

Promoting Child Rights in the Health System

An ongoing experience in Argentina

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Introduction

The Convention on the Rights of the Child (Convention) constitutes a “tipping point” in our understanding and generation of global policies related to children. For the first time in history, children are recognized as societal assets, not as potential investments in a society’s future—children have a role and function to contribute and strengthen society in the present.

From the moment the Convention was released, many challenges in its implementation became apparent. Among the most significant is the scrutiny of the essential elements and core values required in a society that adopts a child-centered rights-based perspective and approach to societal issues that impact children. Moving from an exclusive adult-centric social structure to include children as equal subjects of rights will require fundamental changes in society—many of which adults can neither identify with or understand. This is a result of the socialization processes they have gone through during their life course, processes that would need to change in societies that are evolving to include children as full subjects of rights.

Latin American countries, as with perhaps the majority of countries in the world, have learned about human rights to a great extent as a result of their violations of them. The present context now offers a unique opportunity to understand child rights from a constructive perspective—the assumption that every child at birth has the same rights that are independent of their birth place, social condition, ethnic and religious background, immigrant status, gender, and culture.

With respect to health, every individual (child and adult) has the right to both achieve an optimal state of well-being and to have access to public services without discrimination. Health as a right raises the challenge to governments and public administrations to both promote it by fostering a better quality of life (in response to the social and environmental determinants of health and well-being), and by providing health care and allied services to the public without discrimination. This is not a rhetorical question or challenge, in-particular considering the negative health consequences of inequities and social exclusion resulting from many public policies and the impact of globalization.

Health care systems are subject to the dynamics and tensions that are taking place in the larger societal context. For example, with respect to the health and well-being of children, there is a palpable tension between political ideologies, lifestyles, and cultural norms and values and the role

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society plays in promoting the best interests of children, e.g., in the context of child-rearing practices, access to quality child care, child protection and welfare systems, etc. The challenge to health providers and systems is that the determinants of child health lie primarily outside the traditional context of medicine, and are defined more by those disciplines that relate to the social and environmental determinants of child health, e.g., the judiciary and child and family welfare systems. In addition, the involvement of many public and private sector stakeholders in the child health system, e.g, the insurance industry, unions, pharmaceutical industry, etc., do not necessarily consider the best interests of children in their decisions and policies. This underscores the need for the disciplines related to health to address the social and environmental determinants of health, and emphasizes the need and value of a holistic rights-based approach to health, in-particular child and maternal health.

It is not a surprise that this complex scenario results in tensions in health care facilities where rights of children are systematically violated. Many conflicts arise among providers and in institutions as a consequence of their lack of understanding and respect for the rights of children, for example: to non-discriminatory health service practices (article 2), to have their best interests considered in all aspects of their care (article 3), to have a voice (article 12) and an identity (article 8), to pursue their culture and religious practices (article 14), to maintain their confidentiality (article 16), to have access to play and other leisure and cultural activities without discrimination based on medical and developmental conditions, socioeconomic status, etc. (article 31) , and to education (article 28).

Introducing a rights-based perspective into health policies and systems is both an ethical imperative and a legal one related to the mandates of the UN Convention of the Rights of the Child for all states that have ratified it. Implementing the articles of the Convention will transform children's realities in every aspect of their lives.

The Southern Cone Initiative—Argentina

As presented in a previous manuscript in this series, a group of health professionals in Argentina, Uruguay, Colombia and Chile have been working since 2005 to mainstream the Convention into health practices and policies. We are at a point in our endeavors where there is value in sharing the challenges associated with the implementation of the principles and practice of child rights in the health system in Argentina. The project in Argentina has been named "Te Escucho" (*"I hear you"*). Its meaning identifies the need to expand our capabilities and generate awareness of the need to listen to children, and especially to children being served in health care facilities.

During the first years of the implementation of this initiative, we focused on training health professionals at different levels of the health care system:

- Tertiary care pediatric hospital (Garran Hospital), Buenos Aires City.
- Primary care facility in an undeserved urban neighborhood of Buenos Aires City (CESAC 24)

- Primary care facility at a semi-rural municipality (San Pedro, Buenos Aires Province).

The choice of these pilot sites was to demonstrate that, despite the complexity, location, and variations among the institutional settings, there is universal relevance to the introduction of a child rights-based approach to health services. Each of these facilities requested the “Te Escucho” project. It was not imposed on them. The elements of the programs were delineated in agreements between the project’s team and the local health care team. Each training activity was negotiated and structured to be respectful of the institution’s operations and the providers’ time availability.

After establishing these criteria, training workshops were implemented in each institution. At the end of the process, each was responsible to develop a project to mainstream the principles of child rights into the health care facility’s program(s), and to evaluate the intervention. The overall pedagogical objective was to provide health care workers the knowledge and tools to enable them to influence their own work environment. This was to ensure that system changes were catalyzed from the professionals themselves, and were not imposed or exerted by external forces.

Reframing the experience

As a result of this experience, UNICEF requested our group be part of a country-wide initiative to improve maternal and child health and maternity services—*Safe and Family-Centered Maternity Hospitals (SFCMH)*. This initiative is a joint venture with the Argentinean National Ministry of Health and other stakeholders in Argentina. In addition to “Te Escucho” (“*I hear you*”), this multi-intervention strategy includes the introduction of Methods of Evaluation and Monitoring in Perinatal Health, Root Cause Analysis, Hand Wash Strategies, Community Mobilization, Neonatal Nursing Training, Organizational Culture Evaluation, and the development of Evaluation Models to Evaluate Complex Interventions.

We chose to continue to name this initiative “Te Escucho” (*I hear you*), reflecting the article of the Convention that reminds us that every child has the right to be listened to, and have his/her opinions taken into consideration. In the same way, many problems that arise in health systems between providers and patients have their roots in the capacity and skills of health professionals to listen to their patients, and the violation of their patients’ rights—in-particular those of newborns, children, youth and mothers.

The importance of the integration of “Te Esccho” into this initiative is the recognition of key policy leaders that complex health issues, in this scenario related to maternal and child health, cannot be approached in a reductionist manner that includes only a biomedical framework. To participate in this initiative, we expanded and reframed our pilot training program from one focused only on children, to one that includes women (mothers). Women’s and children’s rights were integrated into a common curriculum and training process.

In this context, women are considered in terms of their different roles in society, and not just their reproductive roles. Gender perspectives are introduced as critical issues that play-out in the conflicted views and interests regarding mothers/adults and babies and children in society. Because the issues of rights and gender exceed the capacities of biomedical medicine to respond, colleagues from the Social Sciences (Anthropology and Sociology) were included in our team.

Rethinking the evidence

The introduction of a rights perspective into the health sector constitutes a major cultural change in the traditional approach to health interventions. This cultural shift will require more than just training activities. Advocacy strategies, such as: participation in congresses and scientific gatherings, media exposure, collaboration with interdisciplinary and intersectoral stakeholders (academia, government, civil society), and using information and communication strategies (ICT) constitute a few of the many approaches that will be required to reach a diverse audience and promote professional and social awareness of child rights in the health sector.

Dealing with cultural and social change requires a complex and multidimensional approach and a broad definition and understanding of “health.” Documenting this change and the impact it has on health is similarly complex. This is among the major challenges of this project—to generate an evidence-base by evaluating the extent to which the translation of the theory, ideology, and principles of child and human rights have been translated into practice, and the impact this has had on child and maternal health. This translation will require a construct and pedagogy that meets and satisfies the interests and needs of both the professional community and the beneficiaries of the health care system.

After working for many years at the intersection of child rights and child health, it is clear that the Positivist perspective cannot respond to most of the epistemological and factual issues raised by this paradigm shift. In most countries, health systems are generally heterogeneous constructs composed of many competing priorities, perspectives, and ideologies. The evidence-base must respond and reflect these inherent conflicts, and acknowledge the interactions, negotiations, and resolutions among the numerous actors in the system, including private and public sector individuals, agencies and institutions.

Without an evidence-base to legitimize change, policy makers, managers, and practitioners will continue to be reluctant to integrate a rights-based approach into mainstream health systems. This is explained, in part, by the historical tension between the biomedical and social approaches to health—a tension that is well illustrated by the Alma Ata (Primary Care) and Ottawa (Health Promotion) Declarations. Advancing rights and equity-based perspectives and strategies confronts the existing biases of biomedical medicine and hegemonies of biomedical-oriented and constructed health systems. This includes the asymmetrical distribution of power in the health arena—a distribution that favors providers and institutions at the expense of individuals and communities. There is thus great resistance in the health “industry” to confront and respond to the emerging evidence base of the impact of social and environmental

determinants on health, and the important role rights and equity-based strategies could play in restructuring health systems and practices to respond to these determinants.

The challenge now is to develop and implement carefully designed evaluation research methods and protocols that will objectively analyze the impact of implementing rights and equity-based approaches into health practices and systems. Randomized control studies are not feasible, for example, as the fundamental rights of children and mothers cannot be questioned. Interventions that randomize the realization of rights in health systems to experimental and control groups would not be ethical.

The generation of the initial evidence-base must use social change theories and mixed-methodologies to identify the elements required to translate rights and equity-based principles into clinical practice, advocacy and public policy; and then to evaluate the impact of these behavioral changes on health outcomes. We are starting by analyzing the extent to which existing laws and standards of care that relate to rights and gender are being applied in the health care setting; and to define the depth of knowledge and understanding of health care providers and administrators about the intersection of rights and health, and the degree to which their performance is observing and/or violating them.

Though we are only at the beginning of this initiative, we have already collected some interesting information. In particular, it is clear that health care providers and administrators are unaware of many of the laws which guarantee free and universal care for immigrants; determine the provisions under which abortion is considered legal; and those that protect children from child labor. Also, we have re-affirmed that cultural competence in the health care setting must go far beyond the superficial and politically-correct acceptance of people from different cultural and social backgrounds as the inclusion of those who are different, to engage them as individuals and groups who are subjects of rights in the full exercise of their citizenship.