Rights, justice, and equity: a global agenda for child health and wellbeing

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Worldwide challenges to child health and wellbeing are rapidly becoming existential threats to children and childhood. Inequities, armed conflict and violence, nuclear proliferation, forced migration, globalisation, and climate change are among the global issues violating children's rights to optimal survival and development. Child rights-based approaches will be required to enhance the response to the civil-political, social, economic, and cultural determinants of these global child health issues. In this Viewpoint, we present a global agenda for child health and wellbeing as a blueprint for the practice of paediatrics and child health in the domains of clinical care, systems development, and policy formulation. This global agenda is grounded in the principles of rights, justice, and equity and can address the root-cause determinants of health. The 30th anniversary of the UN Convention on the Rights of the Child is a relevant moment to recommit to shared goals for children's health and wellbeing.

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Introduction

The global challenges to children's health and wellbeing have changed over the past several decades. Global inequities,[1] armed conflict and violence,[2] globalisation,[3] nuclear proliferation,[4] forced migration,[5] and climate change[6] are important child health issues that violate children's rights to optimal health and development. Advances in the life course sciences define how these issues affect the epidemiology and physiology of children's physical and mental health and development, and that of the adults they will become.[7–9]

Patterns of discrimination[10] and entrenched civil-political, social, economic, and cultural factors combine to affect child health and wellbeing in complex ways. The evolving science of syndemics[11] contributes to the understanding of the influence of social and environmental factors on global child health and wellbeing. Coupled to the principles and practice of anthropology and human rights, syndemics reflects decades of accrued knowledge and experience of health professionals working at the intersection of health and human rights. Jonathan Mann, founder of WHO's Global Programme for AIDS, was among the first to recognise that health, ethics, and human rights are inseparably linked.[12]

The 30th anniversary of the UN Convention on the Rights of the Child (UNCRC; panel 1)[13] is a moment to acknowledge what has been accomplished over the past several decades in the practice of child rights. But, as importantly, this anniversary is also an opportunity to promote new models of how this knowledge and experience can be applied to address the emerging challenges to children's health and wellbeing.[2–6] We present a new rights-based practice framework—a global agenda for child health and wellbeing—that responds to the most pressing global challenges to child health and wellbeing. New strategies and tools, grounded in the principles of human rights, social justice, and health equity,[14,15] will be required to bring about the health outcomes sought for children.

Elements of a child rights-based approach to child health and wellbeing

Multiple strategies and tools are required to implement and sustain a global child rights-based approach to addressing the threats and challenges confronting children.[15] The UNCRC[13] provides the foundation for the theory and practice of a child rights-based approach to child health and wellbeing. The preamble and articles of the UNCRC define the civil-political, economic, social, and cultural rights to which all children are entitled (panel 1) and the core principles of child rights—universality, indivisibility, participation, and accountability—provide the framework to support the rights-based work of paediatric health professionals.[16] The General Comments

Key messages

- Children and childhood are confronting global existential threats to their existence. Inequities, armed conflict and violence, globalisation, nuclear proliferation, forced migration, and climate change are among the growing number of global threats to children and childhood.
- A child rights-based approach to child survival, health, and wellbeing—grounded in the principles, standards, and norms of child rights, social justice, and health equity—is required to respond to these global threats. Although traditional biomedical approaches are necessary, they are not sufficient to respond to these threats.
- A child rights-based approach to global child health and wellbeing establishes all paediatric health professionals working in the domains of clinical and public health services, systems development, and policy formulation as advocates (duty bearers) to fulfil the rights of all children (rights owners).
- Existing and evolving strategies and tools based on rights, justice, and equity provide the resources and experience required to implement and sustain a global child rights-based approach to address the threats and challenges confronting children.
- Nations are embracing the UN Convention on the Rights of the Child and the Sustainable Development Goals as the foundation and framework for global child health and development, and it is important that child health professionals and organisations respond through the implementation of a child rights-based approach to health and development.
- Translating the global agenda and principles of rights, justice, and equity into practice will establish child health professionals as essential global partners in fulfilling the rights of children to optimal health and development.

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***Panel 1*: The UN Convention on the Rights of the Child,[13] adopted in 1989**

Economic rights
- Adequate standard of living
- Social security
- Protection from economic exploitation

Cultural rights
- Respect for language, culture, and religion
- Abolition of traditional practices likely to be prejudicial to a child's health

Social rights
- Life, survival, and development
- Best possible health and access to health care
- Education
- Play
- Family life or alternative care
- Family reunification
- Fullest social inclusion for disabled children
- Support for parents to ensure protection of children's rights

Protective rights
- Promotion of a child's best interests
- Protection from abuse and exploitation
- Protection from armed conflict
- Protection from harmful drugs
- Protection from trafficking
- Rehabilitative care post-abuse or post-neglect

Civil and political rights
- Heard and taken seriously
- Freedom from discrimination in the exercise of rights
- Freedom of religion, association, and expression
- Privacy and information
- Respect for physical and personal integrity
- Freedom from all forms of violence, torture, or other cruel, inhuman, or degrading treatment
- Due process of the law
- Recognition of the importance of treating the child with respect within the justice system
- Not to be detained arbitrarily

of the UNCRC provide interpretation and analysis of specific articles and provide metrics to monitor their implementation. The two Optional Protocols—involvement of children in armed conflict; and sale of children, child prostitution, and child pornography—provide expanded protections of children's rights.

General Comment 5 of the UNCRC (General Measures of Implementation of the Convention on the Rights of the Child)[17] establishes many foundational elements of child rights and a child rights-based approach to child health. This General Comment defines the role of the state as an entity that engages and provides capacity for all sectors of society, including children and families, to advance the rights of children—in particular with regard to civil-political, social, economic, and cultural rights. This Comment also requires that states review legislation, budgets, legal systems, and systems for redress to ensure full compliance with the UNCRC. General Comment 5 necessitates that states engage in intersectoral coordination, education and capacity building, development of rights-based national strategies, implementation of national human rights institutions (ie, ombudsperson offices), and development of impact assessments, data collection, and periodic reporting. The guiding principles of the UNCRC are established in this General Comment, as is the requirement to make these principles and the articles of the UNCRC known throughout society, with a particular focus on the private sector.

The rights-based sustainable development goals (SDGs) define how states are expected to frame their development agendas and political policies over the next 15 years. The SDGs also supply a diverse set of metrics for monitoring and evaluating progress.[18] Most of the 17 SDGs relate to children, making them another important element of a child rights-based approach to child health and wellbeing.

The principles of social justice and health equity are also relevant to a child rights-based approach to addressing global challenges. Social justice, as defined in the American Academy of Pediatrics Policy Statement on health equity and child rights, is the "fair distribution of resources".[15] Inequities are differences in health that are avoidable by reasonable action.[15] Social injustice, often expressed as gradients or equity gaps, is among the greatest global threats to children's health and wellbeing.

A child rights-based approach to health and development

A human rights-based approach is a development framework that extends a full range of economic, social, cultural, civil, and political rights to all individuals.[14] This type of approach conceptualises children as rights-holders with just entitlements, and describes individuals with responsibilities to fulfil these rights as duty bearers with obligations for which they could be held to account. A child rights-based approach to the health and wellbeing of children requires the use of the UNCRC and principles of child rights to design, implement, monitor, and evaluate health services, systems, and policy.

At the service level, child rights-based approaches introduce obligations to consider the right to health (UNCRC Article 24) through the lens of the four core principles of child rights (UNCRC Articles 2, 3, 6, and 12), and to apply all relevant rights in the UNCRC to guide and improve quality of health-care delivery and health outcomes (panel 2). At the systems level, rights-based analyses of regulations and legislation are required to ensure these systems fulfil children's rights to optimal health and development. A child rights-based approach to child health requires policies and protocols that translate child rights principles into practice, including a commitment to listen to children's views and take them

seriously, confidentiality, and adequate training for professionals. At the policy level, a child rights-based approach helps to define the issues to be addressed and the role of health professionals as child advocates. Health professionals can bear witness and respond to the effect of political, social, economic, cultural, and environmental determinants on child health and wellbeing. Through a child rights-based approach to policy, health professionals can address the inequities, laws, services, and budgetary allocations that advance or undermine the realisation of children's rights.

The concepts and principles of children's rights that culminated in the ratification of the UNCRC in 1989 were established after decades of work to advance child rights. A child rights-based approach to child health is not a revolutionary departure for paediatrics and child health, but rather is a development based on a rich history of human rights advocacy and action (figure 1). This history provides an instructive path into the future.

Global challenges confronting children and families

Over the past 30 years, the evidence has shown that the challenges and threats to global child health and wellbeing result from the complex interaction of civil-political, social, economic, cultural, and environmental factors.[7] Together, these factors establish a rapidly evolving typology of child health that will increasingly challenge the response from paediatric health professionals and organisations, and require the development and implementation of new rights-based strategies, tools, and metrics. Inequity, globalisation, armed conflict, violence, migration, nuclear proliferation, and climate change are among the most substantial challenges to child health and paediatric health professionals.

Inequity

Inequities are avoidable inequalities arising from the civil-political, social, economic, cultural, and environmental circumstances in which people live.[19] Inequities are violations of child rights and assaults on social justice. The huge differences in economic and political power between high-income and low-income countries profoundly affect the health and wellbeing of children. For example, mortality in children younger than 5 years is two in 1000 livebirths in some high-income countries, compared with the highest mortality of 84 in 1000 in the Central African Republic.[20] Inequities within countries have also increased over the past several decades, with an increasing share of the wealth being controlled by high-income groups. In the USA, 1% of the population controls more than 40% of the wealth; in England and Wales, 1% of the population owns more than 50% of land.

These inequities cause violations of children's rights to basic human needs. Nearly 1 billion children in low-income countries have at least one basic human need unfulfilled.[21] Despite improvements in the past 15 years, millions of children are deprived of their rights to optimal survival and development, and to learn, be protected from violence and exploitation, and live in a safe

***Panel 2*: UN Convention on the Rights of the Child articles related to Article 24—the right to health**

Core articles

Article 2: non-discrimination
All rights are to be recognised for each child without discrimination on any grounds

Article 3: best interests
The best interests of the child should be considered in all decisions related to them

Article 6: survival and development
Optimal survival and development

Article 12: participation
Respect for the child's views in all matters affecting them

Related articles

Article 5: evolving capacities
Rights of parents to provide guidance to the child considering her or his evolving capacity

Article 17: access to information
Ensure accessibility of information from a diversity of sources

Article 18: parental capacities
The state shall ensure parents have the capacity to fulfil the rights of their children

Article 19: protection from violence
Protection from maltreatment, and implementation of prevention and treatment programmes

Article 23: disabilities
Right to special care, education, and training to achieve dignity and greatest degree of self-reliance

Article 25: review of treatment
Entitlement to have placement of children in care evaluated regularly

Article 27: standard of living
Right to a standard of living adequate for physical, mental, spiritual, moral, and social development

Article 28: education
Right to free primary education, accessible secondary education, and no corporal punishment

Article 29: education
Right to optimal development of the child's personality, talents, and mental and physical abilities

Article 32: protection from exploitation
Protection from work that threatens his or her health, education, or development

Article 39: recovery of child victims
Right to care and social reintegration for child victims of armed conflict, torture, and other forms of violence

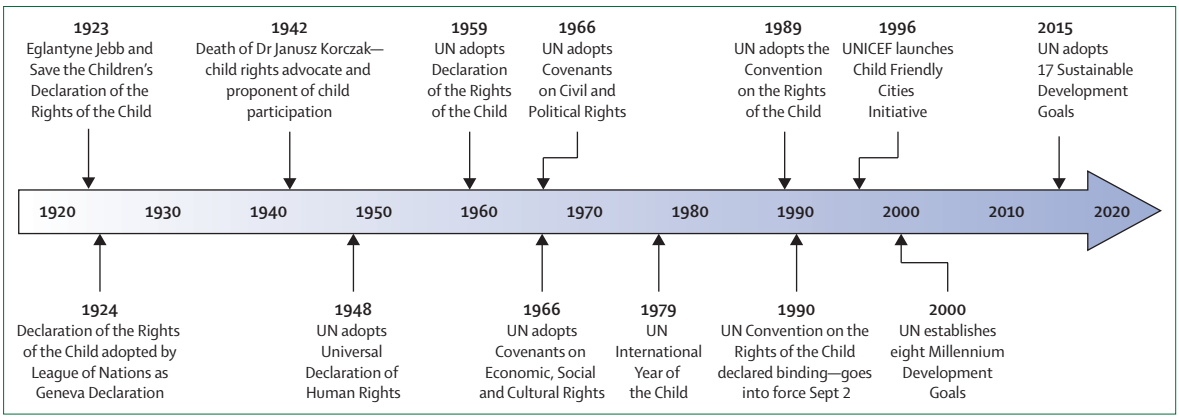

Figure 1: **A 100-year timeline of children's rights**

environment.[20] Children in poor or rural households in low-income countries are at increased risk of being deprived of these rights.[20]

As a direct result of rights violations, children in the poorest households in low-income countries are twice as likely as children in the richest households to die before the age of 5 years, twice as likely to be stunted because of chronic malnutrition, less likely to receive vaccines, and less likely to have access to safe drinking water and sanitation.[22] Although children in high-income countries are much less likely to face such severe rights violations, inequities in child health outcomes in these countries exist, such that children in low-income households are at increased risk of a range of adverse outcomes, including mortality, obesity, and chronic disabling conditions.[23]

Globalisation

Globalisation is perhaps the most complex of the issues affecting the health and wellbeing of children, and can generally be defined as the economic, political, and social interconnection and interdependence among countries. Globalisation can also be described in terms of spatial, communication, and cognitive constructs, which affect the rights of children.[24]

Globalisation affects physical and territorial space. The cross-border movement of people, information, capital, goods, and services is expanding and rendering national borders irrelevant. The power of international corporations sometimes exceeds that of nations. Trafficking of products and people across borders challenges the capacity of governments to regulate these borders. As a result, new social geographies are being formed that redefine how individuals and populations interact with each other.

In terms of children's rights, borders have no relevance. The human rights principles of universality, interdependence, and accountability establish the cross-border portability of all rights in the UNCRC, and the global accountability of all duty bearers to ensure these rights are fulfilled.[25] Potential rights violations, such as corporal punishment, child labour, and trafficking need special attention from all stakeholders in child wellbeing because of the vulnerability of children to violence and exploitation.

Globalisation is generating alternative forms of communication through virtual human interactions, resulting in new models of socialisation, especially for children.[26] The rights of children to privacy, association, access to information, and freedom from exploitation are among the rights in the UNCRC that are being recontextualised by changes in communication. In 2019, the Committee on the Rights of the Child initiated the concept of a General Comment on digital media,[27] which reflects the growing concerns that the committee has about existing and potential rights violations in the digital world.

Perhaps most profoundly, globalisation is influencing how people exist in the world. Globalisation directly affects health systems and indirectly affects child health and wellbeing through the global, national, and regional effect on agricultural policy, the provision of children's services, structural adjustment policies, global governance structures, markets, communication, information diffusion, mobility, cross-cultural interaction, and environmental changes.[3,28,29]

Globalisation is a powerful social force that affects the lives of all people, particularly children and adolescents. The effect globalisation has—whether positive or negative—on children's rights to optimal survival and development depends on the complex interactions between individuals, communities, and states and the capacity of these entities to confront political, socioeconomic, and cultural forces created by globalisation. WHO[30] and UNICEF[31] are among many transnational organisations helping countries to assess and respond to cross-border issues that are partly caused by globalisation. Academic training programmes can prepare paediatric health professionals to understand and respond to the complex interactions between globalisation and child health and wellbeing.

Armed conflict

Armed conflict is a global public health crisis that violates the rights of nearly one in five children,[2] including children living in active conflict zones, children who have been displaced internally or across borders, and children born after a conflict has ended.[2] Conflict not only causes direct harm to children by physical injury, psychological trauma, displacement, and death, but also has a broad range of indirect effects.[32] Indirect effects include violations of children's rights to food and nutrition, adequate living conditions, protection from environmental hazards, separation from family, and access to health care and education.[2]

The deliberate targeting of schools, health facilities, and health workers by armed groups and states is increasingly common over the past several decades.[2] Ongoing violations of children's rights have been documented, including the so-called six grave violations: killing and maiming of children, recruitment or use of children as soldiers, sexual violence against children, abduction of children, attacks against schools or hospitals, and the denial of humanitarian access for children.[33]

Opportunities exist for the health professionals who care for these children to support local and global organisations and efforts to fulfil the rights of children to protection from armed conflict, torture, and exploitation, optimal survival and development, and access to play, education, health and rehabilitation services, and other relevant rights in the UNCRC. The UNCRC's Optional Protocol on the involvement of children in armed conflict (2002) specifically addresses the recruitment and use of children in hostilities and provides an additional resource to guide paediatric health professionals as duty bearers in this regard.

Violence

In addition to armed conflict, violence against children—including physical, sexual, and psychological abuse and exploitation—is a child-rights violation that incurs a huge financial, social, and cultural cost to individuals and society.[34] Violence affects more than 1 billion children annually worldwide.[35] In 2017, the report on ending violence in childhood[36] detailed synthesised knowledge on the causes and consequences of childhood violence, and identified evidence based strategies to prevent childhood violence.

A 2018 Comment[37] about violence against children in *The Lancet Child & Adolescent Health* emphasised the importance of broadening the context of violence to include structural and institutional violence as primary causes of child-rights violations. The Comment also presented a rationale for expanding the typology of violence beyond physical and sexual abuse and neglect to include bullying, cyber violence, corporal punishment, domestic and family violence, child labour, and harmful cultural and traditional practices.

Displaced children

The forced migration of families with children in the 21st century has been unprecedented. More than 68 million people have fled their homes, with over 25 million people confirmed as refugees.[38] Nearly half of these displaced people are children:[38] the number of child refugees increased by 75% between 2010 and 2015.[39,40] People flee armed conflict, poverty, oppression, and natural disasters, and include refugees, asylum seekers, internally displaced people, economic migrants, and trafficked children. Many displaced people are stateless—ie, unable to return to their country of origin and not accepted by the international community. UNCRC Article 22 specifically addresses the rights of refugee children, as does Article 20 (protection of a child without a family), Article 9 (separation from parents), and other protection and promotion rights as articulated in the UNCRC.

Forced migration has a large effect on children's rights to health and wellbeing. In 2019, the International Society for Social Pediatrics and Child Health (ISSOP) surveyed its members to better understand the health status of displaced children. Health-care providers reported a high prevalence of upper respiratory infections (68%), dental cavities (60%), dysentery (40%), and asthma and pneumonia (30%). Chronic health conditions were widespread, with a high prevalence of anaemia (49%), developmental disabilities (31%), and malnutrition and stunting (27%). Mental health disorders also had a high prevalence among displaced children, including anxiety (52%), depression (39%), and post-traumatic stress disorder (37%).[41]

Although the challenges faced by displaced children are substantial, international awareness is growing, and actions are being taken in response to the causes of the displacement of children. In 2016, the UN General Assembly adopted the New York Declaration for Refugees and Migrants,[42] and in 2018, the International Conference to Adopt the Global Compact for Safe, Orderly, and Regular Migration[43] and the Compact on Refugees[44] were finalised. Together, these agreements provide a global human rights framework to support international efforts to address the crises in both child health and migration.

Paediatric health professionals, as duty bearers for the health and wellbeing of all children, have unique roles in protecting and promoting the rights of displaced children. The ISSOP Budapest Declaration provides a blueprint for protecting child rights in the context of a child rights-based approach to children's optimal survival and development.[25,40] The human rights principle of universality renders state boundaries and borders irrelevant in the context of fulfilling the rights of children[16] and the principle of interdependence demands that all protection, promotion, and participation rights must be fulfilled for all children.[16] The principle of accountability requires all paediatric health professionals be accountable as duty bearers for fulfilling the rights of all displaced children: in particular, participation rights

to a name and nationality; promotion rights to health care, education, shelter, and family reunification; and protection rights to be secure from violence, exploitation, and separation from families.[16]

Nuclear proliferation

The threat from nuclear weapons is at its greatest since the Cold War. The Bulletin of Atomic Scientists annually assesses the risk of nuclear war and represents this risk using a clock on which midnight designates the time of greatest threat—the clock is now set at 2 minutes to midnight.[45]

Nuclear weapons are an existential threat to the rights of children and the cost to create and maintain these weapons is very high. This expense is magnified by the metrics of lost opportunities to otherwise invest in children's health and wellbeing.

Health professionals can do much to minimise the threats posed by nuclear weapons, including by advocating national and global anti-nuclear weapon efforts. Through the work of the International Campaign to Abolish Nuclear Weapons, itself founded by the medical organisation International Physicians for the Prevention of Nuclear War, the UN has developed the Treaty for the Prohibition of Nuclear Weapons. This treaty is strongly backed by non-nuclear countries and is likely to put pressure on states that are resisting the abolition of nuclear weapons. Paediatric health professionals have an important role to play in advocacy, policy development, and advancing the participation rights of children to have a voice in response to the proliferation of nuclear weapons, which is the ultimate threat to children's best interests and right to survival and development.

Climate change

The effect of climate change on the rights of children to optimal survival and development is immeasurable and requires a concerted international effort to reverse its impending catastrophic consequences. UNICEF has shown that climate change might be the greatest threat facing the world's children and future generations.[46]

Children are disproportionately affected by climate change because of their metabolism, physiology, and developmental needs.[46] Additionally, climate change will increasingly have a disproportionate effect on the rights of specific groups of vulnerable children, including displaced children, children living in poverty, indigenous children, and children with developmental disabilities.[47]

Climate change is increasing the frequency and intensity of extreme weather events, and hundreds of millions of children live in the most affected regions. These weather events negatively affect children's rights to access food, water, and the basic services required for optimal survival and development. Because diarrhoea is the second leading cause of mortality for children younger than 5 years, climate-induced increases in waterborne diseases will have a disproportionate effect on child health.[48] By 2030, climate change is projected to result in the moderate to severe stunting of an additional 7·5 million children younger than 5 years.[6] Climate change also affects the geographical range of vectors of disease, leading to violations of rights to optimal health, survival, and development because of an increasing prevalence of diseases such as malaria, dengue, leptospirosis, and leishmaniosis. Climate changes also contribute to an increase in children's stress, anxiety, depression, and post-traumatic stress disorder.[49]

The articles of the UNCRC and principles of children's rights provide a foundation and framework to support a comprehensive analysis and response to the effects of climate change on child survival and development.[50] Child health equity can be achieved in the shadow of climate change through a child rights-based approach to understanding and responding to its effects.

A global agenda for child health and wellbeing

The challenge confronting paediatric health professionals and organisations is how to respond to these global situations that affect children's rights to health and wellbeing. Building on the knowledge and experience of three decades of child rights advocacy, the following global agenda for child health and wellbeing[51] is presented as a blueprint for this response. This global agenda is a child rights-based approach to the practices of paediatrics and child health that are relevant to the local and global needs and rights of children. The agenda provides concrete, actionable tasks that can be implemented by paediatric health professionals working in clinical care, systems development, and policy formulation to fulfil the rights of children to optimal health and development.

The ten elements of the global agenda were generated through an iterative process (2015–16) that engaged members of ISSOP. Information was solicited by email from member paediatricians regarding their priority concerns for children and their suggestions for the practice of social paediatrics that could respond to these concerns. Replies were collected, grouped into broad categories, then submitted to a working group at the 2015 ISSOP meeting in Geneva. The working group had three tasks: (1) to generate a rationale statement for developing a global agenda in the context of the UNCRC and SDGs; (2) to establish the core elements of the agenda that would become a framework for the practice of social paediatrics, including the rationale for the inclusion of each element; and (3) to identify strategies for implementation of the agenda in the domains of clinical care, systems development, and policy generation.

Small group discussions were convened in a workshop to articulate and refine the elements of the agenda, add additional elements, and establish a rationale for each suggested element. Each group had copies of the UNCRC and SDGs to use in their formulations. A large group then discussed the suggestions from the small groups,

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eliminated or combined agenda elements, and generated a draft global agenda.

Small groups then reconvened to establish the links between the SDGs and the articles of the UNCRC and the agenda elements that had been identified. Additionally, the groups identified the roles paediatricians should have in implementing each of the agenda elements in the domains of clinical care, systems development, and policy generation.

The large group finalised a working draft of the agenda, which was circulated to the ISSOP members for final review of the agenda elements, rationale statements (appendix), linked UNCRC articles and SDGs (figure 2), and roles of health-care providers. After review by a small working group, a final document was prepared, which went through the ISSOP policy review process to be published as an ISSOP policy statement. Here we present the ten elements of the finalised global agenda for child health and wellbeing, including the SDGs and UNCRC articles they are linked to, the rationale for inclusion of each element, and the roles for health professionals and paediatricians.

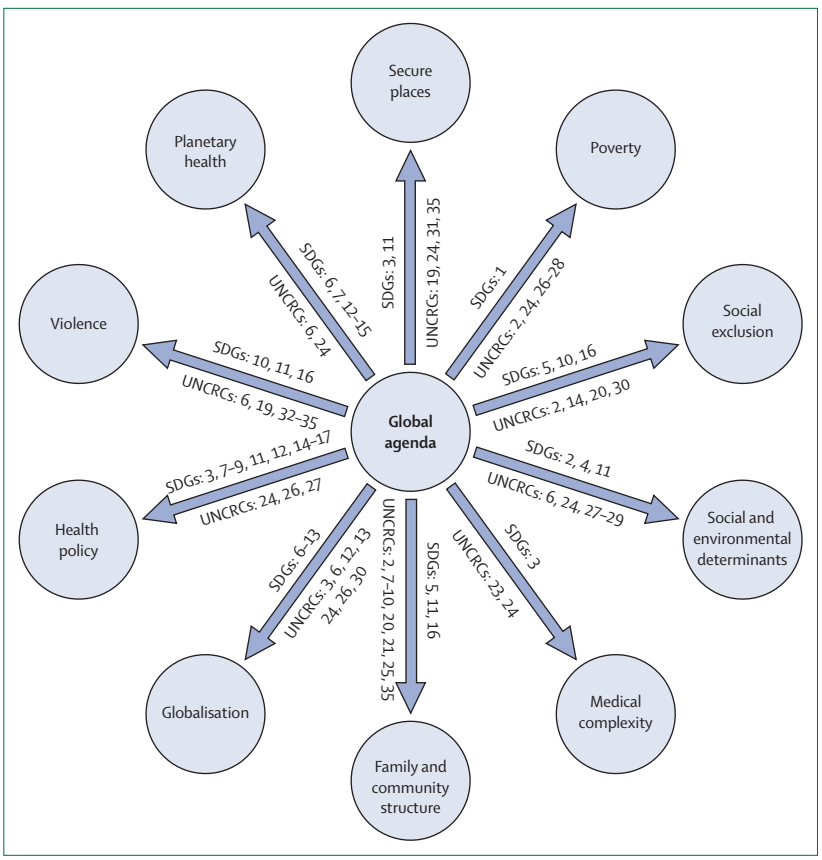

Figure 2: **Elements that make up the global agenda for child health and wellbeing and the linked SDGs and articles of the UNCRC**
UNCRC=UN Convention on the Rights of the Child. SDG=Sustainable Development Goal.

1) Provide secure child-friendly spaces for children to thrive

Element 1 of the global agenda is linked to SDGs 3 and 11, and to UNCRC Articles 19, 24, 31, and 35. The rationale for the inclusion of this element is that children need child-friendly spaces, including homes, schools, hospitals, play areas, and virtual spaces, to ensure optimal growth and development.

In clinical care, element 1 can be implemented by including environmental and safety assessments in clinical encounters, displaying a child-rights charter and adopting its statements, and by establishing rights-respecting health practices.[52] At the community level, accessible transport systems can be provided,[53] and child-friendly communities can be built,[54] as can rights-respecting schools.[55] Policies can be implemented to promote rights-respecting urban design,[54] and the International Play Association recommendations can be used to fulfil children's right to play.[56]

2) Ensure a life free of poverty

Element 2 of the global agenda is linked to SDG 1 and to UNCRC Articles 2, 24, 26, 27, and 28. The rationale for the inclusion of this element is that the effects of poverty and income inequality have a profound effect on the health and wellbeing of children and on the adults they will become.

In clinical care, paediatric health professionals can implement element 2 by assessing household poverty and adverse experiences using evidence-based tools, such as the adverse childhood experience questionnaire.[57] Trauma-informed and rights-respecting practices can both be established.[15,57,58] Access to the resources required to support children and families can be improved at the community level, and rights and equity-based impact assessments can be used to assess the effects of policies on child health.[59] Tax and income-support policies can be implemented as part of element 2, and child-focused budgets can be developed. Child rights-based policies for urban planning are also needed.[60]

See **Online** for appendix

3) Promote social inclusion and non-discrimination

Element 3 of the global agenda is linked to SDGs 5, 10, and 16, and to UNCRC Articles 2, 14, 20, and 30. The rationale for the inclusion of this element is that personal, structural, and institutional racism and discrimination can be eliminated in all sectors and hierarchies of society.

In clinical care, inclusive practice environments can be created for marginalised children and staff can be trained in cultural and linguistic competency and trauma-informed care.[61] Community systems can be developed that fulfil the rights of children who are refugees or who are from minority groups. Initiatives can be implemented to reduce structural and institutional discrimination[10] and inclusive education can be supported. Global policies can be used to promote local child rights-respecting policies to help implement element 3. Rights-respecting built environments and

health and education systems need to be developed, and harmful practices against girls and women can be eliminated.[62]

4) Address the effects of social determinants of health

Element 4 of the global agenda is linked to SDGs 2, 4, and 11, and to UNCRC Articles 6, 24, 27, 28, and 29. The rationale for the inclusion of this element is that improvements in knowledge of social epidemiology and life course science support the integration of child rights-based approaches to health promotion, disease prevention, and health care to address the social and environmental determinants of child health.

Paediatric health professionals can do root-cause analyses to identify and address the underlying determinants of clinical conditions. A biopsychosocial and family history can be obtained in clinical settings to help identify the determinants of children's health and intergenerational influences.[23] Rating systems can be developed for early childhood education programmes in the community and access to quality early childhood development opportunities can be ensured as part of element 4 of the global agenda.[58] Exposures to environmental toxins can be mitigated and accountability systems can be created to promote child development. Policy changes can include the implementation of rights-based health and wellbeing surveys[63] and annual policy analyses.

5) Respond to the increasing complexity of physical and mental health conditions

Element 5 of the global agenda is linked to SDG 3 and to UNCRC Articles 23 and 24. The rationale for the inclusion of this element is that the increasing complexity of child health conditions will require new approaches to the physical and mental health care of children.

In terms of clinical care, patient centred medical–behavioural health homes need to be established[64] and access to paediatric palliative care can be improved. Adolescent-to-adulthood transition medical care can also be established as part of this element of the global agenda.[65] At the community level, paediatric health professionals can be trained to diagnose and manage common mental health conditions.[66] Community-based anti-violence, anti-bullying, and other similar campaigns can also be developed as part of the response to the increasing complexity of physical and mental health conditions. Policies are needed to ensure paediatric health professionals are trained to address root-cause health determinants and the holistic health needs of children with complex medical and mental health conditions. Anti-violence policies, including anti-trafficking strategies, can be integrated into health policies.[67]

For the **International Children's Palliative Care Network** see http://www.icpcn.org

6) Respect changing family and community structures

Element 6 of the global agenda is linked to SDGs 5, 11, and 16, and to UNCRC Articles 2, 7–10, 20, 21, 25, and 35. The rationale for the inclusion of this element is that the structure of families and communities will change because of changing societal and cultural norms, and because of the effect of globalisation, climate change, migration, violence, and other social determinants on families.

At the clinical level, access to reproductive health services can be provided to everyone. Professionals working in clinical care should know the signs of child trafficking and respond to these signs,[67] and should respect the spectrum of family structures.

In the community, cultural practices that harm children, such as early forced marriage and female genital mutilation, can be eliminated.[62] Ending discriminating practices such as the incarceration of young people and the separation of children from families can also be prioritised. Sexual and reproductive rights can be promoted, and paediatricians trained to address LGBTQIA+ and gender health issues. Policies can be put in place to ensure a legal identity is provided for all children, including children living as displaced people; to ensure the rights of LGBTQIA+ people to establish families; and to prioritise family reunification.[68]

7) Respond to the effects of globalisation and marketing on child health

Element 7 of the global agenda is linked to SDGs 6, 7, 8, 9, 10, 11, 12, and 13, and to UNCRC Articles 3, 6, 12, 13, 24, 26, and 30. The rationale for the inclusion of this element is that the disproportionate consumption of energy, prioritisation of transnational corporate interests, environmental injustice, and inequitable distribution of resources will have an increasing global effect on child health and wellbeing.

Paediatric health professionals and all stakeholders in children's health and wellbeing should abide by the International Code of Marketing of Breast Milk Substitutes and promote the healthy use of digital devices. Community systems can ensure that all children have equitable access to health care and other services, and ethical standards for physicians related to infant formula milk and pharmaceutical marketing should be implemented.[69] Policies can prohibit direct and digital marketing to children younger than 12 years, and all marketing of tobacco and alcohol products.[70] Unregulated child labour can also be prohibited and environmental justice policies can be promoted.

8) Frame all public and private sector policies as child health policies

Element 8 of the global agenda is linked to SDGs 3, 7, 8, 9, 11, 12, 14, 15, 16, and 17, and to UNCRC Articles 24, 26, and 27. The rationale for the inclusion of this element is that all public and private sector policies can be assessed for their effect on child health and wellbeing.

In clinical settings, paediatric health professionals can screen for the social determinants of health.

Specialty primary child health practices can be established that address the unique needs of marginalised children.[71] Community systems can provide children with a voice in the generation of policies and programmes that affect them.[72] Local children's human rights commissioners and ombudspersons can be put in place. Paediatric health professionals can be trained as advocates to influence public policy and should establish policy committees in paediatric health professional organisations.[73]

9) Create the opportunity for a life free of violence

Element 9 of the global agenda is linked to SDGs 10, 11, and 16, and to UNCRC Articles 6, 19, 32, 33, 34, and 35. The rationale for the inclusion of this element is that violence—be it war, sectarian, state-perpetrated, inner-city, familial, peer-based, self-inflicted, or resulting from exploitive labour practices—affects children throughout the world.

Paediatric health professionals can screen and respond to domestic and other forms of violence, including trafficking and bullying, and can put trauma-informed care into practice. Paediatricians can be trained to screen for and manage mental–behavioural health conditions caused by violence.[61] At a community level, systems can ensure that juveniles are not tried as adults in the justice system,[74] and that child soldiers and trafficked children are considered victims not perpetrators. Trauma-informed mental–behavioural health resources can be developed and rights-respecting safe zones can be established. Policies can be developed to end violence against children, end all forms of child labour,[53] advance the Global Initiative to End All Corporal Punishment of Children, and to regulate gun and arms industries.

10) Focus on the planetary effects of climate change on children's health

Element 10 of the global agenda is linked to SDGs 6, 7, 12, 13, 14, and 15, and to UNCRC Articles 6 and 24. The rationale for the inclusion of this element is that climate change will increasingly affect the health and wellbeing of all children.

At the clinical level, paediatric health professionals can fulfil the rights of children affected by migration and displacement due to climate change. These professionals can prevent and respond to nutritional deficiencies and other health effects of climate change.[48] At the community level, assessments can be done of the effects of climate change on health and equity,[6] and emergency and long-term response plans can be developed for children and families, displaced people, immigrants, and refugees. Policies can be put in place to promote social awareness of the devastating consequences of climate change on children, minimise the causes of climate change, and achieve universal and equitable access to safe and affordable water.[46]

Future challenges

A child rights-based approach to health and development, combined with the SDGs, establishes "an agenda that is at once bold and ambitious, inspirational yet practical, and most of all—reflective of the aspirations of people from every part of the world, of all ages, and from all walks of life".[53] As nations embrace the UNCRC and SDGs as the foundation and framework for child health and wellbeing and global development, paediatric health professionals and organisations need to respond similarly. Translating the global agenda and principles and norms of child rights, social justice, and health equity into practice will establish paediatric health professionals as essential global partners in fulfilling the rights of children to optimal health and development. What remains is the challenge of fully integrating these principles, standards, and norms into health professional training and practice, systems development, and the formulation of policies in the public and private sectors. This integration will help to move global health systems beyond biomedical approaches to child health and wellbeing to address the complexity of the civil-political, social, economic, cultural, and environmental determinants of health. The global agenda provides a framework and mechanism to support this evolution. To remain relevant, child health practice must be grounded in the intersection of health and rights, justice, and equity. This is the challenge and promise for the next anniversary celebration of the UNCRC.

Contributors

All authors did literature searches and contributed to the writing of the manuscript. All authors have seen and approved the final version of the manuscript, figures, and references for publication.

Declaration of interests

We declare no competing interests.

For the **Global Initiative to End All Corporal Punishment of Children** see https://endcorporalpunishment.org

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