



9th Council of Europe Conference of Health Ministers

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**Speech by Maud de Boer-Buquicchio,
Deputy Secretary General of the Council of Europe**

Your Excellencies,

Ladies and Gentlemen,

Last Sunday, I visited in Nairobi the only children's home in Kenya devoted to children who are found to be HIV positive. Over one hundred children receive there health care, education and love from the devoted staff working for this centre called "Nyumbani", which means "home" in Swahili. A mission supported by many volunteers and exclusively financed by donations.

What I heard, saw and felt during this visit fully confirms the importance of the topic of your conference. The reality of this children's home is a perfect illustration of the four messages I had intended to bring to your attention.

My first message is that **children's right to the enjoyment of the highest attainable standard of health is far from being guaranteed everywhere**. Although all human beings are born free and equal in rights, not all of them are born equal in opportunities. In Europe

today, many children lack access to basic health care. It looks as if these children were guilty of being born in the “wrong family”, in “the wrong place” in the “wrong moment”. But: how can a baby be so wrong?

During my visit to the children’s home in Nairobi I was in particular moved by the story of a 6 months old boy born in a slum and abandoned by his sick mother. The boy arrived at the children’s home in a terrible shape. A few weeks of devoted care later, his health had improved so much that his mother didn’t recognise his child smiling at her with his now full cheeks.

We know and understand that life in politics can be a short-term endeavour involving a struggle to achieve results before the next elections. Yet, we have to remember that the development of health policy is a long-term exercise targeted at the next generation – our children. Access to quality health care should not be a luxury or depend on donations by generous people. It is therefore striking than, in times of economic crisis, health care and social services budgets are the first to be cut. The most vulnerable groups in society pay a high prize for these so-called “savings”. This is unfair, illogical and dangerous, and it may turn an economic crisis into a lasting social crisis.

My second message is that children need much more than standardised health services. **Children need a health care system that takes into account their rights, their needs, their feelings and opinions.** Some of the children I met in Nairobi were not orphans. They were however victims of stigmatisation and discrimination because of their health condition and preferred staying in the children’s home rather than

returning to their homes. Part of the healing process therefore includes reassuring children and working with their families and communities so that they better understand HIV/AIDS and eliminate stigma.

Ladies and Gentlemen,

Anyone having suffered from a serious health problem knows the anxiety, the frustration, the pain and the other upsetting feelings that make us particularly vulnerable when in contact with the health system. It is not difficult to imagine how these feelings amplify when the patient is a child. Identifying children's concrete expectations seems to be more challenging. This is largely due to the fact that we do not listen to children. And, let me insist: children have the right to participate in the decisions concerning them, to express their opinions and that these are duly taken into account, according to the child's age and maturity.

You have in your files the report produced by Ms Ursula Kilkelly who analyses the results of a consultation with children that we have carried out to feed in our work on health and children's rights. Not surprisingly, the report confirms that, in their contacts with health care professionals, children wish to be listened to, to be respected and to be explained the issues in a way they can understand. But one of her most important findings is that, despite children's clear expectations and useful feedback concerning their own experiences, children are rarely involved in the design of health care policies and services. This also means that we are wasting the precious opportunity of sharing with children the value of health and losing them as agents of change.

My third message is that **creating alignment and synergy between interventions, organisations and individuals is crucial to an efficient child-centred health care.** This implies the adoption of an integrated and multi-disciplinary approach, sometimes referred to as a “continuum of care”.

Protection, provision and participation are key words emerging from the United Nations Convention on the Rights of the Child. Health professionals should feel concerned by these “3 Ps” and collaborate with other professionals from the fields of education, social services, the judiciary or law enforcement.

During this conference, you will discuss the positive results achieved by innovative programmes carried out in the context of hospitals. They show the interest of involving the various health professionals, the hospital administration, the local authorities, the school, civil society, families and children in the design and implementation of policies affecting the provision of care for children in hospitals.

Several treaties adopted by the Council of Europe refer to the crucial role of the health professionals in the context of violence against children. Health professionals should do more than examining the child to provide evidence of abuse. They should do more than healing the wounds of a child victim of domestic violence. They should contribute to the prevention of abuse, alert the authorities when they suspect that a child is at risk and take measures to protect the child from further victimisation when undergoing medical tests and treatment.

We can easily imagine, for instance, that children victims of sexual abuse need to be treated with particular sensitivity and understanding for their traumatic experience. Professionals in contact with these children need special training and support so that they can better respond to the child's needs. This is why the Council of Europe is seeking to mobilise the health professionals in the context of its "One in Five" campaign to stop sexual violence against children. One of the objectives of the campaign is to raise awareness of professionals on the measures they can take to prevent and report abuse and to protect the children. The campaign also seeks to obtain government's support for the professionals that are in the frontline, so that they can receive the adequate training and benefit from the adequate working conditions. Portugal, the country who is hosting us today, has many good practices in this respect that I trust you will be able to discover during your stay in Lisbon. I wish to congratulate the Portuguese authorities for their commitment to children's rights and health and for providing us with this wonderful setting for our discussions. Thanks for your hospitality, Minister Secretary. We feel really welcome.

Ladies and Gentlemen,

The title of this conference was intentionally chosen as a link to the Council of Europe's programme: "Building a Europe for and with children". This programme launched in 2006 was the first step towards an unprecedented mobilisation of our Organisation's forces for the promotion of children's rights and their protection against violence.

Following intensive consultations and needs' assessments a children's rights strategy was designed for 2009-2011, which has already borne its

fruit. The child right's perspective is now present in virtually all of our Organisation's policy areas: justice, education, health, social cohesion, minorities, people with disabilities, the information society, to name but a few. Time constraints prevent me from describing all the results of our work, but I would like to mention in particular:

- ⇒ the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse
- ⇒ Three sets of policy guidelines devoted to the child-friendly approach promoted under the programme, namely the Guidelines on child-friendly justice adopted by the Committee of Ministers in November 2010; the Guidelines on child-friendly health care adopted only a few days ago and the draft Guidelines on child-friendly social services which we hope to see adopted before the end of the year.

The promotion and implementation of these texts will be at the heart of our children's rights strategy for the years 2012-2015, currently under discussion.

Over the years, the Council of Europe has developed a body of recommendations on health care for different categories of vulnerable groups.

The Council of Europe Conferences of Ministers of Health have largely contributed to "injecting" human rights consideration in health care policies through the development of a number of standards. But in most

cases, our texts failed to reflect the specific rights, needs and concerns of children.

The organisation of this Conference proves that we are ready to fill this gap. The adoption of your Declaration and of the Guidelines on child-friendly health care are a perfect response to the concerns that I have just raised. I trust that these texts will inspire you as my experience in Kenya has inspired me. I realise that some of the measures that we are proposing call for a serious investment in terms of infrastructure and organisation of services. But the most important of these measures have much in common with a doctor's smile: they don't cost much but are precious, as they can make a huge difference. As Mary Poppins would sing: they are the spoonful of sugar that helps the medicine go down... in the most delightful way.

I wish you a very fruitful Conference and thank you for your attention