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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Albania^{*}, Andorra^{*}, Angola, Argentina, Armenia^{*}, Austria, Belgium^{*}, Bolivia (Plurinational State of)^{*}, Bosnia and Herzegovina^{*}, Brazil, Bulgaria^{*}, Cameroon^{*}, Chile, Colombia^{*}, Costa Rica, Croatia^{*}, Cuba^{*}, Cyprus^{*}, Czech Republic, Denmark^{*}, Dominican Republic^{*}, Ecuador, Estonia, Finland^{*}, France^{*}, Georgia^{*}, Germany, Greece^{*}, Guatemala, Haiti^{*}, Honduras^{*}, Hungary^{*}, Iceland^{*}, Ireland, Italy, Latvia^{*}, Lithuania^{*}, Luxembourg^{*}, Malta^{*}, Mexico^{*}, Monaco^{*}, Montenegro, Netherlands^{*}, Nicaragua^{*}, Panama^{*}, Paraguay^{*}, Peru, Poland, Portugal^{*}, Romania, Saint Kitts and Nevis^{*}, Slovakia^{*}, Slovenia^{*}, Spain, Sweden^{*}, Thailand, Turkey^{*}, United Kingdom of Great Britain and Northern Ireland^{*}, Uruguay^{*}, Venezuela (Bolivarian Republic of): draft resolution

22/... Rights of the child: the right of the child to the enjoyment of the highest attainable standard of health

The Human Rights Council,

Emphasizing that the Convention on the Rights of the Child constitutes the standard in the promotion and protection of the rights of the child, and bearing in mind the importance of the Optional Protocols thereto, as well as other human rights standards,

Reaffirming all previous resolutions on the rights of the child of the Commission on Human Rights, the Human Rights Council and the General Assembly, the most recent being Council resolution 19/37 of 23 March 2012, and Assembly resolution 67/152 of 20 December 2012,

Reaffirming also the right of everyone to a standard of living adequate for their health and well-being, which is enshrined in the Universal Declaration of Human Rights, and the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as enshrined in the International Covenant of Economic, Social and Cultural Rights as well as in the Convention on the Rights of the Child,

Welcoming the work of the Committee on the Rights of the Child, and taking note with interest of its general comments Nos. 4 (2003), 7 (2005) and 13 (2011), as well as of

^{*} Non-Member State of the Human Rights Council.

general comment No. 14 (2000) of the Committee on Economic, Social and Cultural Rights and general recommendation No. 24 (1999) of the Committee on the Elimination of Discrimination against Women,

Reaffirming that States should take all appropriate measures to ensure the right of the child to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind and, in doing so, be guided by the best interests of the child, ensuring the meaningful participation of children in all matters and decisions affecting their lives, and take steps to ensure the allocation of available resources to the maximum extent possible to achieve the full realization of the right of the child to the highest attainable standard of health, including by strengthening international cooperation in this field,

Reaffirming also the commitments made by States to make every effort to accelerate the achievement of the internationally agreed development goals, including the Millennium Development Goals 4, 5 and 6 by 2015, and taking into account the ongoing consultations on the United Nations development agenda beyond 2015,

Taking note of the discussions held during the full-day annual meeting on the rights of the child focused on the enjoyment of the highest attainable standard of health, and welcoming the report of the United Nations High Commissioner for Human Rights on the right of the child to the enjoyment of the highest attainable standard of health,¹

Welcoming the work of special procedures mandate holders of the Human Rights Council relevant to the right of the child to health, as well as of the Special Representative of the Secretary-General on Violence against Children and the Special Representative of the Secretary-General for Children and Armed Conflict,

Welcoming the Global Strategy for Women's and Children's Health launched in September 2010 by the Secretary-General, as well as the strong political and financial commitments made by States with regard to its implementation and supporting initiatives, including the Commission on Information and Accountability for Women's and Children's Health,

Welcoming the Rio Political Declaration on Social Determinants of Health, adopted in May 2012 at the sixty-fifth World Health Assembly, in which the States Members of the World Health Organization expressed their political will to reduce health inequities through action on the social determinants of health,

Recognizing that environmental damage and occupational risks have potentially negative effects on children and their enjoyment of their right to the highest attainable standard of health and to an adequate standard of living,

Profoundly concerned that the situation of children in many parts of the world remains critical and has been negatively affected by the world financial and economic crisis,

Recognizing that, in early childhood, children are more vulnerable to disease, trauma, all forms of physical and mental violence, neglect, injury, maltreatment and abuse,

Recalling Human Rights Council resolutions 11/8 of 17 June 2009, 18/2 of 28 September 2011 and 21/6 of 27 September 2012 on preventable maternal mortality and morbidity, as well as the report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights and the related technical guidance on the application of a human rights-based approach to the

¹ A/HRC/22/31.

implementation of policies and programmes to reduce preventable maternal morbidity and mortality,²

Deeply concerned that more than six million nine hundred thousand children under the age of 5 die each year, mostly from preventable and treatable causes, caused by lack of access to health care and services, including access to skilled birth attendants and immediate newborn care, as well as to health determinants, such as clean and safe water and sanitation, safe and adequate nutrition, and that mortality remains highest among children belonging to the poorest and most marginalized communities,

Noting that access to clean water and sanitation can reduce the risk of child mortality by 50 per cent, and reduce diseases such as anaemia, malaria, diarrhoea, malnutrition and vitamin deficiencies, which undermine maternal health,

Recognizing that addressing inequities in child health and encouraging an equally high standard of health care within countries is crucial to reducing child mortality, achieving improvements in child well-being and in the realization of children's rights,

Deeply concerned about the multiple discrimination and stigmatization that children face because of factors such as race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth, immigration status or other status, which have a negative impact on their development, survival and right to health,

Underlining the need to mainstream a gender perspective and to recognize the child as a rights-holder in all policies and programmes relating to children's health,

Recognizing that realizing the right of the child to the enjoyment of the highest attainable standard of health requires a progressive path towards universal health coverage, with specific priority for the needs of the poorest and most vulnerable children, by guaranteeing functioning health systems that provide universal access to comprehensive quality health care, including public health measures and protection, and that addresses determinants of health through an integrated, multi-sectoral approach,

Recognizing also that the realization of the right of the child to the enjoyment of the highest attainable standard of health requires health financing systems to evolve so as to avoid significant direct payments at the point of delivery, and to include a method for pre-payment of financial contributions for health care and services as well as a mechanism to pool risks among the population in order to avoid catastrophic health-care expenditure and impoverishment of individuals as a result of seeking the care needed,

I. Implementation of the right of the child to the enjoyment of the highest attainable standard of health

1. *Acknowledges* that the Convention on the Rights of the Child is the most universally ratified human rights treaty, and urges the States that have not yet become parties to the Convention and the first two Optional Protocols thereto to do so as a matter of priority, , and to consider signing and ratifying the third Optional Protocol thereto, on a communications procedure, and, concerned at the great number of reservations to the Convention, urges States parties to withdraw reservations incompatible with the objective and purpose of the Convention and the Optional Protocols thereto and to consider reviewing regularly other reservations with a view to withdrawing them;

² A/HRC/21/22 and Corr.1 and 2.

2. *Calls upon* States to take all necessary measures to ensure that the right of the child to the enjoyment of the highest attainable standard of physical and mental health is promoted and protected, without any kind of discrimination, including through the enactment and implementation of laws, strategies and policies, gender- and child-responsive budgeting and resource allocation, and adequate investment in health systems, including comprehensive and integrated primary health care, including in efforts to achieve Millennium Development Goals 4 and 5 and in the health work force;

3. *Reaffirms* the right of children to express their views freely in all matters and decisions affecting their health, and that those views should be given due weight in accordance with their evolving capacities, and calls upon States to provide disability-, gender- and age-sensitive assistance to enable active and equal participation of all children, and further stresses the need to ensure confidentiality and informed consent in the provision of health care and services, in particular with regard to sexual and reproductive health, to children and adolescents, according to their evolving capacities;

4. *Calls upon* States to ensure the enjoyment by all children of all their civil, cultural, economic, political and social rights without discrimination of any kind, and to take effective and appropriate measures to ensure the right of all children to the enjoyment of the highest attainable standard of health, on an equal basis with others, as well as access to quality, affordable and equitable health care and social services, without discrimination of any kind, and to ensure that all such children, in particular victims of violence and exploitation, receive special protection and assistance;

5. *Notes with concern* the large number of children belonging to national, ethnic, religious and linguistic minorities, children with disabilities, migrant children, refugee or asylum-seeking children, internally displaced children and indigenous children that are victims of discrimination, including racism, racial discrimination, xenophobia and related intolerance, and stresses the need to incorporate special measures, in accordance with the principle of the best interests of the child and respect for the child's views and gender-specific needs, in education programmes and programmes to combat these practices, and calls upon States to provide special support and to ensure equal access to services for those children;

6. *Reaffirms* the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by children of their rights;

7. *Reminds* States of their obligation under international law, in particular under the Convention on the Rights of the Child, to enforce law and judicial procedures in a child-friendly way, including guaranteeing that remedies are available to children when rights are violated;

8. *Calls upon* States to ensure that young people have access to relevant information, education, counselling and services to be able to make informed choices concerning behaviour that may represent a risk to their health and development, such as violence, including self-inflicted violence, the use of illicit substances and tobacco, harmful use of alcohol, lack of physical activity, unhealthy diet and unsafe sex;

9. *Urges* all States to ensure birth registration is free of cost to all children immediately after birth through universal, accessible, simple, expeditious and effective registration procedures, in accordance with article 7 of the Convention on the Rights of the Child and article 24 of the International Covenant on Civil and Political Rights, to continuously raise awareness of the importance of birth registration at the national, regional and local levels, to ensure free or low-fee late birth registration, to identify and remove

physical, administrative, procedural and any other barriers, paying due attention to, among others, those barriers relating to poverty, disability, multicultural contexts and persons in vulnerable situations that impede access to birth registration, including late birth registration, and to ensure that children who have not been registered enjoy their human rights and have access without discrimination to health care, education, protection from violence, safe drinking water and sanitation, and other basic services;

II. Health issues relating to children requiring special attention

Maternal and child mortality and morbidity

10. *Reaffirms* the importance of applying a human rights-based approach to reducing and eliminating preventable maternal and child mortality and morbidity, and requests all States to renew their political commitment in that respect at all levels, and also calls upon States, in adopting a human rights-based approach, especially to scale up efforts to achieve integrated management of maternal, newborn and child health care and to take action to address the main causes of maternal and child mortality;

Malnutrition

11. *Calls upon* all States and, if appropriate, relevant international organizations, to combat all forms of malnutrition and to support the national plans and programmes of countries to improve nutrition in poor households, in particular plans and programmes that are aimed at combating undernutrition in mothers and children, and those targeting the irreversible effects of chronic undernutrition in early childhood, up to the age of two years, and to reaffirm the rights of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger so as to be able to fully develop and maintain their physical and mental capacities;

12. *Recognizes* the importance of the implementation of the human right to safe drinking water and sanitation for the full realization of the right of the child to the enjoyment of the highest attainable standard of physical and mental health, and therefore urges States, and through them services providers, to ensure a regular supply of safe, acceptable, accessible and affordable drinking water and sanitation services of good quality and sufficient quantity, guided also by the principles of equity, equality and non-discrimination;

13. *Welcomes* the comprehensive implementation plan on maternal, infant and young child nutrition of the World Health Organization, adopted on 26 May 2012 at the sixty-fifth World Health Assembly, with its targets and time frame, and urges States and, where appropriate, international organizations and partners and the private sector to establish adequate mechanisms to safeguard against potential conflicts of interest and to put the comprehensive implementation plan into practice;

Mental health

14. *Urges* States to develop and strengthen, according to national priorities and within their specific contexts, comprehensive policies and strategies that address the promotion of mental health during all stages of childhood and adolescence, including infancy and early childhood, and paying particular attention to children in high-risk situations, through actions to enhance protective factors and to address risk factors, including violence at the community, family and individual levels, as well as, through the prevention of mental disability, and early identification, care, support, treatment, recovery and reintegration of children and adolescents with mental disability;

15. *Calls on* States to provide support to children with mental disability and their families to prevent the placement of children in institutions, and to ensure that decisions

take fully into account the principle of the best interests of the child, promote living arrangements in family settings within the community and to ensure that procedural safeguards and an independent and impartial review body in line with international standards are in place to ensure that children in mental health institutions enjoy their fundamental freedoms and basic rights;

Substance abuse

16. *Recalls* the need to adopt strategies, to prevent and to address alcohol and substance abuse with a holistic and human rights perspective, and to provide information, education and counselling on the effects of substance abuse, but also of the importance of family and school support for the prevention of substance abuse and the treatment, rehabilitation and reintegration of children and adolescents with substance abuse issues;

Sexual and reproductive health

17. *Urges* States:

(a) To ensure that the right to sexual and reproductive health as a fundamental part of the right to health is fully realized by giving full attention to the sexual and reproductive health needs of children and adolescents, consistent with their evolving capacities, by providing information, education and services, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development,³ and the outcomes of their review conferences, on an equitable and universal basis, with their full involvement and the support of the international community, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with youth-friendly and evidence-based comprehensive education, consistent with their evolving capacities, on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality;

(b) To increase resources at all levels, particularly in the education and health sectors, so as to enable young people, especially girls, to gain the knowledge, attitudes and life skills that they need to overcome their challenges, including the prevention of HIV infection and early pregnancy, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health; to provide expanded and improved family planning services, as well as quality services for the management of complications arising from abortion; and, in circumstances where abortion is not against the law, training and equipping health service providers and other measures to ensure that such abortion is safe and accessible;

(c) To ensure confidentiality and informed consent in the provision of health care and services, in particular with regard to sexual and reproductive health, to children and adolescents according to their evolving capacities;

Freedom from violence

18. *Welcomes* the renewal by the General Assembly of the mandate of the Special Representative of the Secretary-General on Violence against Children for a further period of three years;⁴

19. *Also welcomes* the joint report on prevention and responses to violence against children within the juvenile justice system of the Special Representative on Violence against Children, the Office of the United Nations High Commissioner for Human

³ A/CONF.171/13/Rev.1.

⁴ General Assembly resolution 67/152.

Rights and the United Nations Office on Drugs and Crime⁵ and of the report of the Special Representative of the Secretary-General on Violence against Children;⁶

20. *Calls upon* States to take, as a matter of urgency, all appropriate measures to identify and prevent and to protect children from, all forms of violence in all settings, including physical, mental and sexual violence, to tackle all forms of bullying, child abuse and exploitation, domestic violence and neglect, including early and forced marriage, child trafficking, sale of children, child pornography, child prostitution and violence perpetrated by the security forces, law enforcement authorities, employees and officials in detention centres or welfare institutions, including orphanages, giving priority to the gender dimension, and to address its underlying causes through a systematic, comprehensive and multi-sectoral approach, and also urges States to equip their health systems and provide training to health workers as well as to school workers to identify, and to report cases of violence, and also to provide child-sensitive and confidential counselling, reporting and complaint mechanisms and recovery, rehabilitation and reintegration services to child victims;

21. *Also calls upon* all States to protect children deprived of their liberty from torture and other cruel, inhuman or degrading treatment or punishment, and to ensure that, if they are arrested, detained or imprisoned, children are provided with adequate legal assistance and that they have the right to maintain contact with their family through correspondence and visits from the moment they are arrested, save in exceptional circumstances, and that no child is sentenced or subject to forced labour or corporal punishment, or deprived of access to and provision of health care and services, hygiene and environmental sanitation, education, basic instruction and vocational training, and to undertake prompt investigations of all reported acts of violence and ensure that perpetrators are held accountable;

Harmful practices

22. *Further calls upon* States to take all necessary measures to abolish harmful practices compromising the dignity and integrity of the child, and prejudicial to the health of boys and girls, particularly by preventing and explicitly condemning such practices, including but not limited to female infanticide, female genital mutilation, virginity tests, early and forced marriage, forced sterilization, prenatal sex selection, breast ironing and harmful practices against children with disabilities and children with albinism, and to develop age-appropriate, gender-sensitive, safe and confidential programmes and medical, social and psychological support services to protect, treat, counsel and reintegrate child victims;

23. *Urges* States to ensure a clear ban on harmful practices, which should be accompanied by preventive measures that include education, information-sharing, enhancement of awareness and engaging stakeholders, including community and religious leaders, for promoting the abandonment of those practices and the respect for children's rights, helping to overcome discriminatory attitudes and superstitious beliefs, thus supporting a process of social change for the abandonment of harmful practices that compromise the dignity and integrity of the child and is prejudicial to the health of boys and girls;

⁵ A/HRC/21/25.

⁶ A/HRC/22/55.

Injuries and accidents

24. *Calls on* States to reduce the burden of child injuries, and to adopt measures to reduce road traffic accidents, drowning, burns and other accidents in the home;

Children affected by armed conflicts

25. *Calls upon* all States and other parties to armed conflict to respect fully international humanitarian law, and condemns in the strongest terms all violations of applicable international law committed against children in armed conflict, including the recruitment and use of children, killing or maiming, rape or other sexual violence, abduction, attacks against schools and hospitals, denial of humanitarian access and the forced displacement of children and their families, and urges all parties to armed conflict to end all violations that affect the physical and psychological well-being of children, and to seek to end impunity for perpetrators by ensuring rigorous investigation and prosecution of crimes committed, taking into account transitional justice measures;

26. *Reaffirms* the essential role of the General Assembly, the Economic and Social Council and the Human Rights Council in the promotion and protection of the rights and welfare of children, including children affected by armed conflict, and takes note of Security Council resolutions on children and armed conflict, in particular resolutions 1612 (2005) of 26 July 2005, 1882 (2009) of 4 August 2009 and 1998 (2011) of 12 July 2011, and of the undertaking by the Council to pay special attention to the protection, welfare and rights of children in armed conflicts when taking action aimed at maintaining peace and security, including provisions for the protection of children in the mandates of peacekeeping operations, as well as the inclusion of child protection advisers in these operations;

27. *Calls on* parties to armed conflict to refrain from actions that impede the access of children to health services and, in this regard, also calls upon such parties to refrain from attacking hospitals and other medical facilities, as well as medical personnel and the transport of medical supplies, including through physical attacks, abductions and looting, and further calls on parties to armed conflict to respect the prohibition under international humanitarian law of attacks on schools and hospitals and to facilitate humanitarian access to children in conflict-affected areas;

Non-communicable diseases

28. *Calls upon* States and, where relevant, international organizations, civil society and the private sector to advance the development, strengthening, implementation and promotion of multi-sectoral, cost-effective, population-wide interventions and policies, in particular among children and adolescents, in order to reduce the impact of the main non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the development and implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures, where appropriate, by involving all relevant sectors, civil society, communities and the private sector, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies;

Children affected by HIV/AIDS

29. *Calls on* States and all relevant stakeholders to address, as a matter of priority, the vulnerabilities faced by children affected by and living with HIV by providing care, support and treatment to those children, their families and caregivers, by promoting rights-based and child-oriented HIV and AIDS policies and programmes, protection for children orphaned and affected by HIV; by involving children and their caregivers, as well as the private sector, to ensure access to affordable, effective and quality prevention, care and treatment, including through correct information, access to voluntary and confidential

testing, sexual and reproductive health care, services and education, and access to safe, affordable, effective, quality and age-appropriate pharmaceutical products and medical technologies; by intensifying efforts to develop affordable, accessible and quality tools for early diagnosis, child-friendly combinations and new treatments for children, and prioritizing prevention of mother-to-child transmission of the virus; and by building, where needed, and supporting social security systems to protect them;

30. *Takes note* of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive: 2011-2015;

Environmental health

31. *Calls on* States to, where possible, develop multi-sectoral environmental health strategies to address the health conditions caused by environmental exposure to pollutants and other environmental harm, which are affecting children disproportionately, including through public awareness-raising, education, research, surveillance, testing and treatment of health conditions caused by environmental threats, with a particular focus on child health, and to support efforts to highlight the responsibilities of businesses in relation to environmental health;

32. *Also calls on* States to recognize the link between hazardous child labour and environmental health, and urges them to take measures to end children's exposure to hazardous chemicals in activities such as artisanal mining, and to translate into concrete action their commitment to the progressive and effective elimination of child labour that is likely to be hazardous, to interfere with children's education or to be harmful to their health or physical, mental, spiritual, moral or social development, and to eliminate immediately the worst forms of child labour;

Palliative care

33. *Further calls on* States to promote the full integration of palliative care services into treatment and support programmes for children with chronic illnesses, untreatable conditions and/or treatment failures; treatment guidelines for cancer, AIDS-related complications, neurological and other relevant conditions should include guidance on the provision of paediatric palliative care; such services should also address the psychological, social and spiritual needs of the children, their parents or guardians, their siblings and other relatives, and the adequate training of paediatric palliative care providers;

34. *Calls on* States, including through international cooperation, to improve access to essential, safe, affordable, effective and quality medicines that are controlled under international or national law and to consider all possible incentives, including regulatory capacity and flexibilities in guaranteeing access to these essential medicines;

Access to health services and medicines during emergencies

35. *Acknowledging* that children are among the most vulnerable affected during crises, both human-made crises, such as armed conflicts, and natural disasters, and that those situations can debilitate or destroy the lifelines – health services and medicines, water supply, power and food supply systems – needed for day-to-day survival, well-being and growth, with negative health consequences, and requests States, as well as parties to conflicts, to allow and facilitate the provision of and non-discriminatory access to emergency health care;

Children with disabilities

36. *Alarmed* that there are approximately 150 million children with disabilities around the world, acknowledges that national prevalence rates of disability are influenced by trends in health conditions, environmental and other factors, such as road traffic accidents, natural disasters, conflict, diet and substance abuse, and takes note in this

connection of the World report on disability of 2011 by the World Health Organization and the World Bank;

37. *Calls upon* States to ensure the realization of the right to the enjoyment of the highest attainable standard of health of children with disabilities without discrimination of any kind, to provide all children with disabilities with the same range, quality and standard of free or affordable, gender-sensitive and age-appropriate health care and programmes as provided to other children, to give priority to the child's well-being and support, and to facilitate families in their child-care and child-raising efforts; to develop strategies for the prevention and elimination of all forms of violence against children with disabilities, as well as providing those health services needed by children with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, as well as access to health-related rehabilitation, reintegration and services designed to minimize and prevent further disabilities; States should also develop strategies for the prevention and elimination of all forms of violence against children with disabilities;

38. *Calls on* States to ensure that health professionals provide care on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of children with disabilities through training and the promulgation of ethical standards for public and private health care;

39. *Calls upon* States parties to ensure that children with disabilities have a right to express their views freely on all health-related matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and are provided with disability- and age-appropriate assistance to ensure their enjoyment of the right to the highest attainable standard of health;

Indigenous children

40. *Acknowledges* that indigenous boys and girls have an equal right to the enjoyment of the highest attainable standard of physical and mental health as other children, and that calls upon States to take the necessary steps with a view to achieving progressively the full realization of this right;

41. *Calls on* States to take effective and appropriate measures to ensure the right of indigenous children to available, accessible, acceptable and quality health facilities, goods and health services and programmes, on an equal basis with others, while also taking into account traditional preventive care, healing practices and medicines, and guaranteeing protection from violence, and ensuring that indigenous adolescent boys and girls have access to culturally sensitive and age-appropriate information and education on health-related issues that is in an accessible format, including on reproductive health and HIV prevention;

42. *Also calls on* States to ensure that indigenous children have access to the same range, quality and standard of free or affordable, cultural- and gender-sensitive, and age-appropriate health care and programmes as provided to other children, and to take measures, in consultation with indigenous peoples, to promote healthy lives, to eliminate child and maternal mortality and malnutrition and to develop measures to support those services inside their communities;

Migrant children

43. *Further calls upon* all States to ensure for children belonging to minorities and vulnerable groups, including migrant children and especially non-accompanied minors, regardless of their legal status, the enjoyment of all human rights and, in accordance with relevant international obligations, appropriate access to health care and social services, without discrimination of any kind, and to ensure that all such children, in particular victims of violence and exploitation, receive special protection and assistance;

III. Measures for implementation

Health system strengthening

44. *Calls upon* States and relevant stakeholders to ensure functioning health systems that provide all children with access, without discrimination, to accessible, affordable, integrated and good-quality health services that are child-friendly and include preventive, curative and rehabilitative care, as well as health promotion, and that are fully equipped, including with affordable, effective and quality medicines, and are delivered by skilled health workers;

45. *Also calls upon* States and relevant stakeholders to move towards universal health coverage by removing financial barriers, such as direct out-of-pocket payments, to eliminate the financial hardship of families and children when having to pay for health services;

46. *Supports* the move towards universal health coverage as a vital element in the implementation of current and future internationally agreed development goals, including the Millennium Development Goals, as a means to promoting sustainable, equitable and inclusive access to universal, affordable, effective, appropriate and quality health facilities, goods and services, recognizing also that meeting these goals might require taking special measures to guarantee equal access by those who are most vulnerable;

47. *Recognizes* the need to regularly collect, analyse and share quality and adequately disaggregated data on children's health at the subnational, national, regional and global levels;

Accountability

48. *Encourages* States to strengthen and harmonize monitoring systems in order to report regularly on the implementation of the right of the child to the enjoyment of the highest attainable standard of health in their periodic reports to human rights treaty bodies, including the Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights, and in the context of their review under the universal periodic review mechanism of the Human Rights Council;

49. *Urges* States to consider implementing the recommendations made by the Commission on Information and Accountability for Women's and Children's Health to improve the accountability of results and resources, including by strengthening the accountability mechanisms for health in their own countries; strengthening their capacity to monitor, including utilizing local evidence, and evaluate progress to improve their own performance; and contributing to the strengthening and harmonization of existing international mechanisms to track progress on all commitments made;

50. *Encourages* the implementation of rights-based budget monitoring and analysis for expenditure on children in general, especially child health, as well as child impact assessments on how investments, particularly in the health sector, may serve the best interests of the child;

51. *Urges* all States to ensure that child health is included in the debate on the post-2015 international development agenda, and stresses the need for better coordination among accountability and monitoring mechanisms for the realization of the right of the child to the highest attainable standard of health, such as the human rights treaty bodies and mechanisms, the universal periodic review, the Millennium Development Goals and other global initiatives to improve child health;

52. *Encourages* States, international organizations and relevant sectors to work towards the development, strengthening, implementation and promotion of effective legislation or regulatory mechanisms to mitigate the potential adverse impact of business activities on child health, including in the development, manufacture, supply and marketing practices of products and services, in accordance with the Guiding Principles on Business and Human Rights;

Follow-up

53. *Requests* all United Nations bodies, agencies, mechanisms, funds and programmes that review data relevant to the implementation of the right to the highest attainable standard of health to routinely incorporate the health of children into their work in accordance with their mandates;

54. *Encourages* the special procedures mandate holders, in particular the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and other human rights mechanisms of the Human Rights Council, within their respective mandates, to integrate the rights of the child and, in particular, the right of the child to the enjoyment of the highest attainable standard of health, into the implementation of their mandates, where appropriate;

55. *Requests* the High Commissioner to prepare a summary on the full-day meeting on the rights of the child as a follow-up to paragraph 7 of Human Rights Council resolution 7/29 of 28 March 2008, before the twenty-third session of the Council;

56. *Invites* the World Health Organization to prepare, in collaboration with relevant United Nations agencies, in particular the Office of the High Commissioner, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS, as well the special procedures mandate holders and the Special Representative of the Secretary-General on Violence against Children, a study on mortality of children under 5 years of age as a human rights concern, before the twenty-fourth session of the Human Rights Council;

57. *Decides* to continue its consideration of the question of the rights of the child in accordance with its programme of work and Human Rights Council resolution 7/29, and to focus its next full-day meeting on, "access to justice for children", and invites the Office of the High Commissioner to prepare a report on that issue, in close collaboration with relevant stakeholders, including States, the United Nations Children's Fund other relevant United Nations bodies and agencies, relevant special procedures mandate holders and the Special Representative of the Secretary-General on Violence against Children, regional organizations and human rights bodies, civil society, national human rights institutions and children themselves, and to present it to the Council at its twenty-fifth session, to inform the annual day of discussion on children's rights, and to request the High Commissioner to circulate a summary report of the next full-day meeting on the rights of the child.
