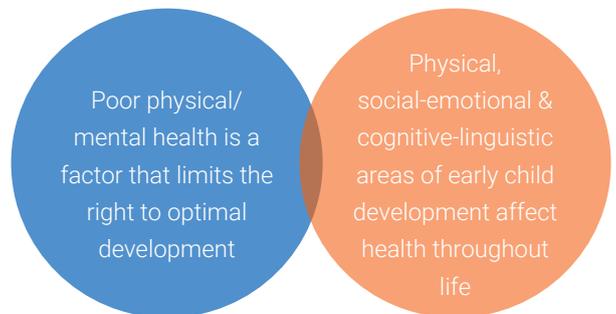
“Health, survival and development are not sequential but are intrinsically linked and simultaneous processes. Early childhood programmes should continue to pursue objectives that include survival and health in the short term, but they should more consistently go beyond to embrace healthy development and health throughout life.”

Positive gains to reducing childhood mortality, but there remains unfinished business

The reduction of under-5 mortality has been at the heart of the global development and health agendas. The Millennium Development Goals (MDGs) called for a reduction of under-5 mortality by two thirds and provided impetus for global strategies to accelerate progress, which has been significant in reducing deaths. This is all positive but more is needed. Progress has been insufficient and in many countries and among disadvantaged groups of the population, mortality and morbidity rates remain unacceptably high. *Efforts should be doubled to strengthen human rights in all measures aimed at elimination of these deaths, and the healthy development of our children.*

Healthy development and survival in early childhood: intrinsically linked obligations

Young children's rights to health and development are intrinsically linked in two main ways, both must be given equal attention:



Early childhood survival & development in numbers

6.3

million deaths of children under 5 in 2014

53

percent decrease in early childhood mortality since 1991

200

million children fail to reach their full development potential

17

thousand children under five are dying each day

12

times higher rates of deaths in low-income countries

Source of right to early childhood development obligations

Universal Declaration of Human Rights (article 25): right to a standard of living adequate for the health and well-being, motherhood/ childhood entitled to special care and protection

The International Covenant on Economic, Social and Cultural Rights (article 12): obligates States parties to take steps necessary for, among other things, the “provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child”

The Convention on the Rights of the Child (article 24 & article 6): right to health of the child and the right of every child to survival and development.

The Convention on the Rights of the Child (article 3 & article 12): the importance of the best interest and views of the child and that their best interests must be a primary consideration in the development of policy.

Right to health framework for early childhood development

Health systems are important for biomedical interventions as they may be the only service to reach a young child. In order to meet obligations under the right to health, systems must move beyond the narrow biomedical model, applying an integrated model of health and social services.

Underlying determinants of health have a critical impact on child development. This report emphasises the role of violence and toxic stress as a determinant of the right to health as they can have a serious detrimental impact on children's health. Protective approaches to reducing exposure to violence include recognising the importance of families and primary caregivers and investing in services that encourage supportive parenting in non-violent ways. Parents in vulnerable situations and experiencing multiple forms of stress must be targeted with supportive interventions to encourage family unity, instead of being targeted for criminalisation or penalisation. The institutionalisation of children under the age of five is a form of institutional violence and must be avoided.

Equality & non-discrimination Inequalities and discrimination obstruct the healthy development and educational attainment of children from marginalised groups including those living in poverty, minority and indigenous groups, the girl child, persons with disabilities, persons living in rural areas, refugees, IDPs and children living in areas affected by conflict and violence, and intersex children.

Accountability is an essential component of the right to health that includes monitoring, review, and redress, which must provide for the protection of the right to health in early childhood in national policies, programmes and plans, and in the delivery of services that enable individuals to seek redress. Accountability includes measures to monitor the development of young children at individual and population levels.

Obligations of the state include the adoption and implementation of laws, regulations, policies, budgetary measures, programmes and other initiatives to ensure the respect, protection and fulfilment of the right to healthy development in early childhood. This includes effective and targeted measures towards progressive realisation and given the under-prioritisation of early childhood development, States should scale up investment in early childhood health and development. High-income States have a duty to provide cooperation and assistance in low-income countries and to protect the right to health by ensuring actions of 3rd parties contribute instead of jeopardise it.

Conclusions & Recommendations:

The health, survival, and healthy development of young children must be at the centre of the 2030 agenda and other global, regional, and national processes.

More needs to be done to ensure child survival despite progress made. Beyond survival, children have a right to thrive and develop in a holistic way to realise their full potential. The right of young children to healthy development is crucial to promote the right to health through life and to foster sustainable human development. Investments in healthy development and well-being in early childhood is not a luxury and must be valued equally with lifesaving medicines and bio-medical interventions.

- The world's youngest children are rights-holders and must be treated as such in law and practice
- Broader approaches are needed when investing in children's health to include the detrimental impact of violence and early childhood adversity

- Ban corporal punishment of children in all settings, including in families and promote awareness that violence against children is prohibited
- Promote indicators and benchmarks to monitor progress in the right to health in early childhood, including in areas of emotional and social development
- Equip primary health care services with appropriate psycho-social interventions for child development & and train health professionals on its importance
- Continue to implement the Guidelines for the Alternative Care of Children & eliminate placement of young children in institutional care
- End discrimination and violence against intersex children, including by banning unnecessary medical or surgical treatment, and adopt measures to overcome discriminatory attitudes and practices through awareness-raising, training for public officials and medical professionals and the elaboration of ethical and professional standards in consultation with intersex people and their organizations

The UN human rights experts are part of what is known as the Special Procedures of the Human Rights Council. Special Procedures, the largest body of independent experts in the UN Human Rights, is the general name of the independent fact-finding and monitoring mechanisms of the Human Rights Council that address either specific country situations or thematic issues in all parts of the world. Special Procedures' experts work on a voluntary basis; they are not UN staff and do not receive a salary for their work. They are independent from any government or organization and serve in their individual capacity. For more information, log on to: <http://www.ohchr.org/EN/HRBodies/SP/Pages/Welcompage.aspx>

Mr. Dainius Pūras, (Lithuania) was appointed by the Human Rights Council as the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. He is a medical doctor with notable expertise on mental health, child health, and public health policies. He is a Professor and the Head of the Centre for Child Psychiatry Social Paediatrics at Vilnius University, and teaches at the Faculty of Medicine, Institute of International Relations and Political science and Faculty of Philosophy of Vilnius University, Lithuania. Learn more, visit: <http://www.ohchr.org/EN/Issues/Health/Pages/SRRRightHealthIndex.aspx>

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