Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2139 (2016)[1]

Ensuring access to health care for all children in Europe

Parliamentary Assembly

1. European health care systems show significant deficiencies in the provision of health care to children, even though they remain among the most accessible globally. As a result of the most recent economic crisis and subsequent austerity programmes, access to health care has become more and more difficult, particularly for children already living in insecure conditions or belonging to vulnerable groups, but all countries – poorer and richer ones alike – face their own specific challenges with regard to health care provided to children.

2. The Parliamentary Assembly is concerned about the inequalities across Europe and within European countries concerning the right of children to the "highest attainable standard of health" as defined by the World Health Organization (WHO), both in terms of availability and accessibility of health care services and health levels. Quality health care services for children should not only be made available, but should also be effectively accessible to all children in a given country, whatever their socio-economic, ethnic or migrant background, geographical location, state of health or legal status in the country.

3. The Assembly calls on member States to comply with the relevant international and European standards, including the United Nations Convention on the Rights of the Child, the European Social Charter (revised; ETS No. 163) and the Convention on Human Rights and Biomedicine (ETS No. 164). Governments should promote child-friendly health care systems according to the relevant Council of Europe guidelines, and make them a priority of public health policies. The importance of the health of children and adolescents, and a path forward, are also outlined by WHO in its document "Investing in children: European child and adolescent health strategy 2015-2020" – an essential reference in this field.

4. While the most urgent task is that of restoring adequate services in countries where health systems have suffered from the economic crisis and austerity programmes, a further challenge consists in ensuring healthy living conditions and providing health care services to children and families living in precarious situations due to unemployment, poverty, war or migration, for example. Child-friendly health care systems also require appropriate prevention programmes, according to Assembly Recommendation 1959 (2011) on preventive health care policies in the Council of Europe member States.

5. Against this background, the Assembly calls on the member States of the Council of Europe to:

5.1. ensure adequate funding to develop health care systems of the highest standard possible to be available to all children in an equitable manner across every country, which are comprehensive (including prevention, diagnosis, treatment, rehabilitation and palliative care), address health emergencies and chronic diseases affecting physical and mental health, ensure the provision of medicines to all children, and put an emphasis on prevention from an early age, including antenatal health care;

5.2. improve data collection in the health field with a view to measuring current disparities in children's access to health care and assessing the effectiveness of health policies, disaggregated by age group (smaller children and adolescents) and covering both physical and mental health issues;

1. *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 25 November 2016 (see Doc. 14194, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Stella Kyriakides).

5.3. address the fundamental social determinants of health, such as poverty, income inequalities and education levels, but also environmental determinants, with a view to improving health and access to health care services;

5.4. develop health literacy through specific programmes, dispensed via educational systems or targeted at specific categories of the population, including disseminating basic knowledge of symptoms requiring medical attention and of healthy ways of living, as well as information about the functioning of health systems;

5.5. promote a new approach to informing children about and consulting them on health decisions concerning them, and let children participate in the planning, design and delivery of health care where appropriate, thus responding to the highest standards of child participation;

5.6. provide specific support to the most vulnerable groups of children, including putting in place targeted programmes to respond to their specific needs, and through the following measures:

5.6.1. setting up regular screening programmes for all children in schools, including for children living in poverty or in families with low levels of health literacy, in line with WHO standards in this field;

5.6.2. devising programmes to improve the presence of and access to health workers in remote rural areas through training, regulation and (where appropriate) financial incentives, as well as to help children and families access their nearest health care centres;

5.6.3. improving access for children with disabilities to quality, affordable health care services by reviewing legislation and policies, increasing targeted budgets and improving service delivery;

5.6.4. in the light of the current refugee crisis, taking immediate action to guarantee access for children “on the move” (migrants and refugees) to quality health care, independently of their legal status and without discrimination based on gender, age, religion, nationality or race;

5.6.5. in the same context, dedicating special attention and resources to children affected by armed conflicts, either by physical injuries requiring aftercare or by traumatising incidents that have led to a significant increase in mental health problems among these children;

5.6.6. taking action to guarantee access to quality health care for children of ethnic minorities, such as Roma and Traveller children, including through specific outreach programmes designed to overcome reluctance to turn to public health services;

5.6.7. providing specific training programmes for health care professionals to help them address culturally sensitive matters, such as sexual and reproductive health, and deal with traumatised children;

5.7. co-operate to provide support in delivering access to health care for all children to countries with the greatest need and the least resources.

6. Improved accessibility to health care systems should also include complaint mechanisms for patients encountering failures in the system or unequal treatment, inspection bodies in charge of supervising health facilities and quality management systems to improve services wherever needed.