

# Child health professionals as advocates

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# Presentation objectives

- To discuss the role of child health professionals as advocates for children using a child rights approach
- To discuss the possible contribution of individual paediatricians/child health professionals and their organisations to child health advocacy

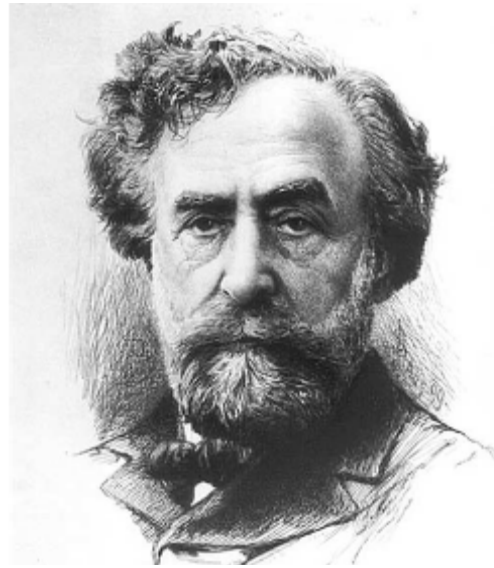
# Presentation outline

- Historical reflections
- Social determinants of child health globally
- Policy and child health
- Child rights approach to advocacy
- Advocacy at individual, national and international levels
- Advocacy training for paediatricians/child health professionals

# Historical reflections

- Spyros Doxiadis - pioneer of social paediatrics in Greece and advocate for children
- Abraham Jacobi - the founder of American Pediatrics & advocate for children
- Ronald Illingworth and rights of children in hospital

# Jacobi on the need to be involved in public affairs (Ligon-Borden, 2003)

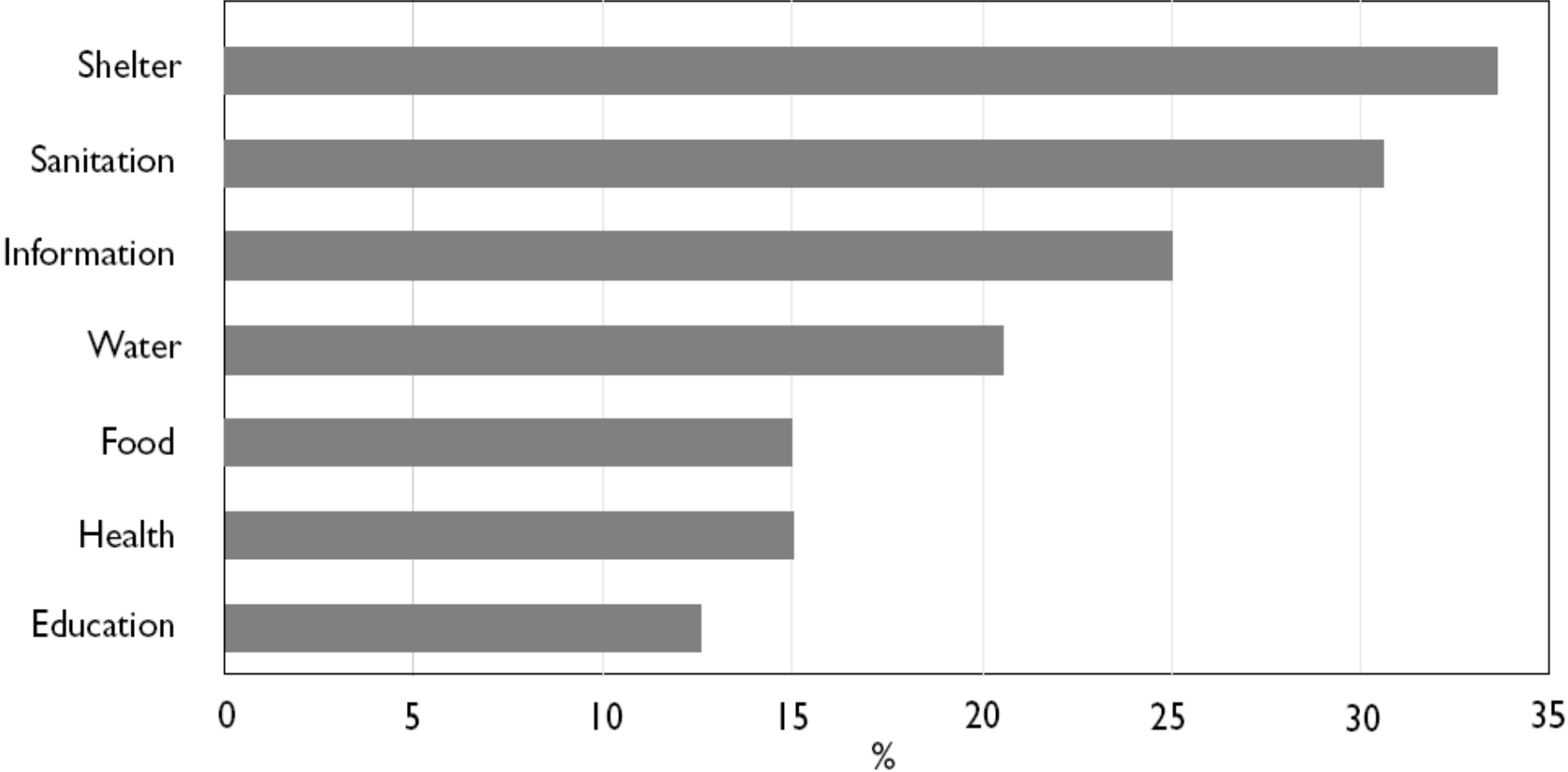


Throughout his life, he urged colleagues and other physicians to get involved in public affairs, and in an address delivered in 1904, he noted that “It is not enough, however, to work at the individual bedside in the hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures. He is a legitimate advisor to the judge and jury, and a seat for the physician in the counsels of the republic is what the people have a right to demand.”<sup>5</sup>

# Social determinants of child health globally

- Social factors are the most important determinants of child health globally
- In the majority world, millions of children die as a result of conditions that we know how to prevent & treat
- In rich nations, the main threats to child health arise as a result of the influence of social & environmental circumstances on biology

**Figure 3.1: Percentage of children severely deprived of basic human needs**



UK: reduction in mental health disorders  
if all children had same risk as the most  
privileged

- **Based on the UK wide study :**
- 40.6% reduction in all disorders
- 34.4% reduction in emotional disorders
- 59.3% reduction in conduct disorders
- 53.7% reduction in hyperkinetic disorders
- no difference in less common disorders

# Policy and child health

- Child health depends as much on government policy as on medical knowledge
- Policy choices determine expenditure on social protection, health care & education
- High achievers among poor countries
- High achievers among rich countries

# Child health promoting policies

- Accessible, affordable health services for all
- Accessible, affordable education (primary+)
- Provision of adequate nutrition for all
- Social protection especially for the poorest families

# UN Convention on the Rights of the Child

- UNCRC has 54 articles that are binding on State signatories
- All articles are important to the rights of children and can be used in advocacy

# Paediatricians/child health professionals as advocates

- We have a powerful voice that we should use to advocate for child-friendly policies that protect & promote children's rights
- Advocacy at individual, local, national and international levels

# Individual level

- Multiple opportunities in day-to-day work of paediatricians for advocacy
- Children's rights to information & involvement in decisions about their health & treatment (UNCRC Article 12 )
- Advocacy for child-friendly facilities & treatment regimes
- Advocacy for housing, child safety etc.

# Local level

- Jointly with other child health professionals and other local groups - advocate for child-friendly cities/towns etc.
- Children's rights fully respected in your hospital/office (BFHI)
- Safe play areas e.g. Cardiff
- Housing for families with children e.g. Sheffield
- Children's voices heard & respected in local government

# National level

- National paediatric/child health professional organisations have a responsibility to advocate on behalf of children & promote child-friendly policies
- Work with other organisations/campaign groups
- Monitoring national government performance against UNCRC
- Early childhood development
- Breast feeding promotion (BFHI)

# International level

- Important role for IPA and regional paediatric groups
- Work with international organisations such as UNCRC monitoring groups, UNICEF and NGOs - our role could be to provide expert advice and data specifically on how policies affect child health
- AAP/RCPCH Equity Project
- Specific paediatric advocacy organisations such as Child Advocacy International
- Ensuring compliance with WHO International Code on the Marketing of Breast milk substitutes

# Advocacy training for paediatricians

- Advocacy requires skills that we as paediatricians may not have acquired in our medical training
- Paediatric organisations need to develop programmes as part of specialist training that equip paediatricians as advocates - RCPCH competencies
- Children's rights training as an essential underpinning of advocacy skills

# Conclusions

- Local and national government policy is key to health of child populations
- Paediatricians/child health professionals have a key role in relation to advocacy that can promote child health and protect children and their rights
- UNCRC is a valuable tool for advocacy