

# **Budapest Declaration**

## **On the Rights, Health and Well-being of Children and Youth on the Move**

**International Society for Social Pediatrics and Child Health (ISSOP)**  
**Budapest, October 2017**

**We, paediatricians and child health professionals gathered at the 2017 Annual Conference of the International Society of Social Pediatrics and Child Health (ISSOP), focused on *Children and Youth on the Move*, in Budapest, Hungary:**

*Aware* of the unprecedented global movement of children and youth within and outside of their countries—in response to armed conflicts, other forms of violence, poverty and natural disasters,

*Cognizant* of the perverse effects of their displacement—including physical, psychological and sexual violence; trafficking; detention and separation from parents—on their health and well-being during childhood and through their life course,

*Realizing* the vulnerabilities of newborns, children with disabilities, adolescents and young adults, unaccompanied minors and pregnant women on the move,

*Knowing* the profound violations of their human rights, as articulated in the UN Convention on the Rights of the Child (CRC), and loss of dignity and respect that are occurring before and throughout their journeys,

*Committed* to a Child Rights-based Approach (CRBA) that advances the principles of child rights, engages children and youth and addresses all protection, promotion and participatory rights,

*Mindful* of the critical role paediatricians and child health providers must play with other disciplines in a transdisciplinary response to the full spectrum of rights violations, to ensure the fundamental rights of these children and youth to optimal survival and development and health and health care are fulfilled,

*Representing* a global perspective, and having sought the input of colleagues and professional organizations,

*Conscious* of the need to address these rights violations in clinical care, systems development and public policy,

*Acknowledging* that the service delivery systems for these children and youth, even in countries with well-established health systems, is fragmented with many barriers to optimal care,

*Recognizing* that: a) age is routinely used to determine eligibility for care and placement, b) no objective and culturally valid measures exist to definitively establish the age of youth, and c) that such decisions may have serious implications for the future development of these youth,

*Embracing* the WHO definition of health, as a “State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity,”

*Assuming* that signatory States of the CRC will exercise their legal mandate to ensure that children and youth on the move, and in-particular those who are unaccompanied, are afforded all their rights as articulated in the CRC, without discrimination, and

*Accepting* the responsibility to monitor and document adherence to all elements of this Declaration;

**Resolve to participate and play a leadership role in advancing the rights, health and well-being of children and youth on the move, from birth through age 25, locally and globally, as follows:**

*The CRC entitles all children without discrimination (Article 2) to optimal survival and development (Article 6), to a voice and the right to participate in decisions that affect them (Article 12) and to optimal health and health care (Article 24). As such:*

- Children and youth on the move should be provided the same rights to and receive the same health care as those of the resident population, regardless of the child's legal status and without discrimination based on any distinguishing characteristics of the child.
- As the health of pregnant women is critically important to the health and well-being of their children throughout childhood and their life course, pediatricians should work with other responsible physical and mental health providers and systems to ensure optimal pregnancy and birth outcomes.
- Invoking the human rights principle of the interdependence and indivisibility of rights, all rights articulated in the CRC related to children's rights for optimal survival and development and health and health care must be addressed by stakeholders in children's physical and mental health and well-being.
- States parties should be held accountable for their actions to children and youth on the move within their boundaries to ensure the full implementation of the rights articulated in the CRC, and this accountability should be addressed in their periodic reports to the Committee on the Rights of the Child.

*Children and youth on the move have particular physical and mental health risks and needs. As such:*

- Paediatricians and other child health providers should be involved in planning and implementing reception, clinical and public health programs, policies and protocols.
- Physical, mental and social health care should respond to the varied risks and exposures in their respective countries of origin and routes of their journey.
- Upon entry into safe spaces, comprehensive physical and mental health assessments should be provided to all children and youth to identify their needs for preventive and curative care.
- Mental health assessments should include the identification of urgent problems and risk and protective factors for mental illness, including the mental health status of their caregivers, without stigmatizing the child and family.
- Children and youth should receive comprehensive primary care and be linked to referral systems, including locally available services, that ensure their physical and mental health needs are addressed.
- The developmental and behavioural status of youth should be used as the primary determination of the placement required to optimize their physical and mental health and well-being.

*The care of children and youth on the move requires skills in cultural and linguistic competency and providing trauma informed care across cultural and language barriers. As such:*

- Professionals working with children should be trained in cultural and linguistic competency, how to work with interpreters and trauma-informed care.
- Health assessments and continuity of care should: a) be performed in a manner that is sensitive to their linguistic, cultural and ethnic origins, b) take place with informed consent, c) include participation in physical and mental health care decision making, and d) incorporate a trauma-informed approach to care.

- Interpreters should be trained in medical interpretation and adhere to rigorous policies and protocols on confidentiality and professionalism.

*Paediatricians, child health providers and organizations have a leadership role to play in fulfilling the rights of children and youth on the move to optimal health and health care. As such:*

- Paediatricians and other child health professionals, supported by professional organizations, should be fully engaged in all aspects of the response to the needs of children and youth on the move—at local, national and international levels—with clearly delineated roles and responsibilities.
- Paediatricians and other child health professionals should establish a holistic Child Rights-Based Approach to the health and well-being of these children and youth.
- Paediatricians and child health organization should be acknowledged by and participate as key partners with the UN Children’s Fund (UNICEF), World Health Organization (WHO), UN High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM) and other public and private sector regional, national and international organizations.
- The capacity should be prioritized by regional pediatric societies, the International Pediatric Association and relevant global agencies to mobilize paediatricians and other child health professionals and organizations, including those from the countries of origin of these children and youth, to participate in all aspects of the response to their displacement—even on short notice.

*A comprehensive “Child Health Action Plan for Children and Youth on the Move,” that addresses the global work of paediatricians, other child health providers and professional organizations in clinical care, systems development and the generation of policy will be increasingly important in the future. As such:*

- Clinical. Children and youth on the move need publicly funded, high quality physical and mental health care that includes targeted and mainstream services independent of their visa status and without discrimination.
- Systems. Systems of care should be established that serve the special physical, mental, public and social health needs of these children and youth, in a manner that addresses bias, prejudice and xenophobia—and consistently affirms their dignity and rights.
- Policy. Every nation state should advance *Health in all Policies and Universal Health Care* approaches and commitments to advance equity in the health and well-being of children and youth on the move.

*Paediatricians and child health providers should employ evidence-based policies, protocols and practices for program development, implementation and evaluation. As such:*

- Paediatricians and child health providers should work with colleagues in a transdisciplinary approach to ensure children live in nurturing rights-respecting environments; and within these settings, physical and mental health needs are identified and addressed whenever they occur.
- Trauma informed and integrated medical-behavioural policies and practices should be implemented in all aspects of programming.
- Ongoing formative and summative evaluations that contribute to continuous quality improvements in programs, systems and public policies should be implemented and integrate the metrics of child rights, social justice and health equity.
- Academic institutions should be engaged to support all aspects of regional, national and global initiatives, including professional education, research and evaluation, and dissemination of knowledge and experience.