

European Network of Ombudspersons for Children
Policy Position Statement on
“The Protection and Promotion of Children’s Right to Physical Health”

* Adopted by the ENOC 29th General Assembly, 19 September 2025, Bucharest, Romania

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*“Not only is children’s right to health important in and of itself,
but also the realisation of the right to health is indispensable for
the enjoyment of all the other rights in the Convention.”¹*

PREAMBLE

The ENOC 2025 position statement is based on a general understanding across the ENOC members that all children have the right to survive, grow and develop within the context of physical, emotional and social well-being², through access to the highest attainable standard of health, safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. These rights are defined by the United Nations Universal Declaration of Human Rights (UDHR), which applies equally to individuals of all age groups, and the UN Convention on the Rights of the Child (UNCRC), which extends special care and protection to address the unique needs of children.

A child’s right to health is defined in Article 24 of the UNCRC and refers to the appropriate and timely prevention, health promotion, curative, rehabilitative and palliative healthcare services. It also encompasses the right of a child to grow, play and develop to their full potential through the implementation of programmes that address the underlying determinants of health.

At the core of the right to health lies the autonomy of the child. While ensuring the health and development of the child broadly encompasses the state’s healthcare policy, it directly concerns the child’s physical integrity and right to self-determination. Particular attention must therefore be given to the requirements set forth in Article 12 of the UNCRC, which affirms the child’s right to express their views in all matters affecting them.

¹ 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), para. 7

² Ibidem, para. 1.

The present position statement is informed by the research “The Protection and Promotion of Children’s Right to Physical Health”, to which ENOC member institutions contributed by providing relevant data regarding children’s right to health within their jurisdictions. It is also informed and enriched by the views and direct experiences of young people participating in the ENYA (European Network of Young Advisors) 2025 project³, and those of ENOC members.

Therefore, we, members of the European Network of Ombudspersons for Children (ENOC), urge States, national and regional authorities, but also relevant European and international organisations, to fulfil their obligations by implementing the following recommendations:

1. Ensure the protection and promotion of children’s right to health by setting legal and institutional frameworks and policy priorities, including by adopting a Children’s Health in all Policies approach⁴, promoting intersectoral comprehensive policies, with the involvement of all relevant stakeholders, including children.

- Align legal frameworks with international human rights standards, particularly UNCRC Articles 2 (non-discrimination), 3 (best interests of the child), 4 (general measures of implementation), 5 (evolving capacities), 6 (right to life, survival and development), 12 (right to be heard), 16 (right to privacy), 24 (right to health) and 33 (right to be protected from drugs).
- Develop national strategies for child health and well-being, aligned with the EU Child Guarantee and the Sustainable Development Goals (SDGs), reflecting current challenges, such as media influence (including content promoting body shaming, pro-feeding and eating disorders, violence and self-harm), and the impact of devices and the digital environment, on physical activity.
- Create a mechanism for considering health implications of public policies across sectors (e.g. health, education, social protection, housing, mass tourism and environmental sectors), with the participation of children, seeking synergies, and preventing harmful impacts on children’s health. In those considerations, the principle of the best interests of the child as envisaged in Article 3 of the UNCRC must be followed. Conduct health impact assessments, as part of child rights impact assessments (CRIA), when planning budgets or public reforms.

³ [ENYA 2025](#)

⁴ WHO WHA 67.12 2014, https://iris.who.int/bitstream/handle/10665/151788/9789241507981_eng.pdf

- Ensure collection of disaggregated data and monitoring systems to track children's health outcomes and access to care, which will subsequently provide information to identify gaps and to develop health policies and targeted interventions, adjusted to the identified needs (e.g. children with neurodevelopmental disorders, children with rare diseases, children with incurable diseases that need palliative care). Use data to evaluate the interventions' impact.
- Identify and take action to prevent, regulate and mitigate the impact of the commercial exploitation of children through inappropriate marketing (particularly via sources such as social media, influencer content, gaming platforms, and targeted digital advertising) of products and services such as alcohol, tobacco, e-cigarettes (vapes), nicotine products, sugar-sweetened and artificially sweetened beverages, and caffeinated (energy) drinks.
- Take action to mitigate the impacts of climate change on children's health (e.g. heatwaves, air and water pollution, and climate-related displacement), by supporting policymakers with evidence and data regarding the impact of climate change on children's health and well-being.
- Take robust, coordinated action to prevent, eliminate and strictly regulate hazardous chemicals and pollutants that threaten children's health, including, but not limited to, per- and polyfluoroalkyl substances (PFAS, 'forever chemicals'), endocrine and hormonal disruptors, pesticides, fertilizers, genetically modified organisms (GMOs), chemical dyes and finishes, microplastics, and other toxic substances. This applies especially to chemicals and pollutants present in food, drinking water, personal hygiene products, toys, clothing and textiles (such as polyester, synthetic blends, and chemically treated fabrics), and any other material or environment affecting children. Prioritise rigorous regulation, transparent labelling, independent research, and public education to address both direct and cumulative exposures, with special attention to the risks posed by microplastics and chemical mixtures throughout the environments where children live, play, and learn.
- Develop intersectoral partnerships and policies to create safe environments to prevent children's deaths and injuries (e.g. road accidents, drowning), including by implementing child death reviews.
- Implement policies ensuring safe housing, spaces to play and enjoy physical activities, and green spaces.
- Ensure children's voices are heard in the design and evaluation of health services.

Age-appropriate tools must be developed to facilitate children's participation in policy-making processes that affect their health and well-being, such as platforms for children to express their health concerns, as well as youth advisory councils and feedback platforms, ensuring diverse representation. Children must be provided with age-appropriate information to express informed views, and information must be adapted for diverse groups of children, including those experiencing multiple forms of discrimination⁵.

- Establish ethical frameworks and guidelines for the use of predictive artificial intelligence technologies in child health, ensuring that AI applications respect and uphold children's rights (including protection, autonomy and privacy), and do not lead to discrimination (including on racial grounds), or undue surveillance.
- Regulate the alternative health services to address any potential harm posed by alternative therapies.

2. Ensure universal access to healthcare by providing comprehensive, quality and timely health services that maintain children's health, prevent and manage disease, reduce preventable disability and premature death, and promote health equity for all.

- Legally recognise the right of children to free healthcare and remove all user fees and co-payments for child health services, including preventive, curative, and rehabilitative care. Establish protocols with other countries to ensure access to healthcare.
- Equal access to healthcare must be guaranteed for all children, including undocumented children, migrants, refugees, children with disabilities, children without parental care, and others in vulnerable situations⁶.
- Ensure timely access to healthcare by addressing any practical administrative barriers, including complex reimbursement procedures, infrastructural gaps and bureaucratic obstacles. Long waiting times can become significant barriers or exacerbate children's health conditions. Promote the provision of regular medical check-ups in schools, including by specialists, and increase the frequency of comprehensive health screenings. Health services should be accessible beyond school hours to meet the needs of children and families, and efforts must be made to significantly reduce appointment waiting times⁷.

⁵ ENYA recommendation

⁶ ENYA recommendation

⁷ ENYA recommendation

- Increase public investment and ensure early intervention in child health, especially during the first 1,000 days of life, maternal health, primary care, and specialised services. Recognise the value of and invest in the community and voluntary NGO sector as key partners in supporting and complementing these public health efforts.
- Design hospital and other healthcare facilities to be child-friendly, conducive to well-being and a positive experience of healthcare, informed by meaningful consultation with children and their families. Ensure accessibility for children with disabilities by designing health facilities and services to be physically and communication-accessible. Involve children with disabilities and their caregivers in designing accessible services. Ensure that healthcare professionals are trained to deliver clear, age-appropriate information and respond effectively to children's individual needs. Provide interpretation services when language barriers exist⁸.
- Invest in healthcare infrastructure in rural and underserved areas to reduce regional disparities and develop incentives to attract and retain paediatric health workers in the remote/ rural areas.
- Increase the availability of specialised paediatric professionals (e.g. dentists, physiotherapists, speech therapists, psychiatrists), including in less common disciplines, to ensure comprehensive care adapted to children's diverse needs⁹.
- Ensure home care is available when needed, particularly for children with disabilities, with reliable transportation provided to help families access healthcare services, especially in rural areas. School-based psychological support should be accessible without requiring parental consent, where legally appropriate¹⁰.
- Make sure children who are ill have the possibility to exercise the other rights (e.g. access to education, leisure time, and contact with peers).
- Expand immunisation programmes and preventive care efforts, especially in underserved communities. Focus on confidence-building in the medical world concerning vaccination. Challenge disinformation by combating fake news and anti-vax movements. Promote education and raise awareness of the importance and role of immunisation for children.
- Develop specific services for children with illnesses that require long-term specialised care, ensuring appropriate and safe conditions relevant to their health needs

⁸ ENYA recommendation

⁹ ENYA recommendation

¹⁰ ENYA recommendation

and respect for their dignity and autonomy (e.g. palliative care, severe disabilities, children with rare diseases).

- Design and implement health policies with explicit equity goals, addressing the needs of vulnerable groups. Conduct health equity impact assessments, part of CRIA, before adopting new health policies, to prevent unintended exclusion.
- Develop special initiatives and programmes to reduce health disparities linked to poverty, ethnicity, geographic, cultural and socioeconomic background in access to health services, including specialised, preventive, sexual and reproductive health services. Set up mobile clinics, school-based health services, or community health workers to reach groups at risk of marginalisation (e.g. migrant children, children living in poverty, LGBTQI+ children, children born with Neonatal Abstinence Syndrome, children with physical disabilities or complex health needs, newborns and very young children, children with mental health issues, children from ethnic minorities, Roma, Sami children, children in prison with their mothers or whose parents or caregivers are incarcerated, children who are geographically isolated).
- Ensure healthcare protocols are child-friendly, culturally competent, inclusive and trauma-informed, guaranteeing physical and psychological safety for all children, including those who have experienced adverse events. Deliver culturally competent and inclusive care by training healthcare workers on cultural competence, anti-discrimination, and unconscious bias.
- Provide psychological support for mothers before and after birth to prevent postpartum depression from affecting the child's health, especially in cases of de facto vulnerabilities. Provide information on the signs and symptoms of postpartum depression to partners and other family members. Facilitate and promote access to midwife and doula services.
- Prevent and combat all forms of violence against children, including the use of any violence as a form of discipline or as an education method (e.g. corporal punishment), sexual abuse and exploitation, Female Genital Mutilation (FGM) and honour-related violence.
- Develop and strengthen child safeguarding policies in hospitals and other healthcare facilities for children, including risk analysis, clear procedures for reporting, and managing abuse, regular staff training, safe recruitment strategies, child and family participation, protective measures for vulnerable children, and ongoing monitoring and collaboration with relevant agencies.

3. Promote healthy lifestyles and combat unhealthy behaviours

- Include goals for healthy lifestyles in national child health and well-being strategies. Align with international frameworks like the WHO European Programme of Work 2020–2025, EU Child Guarantee, and Sustainable Development Goals (SDGs).
- Increase awareness and introduce or expand education on healthy behaviour in school curricula and community programmes. Awareness campaigns should target parents, guardians and other relevant groups, not just children.
- Prioritise the prevention and treatment of addiction, including substance abuse (e.g. drugs, alcohol, vaping, energy drinks). Ban these for children and introduce age limits and warning labels on legal substances. Regulate packaging and advertising to avoid targeting children¹¹. Recognise the impact of adverse childhood experiences (ACEs) that contribute to risky or unhealthy behaviours. Emphasise the importance of adequate sleep.
- Ensure access to knowledge of the advantages of breastfeeding, provide necessary support and restrict the inappropriate marketing and promotion of breast-milk substitutes.
- Guarantee all children real and universal access to clean drinking water, healthy, sufficient, and sustainable food, regardless of their economic or geographic situation. Promote food education and ensure school canteens offer free, balanced meals and clear, accessible nutrition information¹².
- Provide opportunities for physical activity in schools, and safe, recreational and accessible spaces for play, cycling, and walking, especially in urban areas. Diversify physical education to reflect children's interests and needs, including personal hygiene. Ban public fitness tests and/or disclosure of personal health data, which may lead to discomfort or stigma¹³.
- Outlaw restrictions on bathroom access. Ensure schools have clear and enforceable menstrual health policies and procedures.
- Ensure safe transportation to school, prioritising pedestrians and traffic-free zones. Promote active transport to school (walking, biking) through infrastructure and awareness campaigns.
- Encourage digital well-being and address digital health risks, such as exposure to harmful content, screen addiction, and online exploitation. Provide guidelines and parental

¹¹ ENYA recommendation

¹² ENYA recommendation

¹³ ENYA recommendation

resources on age-appropriate screen use and digital balance. Educate children about online health risks (e.g. misinformation, sedentary behaviour, cyberbullying). Hold tech companies accountable for addressing digital health risks through effective regulation, including age verification technologies.

- Promote preventive mental health programmes, including support for parenting and school-based interventions on substance abuse, addictions, etc. Ensure school routines support mental health by allowing sufficient rest, offering choice in extracurriculars, and balancing academic workload to prevent stress¹⁴.
- Encourage cooperation between parents/guardians, schools, and the community to improve children's environment.
- Educate children to identify and use reliable sources of health information online, especially regarding nutrition and physical activity, to avoid misinformation from advertising or social media on trending diets and sports practices. Improve controls on false or misleading content in social media and advertising, and ensure the wide dissemination of accurate, science-based information¹⁵.
- Improve comprehensive sexuality and relationship education, led by qualified professionals and peer educators, in schools, for children and adolescents, by addressing personal well-being and care, in addition to protection and risks, as well as healthy relationships¹⁶.
- Address the risks associated with sun exposure, in light of the increasing health risks posed by climate change, tanning, and solariums, by banning advertisements of tanning beds and sunbeds targeting children.

4. Ensure children's rights in decision-making, including their rights to information and participation, data privacy, confidentiality and child-friendly complaint mechanisms

- Provide health literacy programmes to children, parents, guardians, and wider society, by informing them about patient rights (such as autonomy and privacy) and available health services.
- Ensure easy access to universal, scientifically sound, and trustworthy health information, presented in a user-friendly manner.
- Ensure access to care in the child's best interests, regardless of parental consent.

¹⁴ ENYA recommendation

¹⁵ ENYA recommendation

¹⁶ ENYA recommendation

- Train health professionals to communicate with children and assess their capacity to consent or assent. Include mandatory training on children's rights, ethical dilemmas, and confidentiality in medical and nursing education. Promote child-friendly communication in healthcare by ensuring that health professionals provide clear, accessible information adapted to children's needs. Interpretation services should be available when language barriers exist¹⁷.
- Ensure that children are guaranteed the right in healthcare settings to participate in decision-making about their health and that their view is given due weight in accordance with their age and maturity (Art 12 of the UNCRC) and their evolving capacities (Art 5 of the UNCRC). Ensure children can express their views and actively participate in all decisions affecting their health, particularly adolescents, in a developmentally appropriate way, across all settings, including family, school, and healthcare services¹⁸.
- Protect medical confidentiality, guarantee that children and adolescents can consult healthcare providers confidentially, especially regarding sensitive matters (e.g. mental health, sexual and reproductive health). Design healthcare environments that respect physical and informational privacy (e.g. private consultation rooms, discretion in waiting areas).
- Develop clear legal and ethical frameworks to respect children's right to keep certain information private from parents or guardians when appropriate and lawful, particularly in adolescent care. National laws should define: minimum age or maturity thresholds for independent consent and conditions under which confidentiality can be overridden (e.g. risk of harm).
- Ensure that children's health data is not collected without clear consent and safeguards. Involve children and families in developing consent mechanisms for digital health platforms. Data collection and sharing should be in line with children's rights.
- Make sure the healthcare children receive is child-friendly, child-sensitive, rights-based and trauma-informed. Provide adolescent-friendly services, establish and maintain active youth-friendly clinics and hotlines where adolescents can seek care without fear of judgment or exposure.
- Establish complaint mechanisms for children by ensuring access to safe and accessible avenues to report any violations of their rights (e.g. their right to privacy) or

¹⁷ ENYA recommendation

¹⁸ ENYA recommendation

mistreatment. Set up independent bodies to monitor and enforce privacy and autonomy rights in healthcare settings.