

ENOC 29th Annual Conference 2025
Bucharest, Romania

**PROTECTING AND PROMOTING
CHILDREN'S RIGHT TO PHYSICAL HEALTH**

17th – 18th September 2025 – ENOC Annual Conference
19th September – ENOC Annual General Assembly



„ Not only is children’s right to health important in and of itself, but also the realization of the right to health is indispensable for the enjoyment of all the other rights in the Convention.”

(Committee on the Rights of the Child, General comment no. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24))

It is widely recognised that every child has the right to the highest attainable standard of physical health, as enshrined in the UN Convention on the Rights of the Child. This right goes far beyond access to preventive, curative, rehabilitative, and palliative healthcare services. It encompasses the fundamental right of every child to grow and develop to their full potential and to live in conditions that promote their overall well-being.

This year’s ENOC Annual Conference focused on the right of children to physical health across Europe, with particular attention to how this right is implemented at local and regional levels. Discussions highlighted that, despite a strong international and European legal framework, significant disparities persist both between and within countries. Participants underlined the urgent need for stronger political commitment, adequate resource allocation, and a more comprehensive approach to child health that addresses root causes and social determinants.

The Annual Conference concluded ENOC’s annual activities on the topic, which included extensive research mapping the national frameworks in force across ENOC member countries, identifying good practices, and examining remaining gaps, especially those affecting vulnerable groups of children. The research findings also explored inequalities and discrimination in access to healthcare, as well as the role and level of investment from both public and private sectors in prevention and early intervention programmes such as those addressing childhood obesity, substance use, and sexually transmitted infections (STIs).

Special attention was given to access to specialised healthcare tailored to children’s specific needs, and to policies and programmes that promote early support and holistic well-being. These discussions built upon the insights gathered throughout the year and were reflected in ENOC’s 2025 policy statement on children’s right to physical health.

The Conference brought together a wide range of participants, including ENOC members, representatives of European and international organisations, governmental authorities, professionals, experts, and other key stakeholders working in the field of children’s rights and health.

Young delegates from the European Network of Young Advisors (ENYA) actively contributed to the discussions by sharing their perspectives and policy recommendations developed during the ENYA Forum 2025. Discussions focused on key barriers to children’s access to healthcare, nutrition, physical activity, and health education, including the impact of energy drinks, vaping, and drugs. Participants also highlighted the importance of inclusive and child-friendly approaches, communication between schools, health professionals, and families, the link between mental and physical health, and children’s meaningful participation in health-related decisions. Financial, systemic, and environmental challenges were also addressed, alongside strategies to ensure equitable access to public health services and healthy lifestyles for all children.

The ENOC 29th Annual Conference was hosted by Vasile Coroi, the Ombudsman for Children of the Republic of Moldova in partnership with People’s Advocate Institution of Romania.

The event gathered over 104 participants from across Europe and beyond, all committed to advancing the realisation of children’s right to physical health.



Day 1

17th September 2025

8.30-9.00 **Registration**

9.00-9.30 **Welcoming & Opening Session**

Moderator:

Vasile COROI, ENOC Chair-Elect, Children's Ombudsperson, Moldova

Speakers:

- Renate WEBER, People's Advocate (Ombudsman), Romania
- Elina PEKKARINEN, ENOC Chair, Ombudsman for Children, Finland
- Ewa KOPACZ, European Parliament Vice-President and EP Coordinator on Children's Rights (by video message)
- Regina DE DOMINICIS, UNICEF Regional Director for Europe and Central Asia (by video message)

9.30- 10.30 **Session 1: The realisation of children's right to physical health at the regional and global level**

Moderator:

Caroline VRIJENS, ENOC Past-Chair, Children's Rights Commissioner, Belgium/Flanders

Speakers:

- Mariana IANACHEVICI, member of the UN Committee on the Rights of the Child
- Dr Hans Henri P. KLUGE, Regional Director for Europe, World Health Organisation (by video message)
- Tanja GERWIEN, Co-Secretary of the Steering Committee for the Rights of the Child, Council of Europe
- Prof. Ann DE GUCHTENAERE, Secretary General, European Academy of Paediatrics, Paediatric Section of U.E.M.S.
- Bogdan SIMION, President of the Federation of Non-Governmental Organizations for Children (FONPC), member of Eurochild
- Questions and discussion on session 1

10.30-11.00 **Coffee Break**

11.00-12.00 **Session 2: The realisation of children’s right to physical health at the national and local level**

Moderator:

Vasile COROI, ENOC Chair-elect, Children’s Ombudsperson, Moldova

Speakers:

- Vadim AFTENE, Head of the General Policy Directorate for Integrated Medical Services, Ministry of Health, Moldova
 - Helena-Omna RAICU, President of National Authority for the Protection of Child Rights and Adoption, Romania
 - Gabriela ALEXANDRESCU, Executive President, Save the Children Romania
 - Galina LESCO, Head of YK Neovita, Moldova
 - Questions and discussion on session 2
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12.00-13.20 **Lunch & group photo**

13.20-14.40 **ENYA 2025**

Speakers:

- ENYA delegates
 - Danijela ŽAGAR, Advisor to the Ombudsman for Children in Croatia and ENYA 2025 General Coordinator
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14.40-15.40 **Updates from ENOC members (part I)**

Moderator:

Elina PEKKARINEN, ENOC Chair, Ombudsman for Children, Finland

15.40-16.00 **Coffee Break**

16.00-16.30 **Updates from ENOC members (part II)**

Moderator:

Elina PEKKARINEN, ENOC Chair, Ombudsman for Children, Finland

16.30 **Closing of the day**

- Vasile COROI, ENOC Chair-elect, Children's Ombudsperson, Moldova
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19. 00 **Dinner (Hotel Capitol, Calea Victoriei 29, 010061 Bucharest)**

Welcoming & Opening Session



The ENOC Conference began with a warm welcome from **Vasile Coroi**, ENOC Chair-Elect and Children's Ombudsperson in Moldova.

In his opening address, he highlighted the importance of the Annual Conference as the culmination of a year's work on the theme of children's right to physical health. He emphasized that the event provided a unique opportunity for the 44 ENOC member institutions, representing 34 countries, as well as other key stakeholders, to exchange knowledge, share experiences, and discuss innovative practices in promoting and protecting children's health across Europe.

Mr. Coroi underlined the crucial role of the European Network of Young Advisors (ENYA), noting that young people would lead interactive sessions and present policy recommendations, ensuring that children's voices remained central to the discussions. He also stressed the collective responsibility of professionals in the child rights field to address both immediate health needs and broader social determinants, such as education, housing, and family support, in order to give every child the best possible start in life.

The opening session included speeches by **Renate Weber** (People’s Advocate in Romania), **Elina Pekkarinen** (ENOC Chair and Ombudsman for Children in Finland), **Ewa Kopacz** (European Parliament Vice-President and EP Coordinator on Children’s Rights) and **Regina De Dominicis** (UNICEF Regional Director for Europe and Central Asia).

Renate Weber, People’s Advocate in Romania, addressed the Conference, expressing enthusiasm for the opportunity to participate and learn from the ENOC network. She noted the aspiration that, in the future, her institution might join ENOC and even host a conference. She highlighted the importance of observing and learning from the experiences of other countries, sharing best practices, and adapting effective approaches to improve children’s physical health locally.

Ms. Weber also emphasized that children’s right to physical health cannot be considered in isolation, but is intrinsically linked to other rights and societal responsibilities toward children. She underscored the crucial role of families in establishing healthy habits, which should then be supported and reinforced through early childhood education, kindergartens, and schools. She called for greater attention to these foundational aspects as part of a comprehensive approach to promoting children’s wellbeing and ensuring that good health practices are embedded throughout a child’s life.

Elina Pekkarinen, ENOC Chair and Ombudsman for Children in Finland, welcomed the new Ombudspersons from Italy, Latvia, and Bulgaria. She reflected on the accomplishments of the past year, noting that ENOC had strengthened the structures of its Bureau and agreed on expanding membership. Work on the previous year’s theme, children in alternative care, continued, alongside ongoing efforts to promote children’s participation through the European Network of Young Advisors (ENYA).

Ms. Pekkarinen expressed gratitude to all those who participated in coordinating ENYA groups and to the young people who provided valuable advice, emphasizing that the annual statement and report would not have been possible without their contributions. She also highlighted efforts to strengthen international networks, including connections with the Global Network and initiatives in Central Asia, particularly Uzbekistan.

Acknowledging the severity of the current global situation for children, Ms. Pekkarinen noted the ongoing crises that negatively impact young lives and underscored the importance of ENOC’s work in issuing strong statements on critical issues affecting children.

Reflecting on **Ewa Kopacz** experience as a European Parliament Vice-President, paediatrician, former Minister of Health, and current EP Coordinator on Children's Rights, she emphasized that children's health extends beyond access to treatment, including prevention, education, and promotion of healthy lifestyles.

Ms. Kopacz highlighted challenges such as disinformation about medicines, unhealthy advertising, and rising mental health issues among young people. She stressed the importance of early education on hygiene, nutrition, exercise, disease prevention, and age-appropriate sexual education, alongside robust national and EU protections.

She noted initiatives like the Golden September campaign on childhood cancer, advocacy for therapies for rare diseases, and European Parliament debates on obesity, healthy eating, and screen time. Addressing the youngest participants, she praised their contributions through ENYA and assured that their recommendations on children's right to physical health would be heard in the European Parliament.

Regina De Dominicis, UNICEF Regional Director for Europe and Central Asia, addressed the Conference, expressing her honor in participating and highlighting the longstanding partnership between UNICEF and ENOC, which dates back to 1997. She emphasized the shared commitment to the Convention on the Rights of the Child and the collective goal of protecting and promoting children's rights, particularly for those in the most vulnerable situations.

Ms. De Dominicis underlined UNICEF's vision that every child deserves a supportive, protective, and caring environment to reach their full potential. She highlighted achievements made in partnership with ENOC, including the development of child-friendly complaint mechanisms, impact assessments, monitoring of child rights violations, and meaningful engagement of children and young people in decision-making processes to ensure their voices are heard.

She reaffirmed UNICEF's commitment to continue working with ENOC to strengthen collective efforts in advancing children's rights across Europe and Central Asia, emphasizing the importance of sustained collaboration and advocacy.

Session 1: The realisation of children’s right to physical health at the regional and global level



Caroline Vrijens, ENOC Past-Chair and Children’s Rights Commissioner for Belgium (Flanders), highlighted the fundamental importance of the right to health as essential for children’s growth, wellbeing, and participation in society. She noted that, across Europe and beyond, many children continue to face barriers to healthcare in terms of access, quality, and equity—making the Conference discussions both highly relevant and urgent.

Ms. Vrijens expressed her appreciation for the distinguished panelists contributing their expertise from diverse fields, including international and children’s rights, global health, European policy, pediatrics, and civil society. She emphasized that their insights would help participants not only to reflect on the progress achieved but also to identify the challenges that remain in ensuring every child’s right to health.

Dr. Hans Henri P. Kluge, Regional Director for Europe at the World Health Organization, addressed the Conference by video message. He thanked ENOC and the People’s Advocate of Romania for convening the event around one of the most fundamental human rights—the right of every child to health, which he described as the foundation of all other rights.

Dr. Kluge noted that across the WHO European Region, many children still face barriers to exercising this right. Poverty, discrimination, unsafe environments, and weak protections continue to expose children, especially those living in poverty, with disabilities, or displaced from their homes, to preventable diseases, poor nutrition, violence, commercial exploitation, and emerging digital risks.

He presented the new WHO–UNICEF Strategy for Child and Adolescent Health and Wellbeing 2026–2030, titled “A Healthy Start for a Healthy Life,” which will be submitted to the 53 WHO Member States at the Regional Committee. The strategy calls on governments to invest in child health and is built around five priorities:

1. Strategic investment – early action in child health as both a human rights obligation and a sound political choice;
2. Equitable, quality care – ensuring access to physical, mental, and social health services without stigma;
3. Protection from harmful commercial influences – strong regulation against exploitative and digital risks;
4. Action across all sectors – breaking silos between education, housing, environment, and health policies;
5. Accountability – data, monitoring, and consequences for unmet commitments.

Dr. Kluge described this as a “roadmap for justice” that will only succeed if governments, institutions, and communities uphold their promises. He emphasized the crucial role of Children’s Ombudspersons in monitoring, challenging, and ensuring that children’s voices are heard. He concluded by urging all participants to turn words into action and make the right to health a lived reality for every child and adolescent.

Tanja Gerwien, representing the Children’s Rights Division of the Council of Europe, expressed her appreciation for the opportunity to participate in ENOC’s 29th Annual Conference and to further strengthen the long-standing cooperation between ENOC and the Council of Europe, dating back to 1997.

She outlined the structure and main areas of work of the Council of Europe’s Children’s Rights Division, which includes four components: the Steering Committee for the Rights of the Child

(CDENF), responsible for standard setting; the Lanzarote Committee, monitoring implementation of the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse; the Co-operation Projects Unit, supporting technical assistance to member states; and the Consultation Group on Children of Ukraine (CGU), created as an emergency response to the war in Ukraine.

Ms. Gerwien highlighted key deliverables adopted or under development by the CDENF, including two recent Recommendations on the protection of the rights and best interests of the child in parental separation and care proceedings, and ongoing work on tools for child participation, child-friendly justice, and age-appropriate sexuality education. She also emphasized the upcoming Guide to Children’s Participation in Decisions about their Health, launched in 2025, which aims to improve how children are listened to and involved in healthcare decisions.

She further referred to the Council of Europe Strategy for the Rights of the Child (2022–2027), which provides the framework for action across Europe, and highlighted the importance of preventing and addressing violence against children due to its lasting impact on physical and mental health.

Ms. Gerwien encouraged ENOC members to continue contributing to the work of the Council of Europe, particularly through consultations with children and participation in ongoing initiatives. She also drew attention to the work of the Lanzarote Committee on sexual violence as a public health issue and the Consultation Group on Children of Ukraine, which promotes rights-based, inclusive responses for children affected by war.

She concluded by reaffirming the Council of Europe’s commitment to continued collaboration with ENOC in advancing the protection and promotion of children’s rights to physical and mental health across Europe.

Prof. Dr. Ann De Guchtenaere, Secretary General, European Academy of Paediatrics, Section of U.E.M.S. began by challenging the common perception that paediatrics is simply about caring for smiling, healthy babies. In reality, she noted, paediatrics often involves difficult and emotionally demanding work with seriously ill children. Yet, she emphasized, it is also profoundly meaningful, as paediatricians have the opportunity every day to reduce the burden of avoidable disease and mortality, and to help children reach their full potential for health, development and wellbeing.

She stressed a fundamental principle: a child is not their illness. Even when unwell, every child retains the same rights, needs and aspirations as a healthy child - the right to develop, to learn, and to be heard.

Dr. De Guchtenaere drew attention to the particular vulnerability of children and the need for healthcare systems that are truly centred on their specific needs. Too often, she said, “our health services are built for adults, not for children.” She called for integrated, child-friendly healthcare, designed with the

understanding that children differ from adults anatomically, physiologically, and emotionally - and therefore require specialised treatment, spaces, and professionals with paediatric competence.

She highlighted ongoing inequalities and the chronic underinvestment in prevention, noting that only around 2% of health budgets are allocated to preventive care. She urged Ombudspersons for Children to help amplify the voices of children in policy-making and to ensure that their rights are given due weight in healthcare systems.

Reflecting on international collaboration, Dr. De Guchteneere welcomed WHO's new strategy for child and adolescent health, while recalling that in previous strategic documents, children had been almost entirely overlooked. Advocacy, she noted, can make a difference - as demonstrated by the success of collective efforts to reinsert children's health into global priorities.

Quoting the 2020 Lancet Commission on "A Future for the World's Children?", she underlined the importance of strengthening protective factors, such as loving caregivers, quality education, safe housing, access to healthcare, and social belonging, while reducing vulnerability factors like poverty, trauma, violence or neglect. Everyone working with children, she said, should be familiar with these principles to "speak the same language" and work more closely together.

Finally, Dr. De Guchteneere used a compelling metaphor: creating integrated, rights-based care for children requires "a symphony orchestra" - where each professional contributes their expertise. In this sense, she said, ENOC's report plays a vital role:

1. It gives weight to children's rights (also in healthcare) and can therefore reduce inequality;
2. It indicates where the gaps are for the vulnerable children;
3. Such a report as the one of ENOC and WHO-Health2020 is the 'score' that the conductor of the orchestra uses.

Mariana Ianachevici, Member of the UN Committee on the Rights of the Child opened by expressing her honour to take part in the ENOC Annual Conference, noting how her short journey from Chişinău to Bucharest reminded her not only of the geographical proximity between countries, but also of the shared responsibility they hold for the realisation of children's rights. She said that the challenges we face do not stop at national borders, they demand collective effort and solidarity.

Speaking in her personal capacity as a member of the UN Committee on the Rights of the Child, she reflected on both the urgency and the opportunity to make the right to physical health a reality for every child, in the region and globally. She recalled General Comment No. 15, which underlines that when children's right to health is fulfilled, all other rights can be realised. She stressed that this right is not only about hospitals, doctors, or medicines, but it is about ensuring that every child can survive, grow,

and reach their fullest potential, through clean air and water, nutritious food, safe environments, and inclusive communities.

Ms Ianachevici shared a recent experience with a group of children from the Republic of Moldova who had prepared their own report for the UN Committee, titled "Children's rights in Moldova from their own perspectives". Their insights on health were, both practical and holistic: they spoke about the lack of family doctors in rural areas, the need for healthy school meals, clean water, safe playgrounds, sports opportunities, and mental health support. "Their words remind us that the right to health is not just about treating illness, it is about creating the conditions for every child to grow, play, and thrive.

She then outlined several persistent global and regional challenges:

1. Inequalities in access to care: rural children, those with disabilities, migrants and refugees continue to face significant barriers, a direct violation of Article 24 of the Convention;
2. Underinvestment in prevention and early intervention: too many health systems remain reactive instead of proactive;
3. Neglect of social determinants of health: housing, water, food, education, and the environment must be recognised as part of the health ecosystem.
4. Impact of crises: armed conflicts, climate change, pandemics and economic shocks disrupt services and make children more vulnerable than ever.

Despite Europe's strong frameworks, she noted that inequalities persist. Health outcomes are still determined by where a child is born and their family's social and economic status.

To change this, she called for political will and investment:

- Children's health must become a true budgetary priority;
- Primary healthcare must be accessible, inclusive, and child-friendly everywhere;
- Data collection must make invisible children visible, with disaggregation by age, sex, disability and location;
- Child participation must be strengthened: children must have a voice in the design of policies that affect them;
- Cross-sectoral and international cooperation must be deepened, recognising that health is inseparable from education, justice, social protection, and the environment.

Finally, Ms Ianachevici emphasised that fulfilling children's right to health is not only a legal obligation but also one of the smartest investments a society can make.

Bogdan Simion, President of the Federation of Non-Governmental Organizations for Children (FONPC), member of Eurochild, emphasized the multifaceted nature of children's right to physical health. He explained that physical health goes beyond the absence of illness to include overall well-

being, functionality, and the ability to live actively. Determinants such as nutrition, physical activity, rest, and avoidance of harmful substances are essential, alongside genetic factors and access to medical care. While medical services play a key role, Bogdan Simion underlined that broader social and behavioural dimensions must also be addressed to ensure children’s physical and mental resilience.

He highlighted the relevance of the European Child Guarantee (2021–2030) and Romania’s National Strategy for the Protection and Promotion of Children’s Rights (2022–2027), “Protected Children, Safe Romania.” These frameworks commit to guaranteeing children’s access to healthcare, nutrition, housing, and education. However, implementation remains fragmented. Bogdan Simion noted that specialised health services, particularly for mental health, reproductive health, and obesity prevention, are concentrated in cities, leaving rural communities underserved. The resulting urban–rural divide affects adolescents’ access to healthcare, with many rural youths facing hunger, work-related exhaustion, and limited psychological support.

Bogdan Simion pointed to concerning statistics from WHO and national reports: Romanian adolescents are less physically active than their European peers and show high rates of tobacco and substance use. Risky sexual behaviour and the lack of comprehensive sexual education contribute to Romania’s position as the EU’s second-highest in adolescent births, and the highest for mothers under 15. Despite the existence of public programs for vaccination and school health, funding for adolescent mental health and substance-use prevention remains inconsistent. NGOs attempt to fill these gaps through nutrition, sexual health, and psychosocial initiatives, yet services tailored to adolescents remain scarce, especially in rural areas.

In closing, Bogdan Simion called for stronger investments in prevention, education, and integrated health and social services. His key recommendations included strengthening healthcare infrastructure, supporting vulnerable groups, effectively using EU funds, and addressing social determinants of health.

Session 2: The realisation of children’s right to physical health at the national and local level



Helena-Omna Raicu, President of the National Authority for the Protection of Child Rights and Adoption in Romania, presented the key directions of the National Strategy for the Protection and Promotion of Children’s Rights. She emphasized that one of the strategy’s main objectives is to improve children’s health and guarantee equitable access to healthcare at the local level. The strategy outlines concrete measures aimed at strengthening the healthcare system, with a focus on human resources and accessibility for disadvantaged communities, particularly in rural areas. Annual training programs are being developed for community healthcare professionals to ensure that qualified medical staff can support children in all regions.

Ms. Raicu highlighted the commitment to upgrading medical infrastructure, particularly within schools, where medical offices will be equipped with the necessary facilities and personnel. The strategy also promotes healthy nutrition and lifestyle habits through the expansion of school meal programs and child obesity prevention initiatives. Ensuring equity in access to healthcare is a core

principle, with local authorities responsible for providing essential public services to all children, including those with disabilities and those from marginalized or rural communities.

A central aspect of her address was the participation of children in shaping the policies that affect them. She noted that more than a thousand children were consulted during the development of the national strategy, contributing their perspectives on health, nutrition, and physical activity. Romania has taken significant steps to enshrine child participation as a legal right, introducing new legislative provisions that require public authorities to involve children in decision-making processes concerning their rights. To support this, the National Authority has developed methodological guidelines to assist local administrations in organizing structured consultations with children.

Helena-Omna Raicu concluded by underscoring that realizing children's right to physical health requires coordinated action among national and local authorities, NGOs, schools, and other stakeholders. She identified Romania's main priorities as funding preventive healthcare, ensuring equitable access for all children, promoting health education, and fostering innovation in digital and school-based initiatives. Through these efforts, Romania aims to create an inclusive system where every child's health and voice are fully protected and valued.

Vadim Aftene, Head of the General Policy Directorate for Integrated Medical Services, Ministry of Health of the Republic of Moldova, reaffirmed that the right of every child to physical health is a fundamental human right, not a privilege, as enshrined in the UN Convention on the Rights of the Child. He acknowledged that, despite progress, many Moldovan children still face barriers such as poverty, geographic isolation, and social neglect. Disparities in access to pediatric care and nutrition persist, and issues related to mental and physical well-being remain stigmatized.

He outlined several key initiatives undertaken by the Ministry of Health to improve children's health and development. One significant reform involved the integration of pediatricians into primary care, aimed at enhancing children's access to specialized services. The government has also prioritized the renovation of pediatric departments across the country, starting with the Mother and Child Institute, to ensure a modern and supportive medical environment. Another major advancement was the adoption of a ministerial order for early detection of congenital diseases in newborns, ensuring timely referral and access to specialized treatment.

He further emphasized Moldova's legal commitment to protecting children's health, referencing national legislation that guarantees every child the right to prevention, treatment, and recovery, as well as access to quality medical services. These rights are supported by free vaccination programs available to all children nationwide. In parallel, the Ministry has focused on strengthening preventive services and developing early interventions for children with developmental disorders and disabilities, ensuring that adequate support and rehabilitation services are in place.

Mr. Aftene also highlighted the National Plan for 2023-2027 for the development of early intervention services for children with developmental delays, which aims to expand access to specialized services across Moldova. This program, together with the national health insurance system, supports interventions that promote children’s physical, cognitive, social, emotional, and communicative development, including kinetotherapy, psycho-pedagogy, and psychological counselling. Through these measures, Moldova seeks to guarantee that every child can achieve their full developmental potential in a supportive and inclusive health system.

Gabriela Alexandrescu, Executive President of Save the Children Romania, presented a stark overview of the current situation regarding child health in Romania, underlining persistent inequalities and systemic challenges. Romania continues to record one of the highest infant mortality rates in the European Union, standing at 5.6 deaths per thousand live births in 2023, equal to Slovakia and similar to the EU average two decades ago. Four out of five deaths among children under the age of five occur in the first year of life, with 38.3% caused by conditions originating in the perinatal period. Gabriela Alexandrescu also drew attention to the disparities in healthcare access between urban and rural areas, noting that the number of residents per family doctor is 50% higher in rural areas. She further highlighted the concerning number of births to underage mothers: nearly 39,000 between 2019 and 2023, including over 3,600 to girls under 15.

She outlined Save the Children Romania’s sustained efforts since 2010 to address these issues through integrated services in disadvantaged rural areas, reaching over 449,000 beneficiaries across 20 counties. The organization’s model emphasizes collaboration among local specialists, family doctors, and local authorities. Interventions include identifying vulnerable children and pregnant women, facilitating access to medical and social services, ensuring nutrition and hygiene support, and conducting group counselling and health information sessions. Regular medical caravans provide consultations in remote areas, while rural family doctors receive medical equipment to strengthen their capacity to deliver care. The organization has also implemented innovative programs such as the Baby Box initiative, offering essential items and guidance for pregnant women, and the INFOMama mobile application, designed to support mothers throughout pregnancy and early child development.

Ms. Alexandrescu highlighted the organization’s substantial investment in healthcare infrastructure, with over €17 million directed since 2010 toward equipping 135 medical units, including neonatal, pediatric, and obstetric wards, with more than 2,000 advanced medical devices. Between 2023 and 2025, Save the Children aims to equip 160 family medicine practices in rural areas, supplying 2,000 modern medical devices and involving 200 family doctors. Through its Mobile Medical Services for Rural Areas, operated in partnership with the “Caravan with Doctors” Association, three fully equipped mobile units deliver medical care to around 10,000 beneficiaries each year.

Finally, Gabriela Alexandrescu described Save the Children’s cross-border intervention in the Republic of Moldova, initiated in 2022, with €1.6 million invested to support over 43,000 children, mothers, and pregnant women. The initiative includes substantial donations of medical equipment to the Mother and Child Institute in Chişinău and the Mother and Child Center in Tiraspol, as well as the development of mobile medical and psychosocial services. Beyond healthcare, Save the Children Romania continues to promote health education for girls in disadvantaged rural areas, implementing a five-module curriculum on physical and emotional health approved by the Ministry of Education.

Galina Lesco, Head of Youth Clinic (YK) Neovita in the Republic of Moldova, presented a comprehensive overview of the country’s progress in adopting a rights-based approach to adolescent health, aligned with the principles of the UN Convention on the Rights of the Child (CRC). She highlighted Moldova’s demographic reality, noting that one in five citizens is between 10 and 24 years old, while 11% of the population are adolescents. Despite this, many young people continue to face significant health risks and inequities. A large share of adolescent mortality is caused by preventable factors such as trauma, accidents, intoxication, and suicide, issues that saw a temporary increase during the COVID-19 pandemic. Other pressing concerns include adolescent pregnancies (with over 85% of adolescent mothers living in rural areas), high rates of sexually transmitted infections, and rising use of e-cigarettes. Nutritional disorders, chronic conditions, and exposure to various forms of abuse further illustrate the vulnerabilities of Moldovan youth, many of whom grow up with one or both parents working abroad.

In response, the Moldovan health system has developed the Youth-Friendly Health Services (YFHS) model, implemented through a national network of 40 Youth Clinics (YK) and one national resource centre, Neovita. These centres address seven priority areas of adolescent health: sexually transmitted infections and HIV, unwanted pregnancies, puberty and nutritional disorders, psychological health, substance use, and violence-related issues. Each YK operates through a multidisciplinary team of doctors, psychologists, and social workers, combining medical consultations with counselling and educational activities. Services are free for young people up to 24 years of age, confidential, and designed to be accessible and inclusive, with flexible hours, outreach programs, and online platforms such as the YK Mobile and YK Support Line.

Galina Lesco emphasized that the YFHS system in Moldova is now a sustainable component of the state primary healthcare system, supported by national legislation and financed by the National Health Insurance Company. The network integrates all six key building blocks of a functional health system: leadership and governance, financing, service delivery, human resources, health information, and logistics. Key milestones include the introduction of rapid HIV, syphilis, and hepatitis testing, provision of contraceptives through the National Reproductive Health Program, and inclusion of HPV vaccination since 2017. The system also benefits from strong intersectoral collaboration, involving

NGOs, schools, and social services, and is reinforced by continuous professional education and youth participation through the YK volunteer program.

In conclusion, she noted that the Youth Clinic network represents a model of sustainable, rights-based, and youth-participatory healthcare. It is supported by long-term professional commitment and development partnerships with organizations such as UNICEF, WHO, UNFPA, Save the Children, and the European Commission. However, she also acknowledged remaining challenges, including the need for stronger child protection mechanisms for adolescents, enhanced health education in schools, and more effective transitional care for young people with chronic conditions.

ENYA 2025

Let's Talk Young, Let's Talk about Children's Right to Physical Health



The 2025 ENYA activities reflect the continuous commitment of the European Network of Young Advisors to ensuring that children's voices remain at the heart of ENOC's work. Under this year's thematic focus on children's right to physical health, the project engaged young people aged 13 to 17 from 14 member institutions across Europe. Through a participatory and rights-based approach, ENYA sought to explore how international and regional standards on child health are implemented in practice.

The ENYA 2025 process unfolded through a well-structured series of activities, beginning with a comprehensive Concept Note and Project Plan and followed by capacity-building sessions, training on child participation and protection, and coordinated national consultations. Each participating country worked with groups of young people to explore specific challenges affecting their health and wellbeing, from access to medical care and nutrition to environmental health and inclusion in sports. Supported by national coordinators and guided by the ENYA Management Board, the young participants contributed their views, identified barriers, and proposed realistic, actionable solutions.

The national consultations revealed a consistent set of priorities raised by young people across countries. These included equitable access to healthcare, particularly in rural areas, better communication between health professionals and children, improved nutrition and healthy lifestyle promotion, as well as stronger education on sexual, reproductive, and mental health. Participants also highlighted the impact of modern risks such as vaping, energy drink consumption, and misinformation, and underlined the importance of play, sports, and rest as integral components of physical health. Their insights demonstrated both awareness and engagement, reaffirming the need for policymakers to meaningfully include youth perspectives in shaping health strategies.

The ENYA Forum, held in Jezerčica, Croatia, on 1-2 July 2025, served as the culmination of these efforts. Youth delegates and coordinators from 13 countries came together to share findings, debate key issues, and prioritise five main groups of recommendations: access to sustainable and healthy food; prevention of substance use; children’s right to accurate information and participation; equitable healthcare access; and the right to sport and physical activity. These youth-driven priorities form part of ENOC’s 2025 Policy Statement, reinforcing the central principle that children are not only beneficiaries of health rights, but essential partners in their realisation.

Updates from ENOC members

The conference program continued with a session of updates where each ENOC-member had 5 minutes to share a highlight from their annual activities or to report on a significant progress achieved or challenge faced in their respective country/region in a specific child rights area.

Closing of the day

As the first day of the ENOC Annual Conference came to a close, participants were commended for their active engagement and thoughtful contributions. The day was marked by insightful presentations, in-depth discussions, and the sharing of good practices that underscored both the progress achieved and the challenges that remain in ensuring the full realisation of children's right to health. The reflections highlighted that children's health goes far beyond access to medical care, it also encompasses access to clean water and nutritious food, safe and supportive environments, preventive care, and the promotion of healthy lifestyles from an early age.

A key message resonating throughout the day was that protecting children's health means safeguarding their dignity and ensuring their voices are heard in every decision that affects them. Participants acknowledged that the challenges ahead are complex and interlinked, requiring close collaboration across sectors and strong partnerships between governments, Ombudspersons, professionals, civil society, communities, and children themselves. The conclusions and recommendations emerging from the discussions were recognised not only as guidance but as concrete commitments to future action.

Special appreciation was extended to the young participants, whose voices served as a powerful reminder of the purpose and urgency behind this collective work. Their perspectives brought clarity and renewed motivation to focus on tangible outcomes, measures that can genuinely improve the lives and wellbeing of children everywhere.

Day 2

18 September 2025

9.00-9.35 **Arrival of participants and Opening of Day 2**

9.35-10.20 **Session 3: Results and conclusions of the ENOC survey on the Protection and Promotion of Children’s Right to Physical Health**

Speaker:

- Vasile COROI, ENOC Chair-elect, Children’s Ombudsperson, Republic of Moldova
- Questions and discussion on session 3

10.20-10.50 **Coffee Break**

10.50-12.00 **ENYA 2025 Recommendations on the Protection and Promotion of Children’s Right to Physical Health**

Speakers:

- ENYA delegates
- Danijela ŽAGAR, Advisor to the Ombudsman for Children, Croatia and ENYA 2025 General Coordinator

12.00-13.00 **Lunch**

13.00-14.00 **Monitoring the implementation of children’s right to physical health by Independent Children’s Rights Institutions (ICRIs) – panel**

Moderator:

Niall MULDOON, Ombudsman for Children, Ireland

Speakers:

- Alina PANGRATE, Counsellor coordinator, Territorial Office Constanța of People’s Advocate, Romania
- Chris QUINN, Northern Ireland Commissioner for Children and Young People
- Mina GERHARDSEN, Ombudsperson for Children, Norway
- Oksana CHERVIAKOVA, Deputy of the Commissioner for the Rights of the Child, Ukraine
- Questions and discussion on the panel

14.00-16.00 **Field visits**

16.00-16.20 **Coffee Break**

16.20-16.30 **Conference closure**

- Elina PEKKARINEN, ENOC Chair, Ombudsman for Children, Finland
 - Vasile COROI, ENOC Chair-elect, Children's Ombudsperson, Moldova
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16.30-17.45 **General Assembly pre-session (only for ENOC members)**

Session 3: Results and conclusions of the ENOC survey on the Protection and Promotion of Children’s Right to Physical Health



In order to achieve its general objectives, every year the members of ENOC choose, by majority vote, one current issue related to children's rights to advance their work in this area.

In 2025, ENOC specifically addressed the Protection and Promotion of Children’s Right to Physical Health.

ENOC members were invited to participate in a survey, with the aim of exploring the present state of children’s right to physical health across the ENOC membership, in order to support the elaboration of an ENOC policy position statement on the protection and promotion of children’s right to physical health. 27 ENOC member institutions provided answers to the survey.

Vasile Coroi presented the report based on the results of the ENOC survey on the Protection and Promotion of Children’s Right to Physical Health, analyzed by **Prof. Rodica Gramma**, associate

professor of the School of Public Health Management at “Nicolae Testemitanu” State University of Medicine and Pharmacy, Republic of Moldova.

The report emphasizes ‘Health in All Policies’, advocating that government decisions in every sector consider the impact on children’s health. Survey respondents reported varied approaches: some countries have dedicated national child-health policies, while others address children’s needs within broader policies or strategic plans, and some have no specific child health policy. Several respondents noted positive initiatives that made child health a national priority, suggesting progress in intersectoral collaboration.

In most European countries, essential child health services are covered by public funding. Children usually have free access to general practitioners, pediatricians and vaccination programs. However, coverage for additional services and medications varies: many countries fully subsidize pediatric care, but some only partially cover costs or rely on family insurance. Preventive and hospital treatments are widely provided at no charge, yet full dental coverage is much less common. Access to medicines also varies across countries.

Healthcare tailored to children is unevenly organized. Many jurisdictions have pediatric specialists or pediatric branches in various medical fields, but others treat children and adults in the same system. Routine health check-ups for children are offered almost universally, but access to certain pediatric sub-specialists can be limited in some regions. The report notes that legal and financing arrangements critically shape access to care: differences in laws or insurance schemes can affect which services children receive.

The report examines how the right to health applies to all children, regardless of nationality or status. A few countries explicitly guarantee healthcare for every child living in their territory, while others extend coverage to migrant, refugee or undocumented children through general laws or special programs. However, in some places certain groups of children may still be excluded or only allowed emergency care.

Respondents identified several barriers to equitable access. Common issues include insufficient service availability (especially in remote or rural areas), shortages of qualified healthcare staff, and indirect costs or social obstacles. Instances of discrimination or language barriers were also mentioned. Some respondents noted that no major barriers exist in their context, but others emphasized that disparities persist. The narrative highlights that ensuring nondiscriminatory access for vulnerable children is a key issue.

Support for breastfeeding varies widely. Most surveyed countries have official policies or programs encouraging breastfeeding and provide prenatal/postnatal education to mothers. However, fewer have

dedicated national committees for breastfeeding promotion, and enforcement of rules limiting formula marketing is inconsistent.

Micronutrient deficiencies, particularly iron-deficiency anemia, vitamin A deficiency and iodine deficiency, are identified as key child health concerns. Most countries have programs to supply pregnant women and young children with essential supplements (such as iron, folic acid and iodized salt), but the survey found that a few jurisdictions have no preventive programs at all, treating deficiencies only after they appear.

Rates of malnutrition among children differ significantly across Europe. The report emphasizes that addressing this problem requires coordinated action beyond the health sector. Efforts should ensure that all children, especially those from vulnerable or marginalized groups, have access to sufficient healthy food. To this end, it is noted that nutrition services (such as routine growth monitoring) should be integrated into primary healthcare, and that social programs like free or subsidized school meals need to be strengthened.

Childhood overweight and obesity is highlighted as a growing problem, driven by diets high in processed foods and increasingly sedentary lifestyles. The report notes that overweight children are at much higher risk of becoming obese adults and developing chronic diseases. It emphasizes the role of schools in promoting healthy nutrition through proper meals and education, but points out that many European countries still lack universal free school meal programs for disadvantaged students. Economic inequality worsens the problem, as families with limited incomes often cannot afford healthier foods, especially given higher food prices.

Survey findings show that school meal programs vary greatly by country. Some jurisdictions provide universal free meals to all students, others offer programs only to certain age groups or vulnerable children, and some have no formal school meal scheme at all.

Regular physical activity is recognized as crucial for child health, yet most young people do not meet the recommended 60 minutes per day of exercise. The survey indicates that many countries have made youth physical activity a strategic priority. Respondents describe government programs, sports campaigns and school initiatives aimed at promoting exercise among children. However, a few jurisdictions report that this area receives less attention and relies on sporadic efforts rather than formal policy. Overall, the responses suggest a mixed picture: strong initiatives in some places and gaps in others.

Childhood vaccination is covered extensively in most jurisdictions, and the report notes that several have achieved very high coverage for standard vaccines. However, many countries are now experiencing declines in immunization rates in parts of their populations, which has led to outbreaks

of diseases like measles. Factors cited include uneven access to vaccines, waning public confidence and misinformation. These challenges are hampering efforts to maintain herd immunity and protect all children from vaccine-preventable diseases.

The report notes that protecting child health includes efforts to eliminate preventable maternal and newborn deaths. It references international strategies emphasizing that this goal requires political commitment, sufficient funding, and equitable access to quality reproductive and obstetric care. Reliable data collection and accountability in healthcare are also stressed. While the report does not present new national mortality statistics, it frames maternal and neonatal mortality reduction as a priority for children's health.

In Europe, only a small percentage of births involve teenage mothers, and that percentage has been declining. The survey findings suggest that most countries uphold adolescents' reproductive rights: respondents report that youth can access sexual and reproductive health (SRH) services confidentially and often at no cost, including contraception and family planning counseling. Legal protections for safe abortion are also widely in place. However, access is uneven: fewer countries ensure these services are equally available to all adolescents, indicating gaps in coverage.

A significant issue identified is the lack of data on sexually transmitted infections among children and adolescents. Most child-rights offices surveyed were unable to provide reliable figures on STI incidence among young people, due to the absence of systematic monitoring. The report notes that this data gap hinders the development of targeted prevention and treatment programs, making it difficult to address sexual health needs effectively.

Children with neurological or developmental disorders (such as autism, cerebral palsy or ADHD) often require specialized services. In the survey, more than half of jurisdictions said their public programs for such conditions were fully accessible to families. However, many respondents also reported limitations: some programs do not fully meet demand or are underfunded, and very few jurisdictions lack programs entirely. A major concern is the absence of comprehensive data: many countries do not have clear registries of these conditions, so information is scattered and planning for services is difficult.

Rehabilitation and assistive services for children with physical disabilities show mixed coverage. A large majority of jurisdictions reported offering rehabilitation programs for locomotor disabilities, but a minority stated that they cannot cover all needs or lack sufficient funding. For example, about three-quarters of countries described such programs as fully accessible. The availability of devices varies: more than half of countries fully fund pediatric hearing aids and wheelchairs, but far fewer cover eyeglasses fully, often leaving families to pay out of pocket. These findings suggest that despite

international conventions on children’s and disability rights, implementation is inconsistent. As a result, some children with disabilities receive comprehensive support, while others face significant gaps.

Legal provisions on children’s autonomy in medical decisions vary across countries. Nearly all surveyed jurisdictions have laws or policies recognizing that children can participate in decisions about their treatment according to their maturity: 26 out of 27 reported such guarantees. Most countries also provide translation services in medical settings for patients who do not speak the local language, though a few have no formal requirement. Importantly, every jurisdiction confirmed a mechanism by which children or guardians can file complaints about violations of healthcare rights.

Practices differ on the age at which minors can consent to treatment. Some countries specify an age (often between 14 and 18) for independent consent, while others assess each young person’s capacity. This leads to inconsistency: respondents noted that domestic laws often conflict regarding the age of consent.

Children’s right to medical privacy is generally protected by law. Most respondents confirmed that healthcare confidentiality rules apply to minors. However, the report points out some tensions. Certain legal provisions allow parents to access an adolescent’s health information in specific cases. These mixed approaches mean that the balance between adolescent privacy and parental oversight is not uniform. Healthcare providers and families may find it unclear when information can remain private. The report suggests that clearer legal thresholds or protocols would help protect adolescent privacy, though this is presented descriptively rather than as a formal recommendation.

The findings of the survey are presented in the final report: <https://enoc.eu/wp-content/uploads/ENOC-Synthesis-Report-on-CR-to-physical-health-2025-FV.pdf>

The ENOC Policy Position Statement on “The Protection and Promotion of Children’s Right to Physical Health”: <https://enoc.eu/wp-content/uploads/ENOC-Position-Statement-on-CR-to-Physical-Health-2025-FV.pdf>

ENYA 2025 Recommendations on the Protection and Promotion of Children's Right to Physical Health



ENYA Young Advisors held an interactive session focused on presenting the recommendations agreed upon at the ENYA Forum.

Each of the participating countries/regions submitted five recommendations, which were compiled so as to produce a comprehensive list of recommendations.

The compiled list of recommendations consisted of 46 recommendations. They were organised into five groups:

1. Universal access to healthy, balanced, sufficient and sustainable food;
2. Consumption of energy drinks, vaping and drugs;
3. Recognition and guarantee of children's and adolescents' right to information, to express their opinions, be heard, and participate in all decisions related to their physical health;

4. Ensuring that all children have fair access to health care and attention provided by healthcare professionals;
5. Ensuring adequate spaces, time and conditions for all children and adolescents to fully enjoy their right to sport, rest, play and do physical activity.

The recommendations of the Young Advisors address multiple aspects of children's and young people's physical health. These include:

- ensuring equal access to healthcare services for all children, regardless of economic, social or geographic circumstances (particularly for children on the move, children without adequate parental care and other vulnerable groups);
- promoting healthy lifestyles;
- strengthening regulations on the advertising and consumption of energy drinks and tobacco products;
- providing healthy and balanced school meals, enhancing the delivery of Physical and Health Education classes;
- respecting the opinions of children and young people on matters related to their health.

ENYA 2025 report and recommendations: <https://enoc.eu/wp-content/uploads/ENYA-report-2025-FV-1.pdf>

Monitoring the implementation of children’s right to physical health by Independent Children’s Rights Institutions (ICRIs) – panel



Niall Muldoon, Ombudsman for Children in Ireland, served as moderator for the panel “Monitoring the implementation of children’s right to physical health by Independent Children’s Rights Institutions (ICRIs)”. In his role, he guided the discussion on how independent child rights bodies across Europe can effectively oversee and promote the realization of children’s right to health.

In her presentation, **Alina Pangrate**, Counsellor Coordinator at the Constanța Territorial Office of the People’s Advocate of Romania, addressed the crucial topic of child healthcare and the role of the People’s Advocate in safeguarding children’s rights. She underscored that children’s healthcare is not merely a social priority but a fundamental state responsibility, anchored in both national legislation and international commitments. Romania’s framework aligns with global and regional standards, including the UN Convention on the Rights of the Child, the Sustainable Development Goals, the European Social Charter, and the EU Child Guarantee, ensuring a legal basis for protecting and promoting children’s health.

Despite legislative alignment and progress in access to services, significant disparities persist, particularly affecting children in rural areas, Roma communities, and other vulnerable groups. Healthcare infrastructure remains underfunded, and there is a marked shortage of pediatric specialists, contributing to unequal access and lower health outcomes compared to the EU average. Within this context, the People’s Advocate plays a vital oversight and advocacy role: investigating complaints, inspecting facilities, issuing recommendations, and acting *ex officio* when systemic violations are detected. The dedicated Children’s Ombudsman Division strengthens these interventions by promoting a rights-based approach to healthcare.

Ms. Pangrate highlighted several notable cases that illustrate the complexity of current challenges, from unsafe social media trends and substance misuse among adolescents, to infant mortality, underage pregnancies, and the plight of children left without parental care due to migration. The institution also addressed issues such as unequal access to medical care, HPV vaccination, bullying, and the need for better protection of minors in domestic violence cases. These examples underline the Advocate’s dual mission: responding to immediate risks while promoting systemic reform through policy recommendations and collaboration with local authorities and NGOs.

Looking ahead, Alina Pangrate emphasized the need for stronger preventive healthcare, greater investment in paediatric facilities and workforce, and enhanced coordination between the health and social sectors. The People’s Advocate’s recommendations for 2023-2025 focus on improving disability evaluations, expanding residential care capacity, and strengthening inter-institutional cooperation in cases of violence or neglect. She concluded by reaffirming that while Romania has made meaningful progress in aligning with international child health standards, systemic barriers and enforcement gaps remain. The People’s Advocate continues to serve as a key mechanism for accountability and advocacy, ensuring that every child’s right to health is both protected and fulfilled in practice.

Ms. **Oksana Cherviakova**, Deputy Commissioner for the Rights of the Child, Ukraine, began by expressing sincere gratitude for the solidarity and support extended to Ukrainian children during this time of war. She reminded participants that today there are approximately 7.5 million children in Ukraine, many of whom have been displaced, evacuated, or are living in temporarily occupied territories. Each of them, she stressed, needs and deserves support, protection, and the chance to live in safety.

She explained that the Office of the Commissioner continues to work tirelessly to assist children and families affected by the war, developing special programs that preserve Ukrainian language, culture, and history, essential elements of identity and resilience. She said that many of these children dream of returning home and continuing their lives in Ukraine. Yet, due to the ongoing conflict, it remains unclear how many will be able to return in the near future.

Daily life for Ukrainian children is marked by constant challenges. Beyond the general concerns shared by other countries, such as access to health, education, and work, Ukraine faces extraordinary conditions caused by the war. Schools have had to adapt to wartime realities: many now operate in underground shelters to keep children safe during air raids. Families face extreme hardship, with parents losing jobs and struggling to provide food and basic necessities. In these circumstances, both state institutions and NGOs play a crucial role in delivering support to families and ensuring that every child receives care.

One of the most serious issues, Ms. Cherviakova emphasized, is the situation of children deported or displaced to the Russian Federation or temporarily occupied territories. Many of these children have had their documents changed. The Commissioner's Office, in cooperation with civil society organizations and international partners, continues to send information requests, document cases, and coordinate efforts to bring these children home.

When children return from Russia or conflict zones, they often arrive deeply traumatized and require specialized rehabilitation. To address this, Ukraine has established a network of Child Protection and Rehabilitation Centers based on the Barnahus model. The first center opened in Kyiv, where around ten families receive integrated support every day, involving psychologists, social workers, law enforcement, and NGOs. Three more centers have since been established, offering individual reintegration programs tailored to each child's needs and lasting from several months to over half a year.

Ms. Cherviakova also drew attention to the systematic use of propaganda and the replacement of the Ukrainian language and curriculum in temporarily occupied territories, warning that such practices violate children's rights and identity.

She ended by reaffirming Ukraine's commitment to defending children's physical and mental health, ensuring access to education and healthcare, and upholding the fundamental rights of every child, even in times of war.

Chris Quinn, Northern Ireland Commissioner for Children and Young People, reminded participants that Northern Ireland's recent history has been shaped by decades of conflict and by the 1998 Good Friday Agreement, which ended the violence but left a fragile political structure.

Since the Agreement, the government has been suspended almost as often as it has been active, leaving children and families to face the consequences. Mr. Quinn noted with concern that in the past two years alone, paediatric waiting lists have increased by 172%, while mental ill-health, self-harm, and suicide rates among young people remain among the highest in Europe. One in four children lives in poverty,

and more than 18,000 children are officially registered as homeless. Vaccination rates are falling, childhood obesity is on the rise, and social care systems are under immense strain.

These problems, he argued, are made worse by political instability and lack of accountability. He quoted a recent statement from a High Court judge who described Northern Ireland as “not working” and urged political leaders to “owe it to our children to work together in a constructive manner.” For Mr. Quinn, this reflects the frustration of many who see children paying the price for political dysfunction.

Still, he pointed out that there are positive developments. Northern Ireland now has a Children and Young People’s Strategy, which explicitly references the UN Convention on the Rights of the Child, and a Children’s Services Cooperation Act, which requires government departments and public bodies to work together for children’s wellbeing. The problem, he said, is not the lack of frameworks, but the lack of real accountability.

Looking at the broader discussions of the conference, Mr. Quinn highlighted two themes that resonated strongly: poverty and child participation. Both, he argued, are essential if we want to improve children’s physical and mental health. Poverty is both a driver and a consequence of ill health, and must be addressed as a structural issue, not just a social one.

He called for collective reflection and joint action, suggesting that ENOC and its members could continue to explore poverty, homelessness, and accountability as key themes for future collaboration. Finally, he underlined the need for incorporating the UNCRC into domestic law, which he sees as the best way to hold governments accountable and make children’s rights real in practice.

Mina Gerhardsen, Ombudsperson for Children in Norway, emphasized that while some challenges are specific to Norway, many are shared globally, including rising obesity rates and declining physical activity among children. She highlighted that despite national recommendations for one hour of daily activity for children, very few meet this target. Physical activity tends to drop significantly after the age of eight, and by adolescence, most young people spend the majority of their waking hours sitting. Although Norway’s Parliament has repeatedly discussed introducing one hour of daily activity in schools, implementation has stalled due to political changes and shifting priorities.

Sports participation is widespread, with about 90% of Norwegian children involved at some point, but inequalities persist, particularly linked to cost and parental involvement, which can exclude children from low-income families. Gerhardsen also raised concerns about nutrition and unhealthy food marketing, calling for stronger regulation and healthier school environments. Efforts are underway to introduce school meals, restrict the marketing of unhealthy products, and set an age limit for energy drink consumption.

She noted that Norway's health system for children includes regular checkups and support for families, but services are unevenly delivered. Her office is collecting data from health professionals to hold authorities accountable and ensure promised services reach every child.

Social inequality and child poverty remain pressing concerns, affecting children's ability to access nutritious food, safe environments, and opportunities for physical activity. Ms. Gerhardsen underlined the importance of robust data to monitor these disparities and push for effective policy change. From September, new data systems will allow earlier detection of trends and better targeting of interventions, a step she hopes will make Norway's child health efforts more effective and equitable.

Field visits

On the second day of Conference, with the support of Save the Children Romania, participants visited specialized centers for children. One group visited the Centre for Counselling and Integrated Services for Children and Parents from Ukraine & the Centre for Emotional and Behavioural Education for Children. A second group visited the Barnahus Centre, while a third group explored the Polizu Maternity, the largest maternity hospital in Romania.

At the Counseling and Integrated Services Center for Children and Parents from Ukraine, socio-humanitarian assistance is provided, including: social counseling, facilitating access to medical, educational, and social services, material and financial support, psychological counseling, social cohesion activities, and educational activities: Romanian language courses and leisure activities.

The Emotional and Behavioral Education Center for Children is a project implemented by Save the Children Romania, financially supported by the Norwegian Government and benefiting from the professional expertise of Save the Children Norway. The center's specialists provide free community services, including psychiatric and psychological clinical assessments for children and adolescents, individual and group counseling and psychotherapy, social and emotional skills development programs for preschoolers and early school-age children, as well as educational programs and support groups for parents. The center also develops training programs for professionals in healthcare, education, and social protection systems - psychiatrists, family doctors, nurses, clinical psychologists, school psychologists, pediatricians, social workers, and speech therapists. Services are offered to children and adolescents with mental health issues, including depression, anxiety, attachment disorders, ADHD, conduct disorders, aggressive behavior, or those at risk of developing such problems.

The Barnahus Center was established in response to the challenges faced by children who are victims or witnesses of violence in the Romanian judicial system. Based on the Icelandic Barnahus model, also implemented in Bucharest, which is unique in Romania, the center aims to reduce re-traumatization and secondary victimization while providing a child-friendly environment through a multidisciplinary approach tailored to their needs. Its objectives include training professionals who interact with child victims, raising children's awareness of their rights, and improving collaboration between responsible institutions. Activities include: legal interviews, psychological assessment and intervention, social services for children who are victims or witnesses of sexual abuse or serious violence, psychological support for parents or guardians, police training for more effective interaction with child victims, and organizing informational sessions in schools.

Polizu Maternity Hospital in Bucharest is one of the oldest and most prestigious obstetrics-gynecology units in Romania, with a long-standing tradition of caring for pregnant women and newborns. The hospital provides comprehensive and integrated medical services for women throughout their

reproductive lives - from prenatal consultations, pregnancy monitoring, and childbirth, to postnatal care and treatment of gynecological conditions. The maternity hospital hosts specialized departments in obstetrics, gynecology, neonatology, maternal-fetal medicine, in vitro fertilization, and assisted human reproduction, providing patients access to modern medical technology and a multidisciplinary team of highly trained doctors, nurses, and specialists.

The hospital offers obstetric emergency services, ensuring 24/7 medical assistance for high-risk cases such as complicated pregnancies, premature births, or severe maternal pathologies. The neonatology department provides intensive care for premature or medically fragile newborns in a safe and child-centered environment. Through patient-centered care, the professionalism of its medical team, and a family-focused approach, Polizu Maternity Hospital remains a key institution in the Romanian healthcare system, offering modern and safe services for mothers and children in a humane and respectful setting.





Conference closure

In their joint closing address at the 29th ENOC Annual Conference, Mr. **Vasile Coroi** and Ms. **Elina Pekkarinen** expressed gratitude to all participants for their active engagement in discussions on children's right to physical health. They emphasized that every child's right to the highest attainable standard of health is a binding obligation under international and national law, requiring sustained commitment from States, institutions, and professionals.

The speakers highlighted that children's health depends not only on medical services but also on broader determinants such as adequate nutrition, safe housing, clean water, protection from environmental hazards, access to inclusive education, and freedom from neglect, violence, and discrimination. They stressed the importance of multi-sectoral coordination, prevention, equitable access to quality health services, and the inclusion of children's perspectives in policy-making.

Mr. Coroi and Ms. Pekkarinen commended participants for their expertise, cooperation, and dedication, encouraging them to translate conference discussions and recommendations into concrete actions that improve children's lives. They concluded by thanking everyone for their engagement and wishing safe travels and continued success in their essential work.

Day 3

ENOC General Assembly

19th September 2025

9.45-10.00 **Registration**

10-11.30 **ENOC Annual General Assembly**

- Presentation of ENOC annual activities
 - Presentation and approval of ENOC annual accounts
 - Discussion and vote on a request for membership upgrade
 - Election of the new Bureau 2025-2026
-

11.30-11.45 **Coffee and Refreshment**

11.45-13.00 **ENOC Annual General Assembly**

- Endorsement of ENOC position statement on the Protection and Promotion of Children's Right to Physical Health
 - Open calls: ENYA 2026 coordination office, WG Membership applications, Child Protection Team
 - Brainstorming on ENOC 2027 annual focus
 - Any other issue raised by members
-

13.00-14.00 **Lunch**

End

ENOC 28th General Assembly [ENOC members only]

ENOC Chair Elina Pekkarinen presented the ENOC activities during the year.

The ENOC Annual Accounts 2024 and Provisional Budget for 2025 were reviewed and approved.

The General Assembly examined Azerbaijan's request to upgrade its membership, focusing on questions regarding the Child Rights Protection Unit's independence, legal basis, and potential overlap with the National Preventive Mechanism. After clarifications and discussion, a secret vote was conducted, which resulted in the approval of Azerbaijan's full membership.

The General Assembly unanimously elected the Bureau candidates. The new Bureau 2025-2026 is therefore composed of the following members:

- Current Chair: Vasile Coroi (The People's Advocate for the rights of the child, Moldova)
- Past Chair: Elina Pekkarinen (Ombudsperson for Children, Finland)
- Chair-elect: Aida C. Rodríguez (Deputy Ombudsman for Children's Rights, Office of the Catalan Ombudsman, Spain/ Catalonia)
- Secretary: Chris Quinn (Northern Ireland Commissioner for Children and Youth, Northern Ireland/UK)
- Treasurer: Niall Muldoon (Ombudsman for Children, Ireland)
- Ordinary member: Caroline Vrijens (Children's Rights Commissioner for Flanders, Belgium)
- Ordinary member: Andres Aru (Head of Children and Youth's Rights Department, Office of the Chancellor of Justice, Estonia)

[The ENOC policy position statement on Protecting and Promoting Children's Right to Physical Health](#) was endorsed by the members.

The General Assembly held a brainstorming session on possible themes for ENOC's 2027 annual focus. Members proposed a wide range of topics, including children's rights in the digital environment (influencers, data protection, "sharenting," deepfakes, and AI), homelessness and child poverty, migrant and displaced children, bullying and violence in schools, child-friendly justice, and inclusive education for children with disabilities.

