

## **BACKGROUND DOCUMENT DECLARATION OF OTTAWA ON CHILD HEALTH**

While the general principles stated in the Declaration of Ottawa are necessary for optimal growth and development of a child, it is recognized that fulfilling such principles may be aspirational if resources are constrained. In such situations, meeting the principles detailed below, should be made a priority for governments, care providers, communities and parents.

### **Specific Principles**

Clean air, water and soil

- a. Children shall have access to clean water, and adequate sanitation, and
- b. Children shall have environments free of toxins or microbes known to cause disease or disability. In those locales known to have endemic infectious agents, all possible efforts will be made to protect children from exposure

Protection from injury, exploitation and discrimination

- a. Children should be protected from injury in their environments whether it be from falls, motorized vehicles, violence, war, or self-inflicted. See [World Medical Association Statement on Injury Control and the WMA Statement on Adolescent Suicide](#)
- b. Children should not be exploited for any reason, including economic, sexual, and military, or other purposes
- c. Children should not be subject to discrimination by healthcare personnel or in the allocation of services necessary for optimal health and development
- d. No female child will be subjected to genital mutilation See [WMA Statement on Female Genital Mutilation](#)
- e. Traditional practices which result in deteriorated health of the child are prohibited
- f. All appropriate measures will be taken to protect children from all forms of neglect or negligent treatment, physical and mental violence, coercion, maltreatment, injury or abuse, including sexual abuse, especially by family members. See [WMA Statement on Child Abuse & Neglect, WMA document 17.W](#))
- g. Children must never be commodified and must never be bought and sold.
- h. Provision should be made to protect, care for and educate orphaned children

Healthy families, homes and communities

- a. All children should be registered at birth
- b. Children are entitled to be raised in a home with at least one care giving adult
- c. No child shall be homeless;
- d. Children shall receive protection & counseling if a parent or family member has an absent or deficient parenting capacity due to an addiction or any other mental or behavioral problems.
- e. Children will have the opportunity to play safely at home and in their communities
- f. All parents will have access to parenting education and skills training

- g. Communities will place the welfare of their children ahead of financial or political gains

#### Best Possible Health at birth

- a. Women, especially those who are pregnant or lactating, should receive sufficient quality nutrition. This may require government support.
- b. All pregnant women shall have pre- and post-natal care and education, including education on and access to family planning and contraception.
- c. Medical care will be provided at the time of birth regardless of ability to pay
- d. Parents and caregivers should be provided with information on the risks of smoking and consuming alcohol during pregnancy and during the early stages of the children's lives.

#### Nutrition

- a. Interventions, information and guidance should be made available in order to educate women, caregivers and families about the benefits and practice of breast-feeding and the importance of balanced maternal and infant nutrition.
- b. Children, especially those under the age of 5 should have adequate nutrition, including adequate intake of calories, protein, micronutrients, and access to safe supplies of food.
- c. Children and their caregivers should receive education on nutrition and food preparation.
- d. The food industry should reduce salt, fat, transfat and sugar content of foods offered to children and provide accurate labeling of prepared or processed foods.

#### Early learning

- a. All children, regardless of the socioeconomic status of their family, shall have access to high quality, universally accessible, developmentally appropriate and stimulating and supporting care/learning environments in their communities.
- b. If parents, family or legal guardians are unable to provide such high quality care, it shall be readily available and affordable within their community.
- c. Regulations on childcare will include meeting appropriate standards for health and , child development, & the education, training & adequate reimbursement of workers.
- d. Evidence-based minimum standards for healthy development will be developed for all children under the age of 5 years.

#### Physical activity

- a. All children, including the physically or mentally challenged, will have the opportunity to play and be physically active;
- b. Communities and governments are encouraged to provide family and sports facilities free of charge for low income families.
- c. Parents, caregivers, families and communities should be educated and empowered through guidance on the importance of physical activity in the development of their children.

#### Education

- a. Universally accessible, high quality primary and secondary education shall be provided for all children regardless of ability to pay.
- b. All children- both boys and girls- have the right to attend education/school until 18 years of age and
- c. Education must include health and sexual education.

#### Health resources available to all

- a. Every child shall be provided with adequate medical assistance and health care, with emphasis on primary / basic health care, pertinent psychiatric care for those requiring it,
- b. Care appropriate to the needs of specially-abled children shall be available.

- c. Children who have obvious congenital abnormalities at birth or who have clinical symptoms of congenital diseases after birth shall receive appropriate health care and assistance, to the same extent as any other child.
- d. All children should be immunized against preventable diseases regardless of ability to pay
- e. Preventive measures against endemic diseases will be provided for all children
- f. Children must have access to specialty diagnostic and treatment services when needed, regardless of ability to pay;
- g. Children must be protected from unnecessary or inappropriate diagnostic or therapeutic procedures or research.
- h. Child and adolescent health services will be adequately funded and provided
- i. Parental and public understanding and knowledge of mental health will be improved

#### Drugs

- a. Children should have priority access to medically necessary drugs regardless of ability to pay
- b. Children should not be given counterfeit or adulterated drugs
- c.

#### Hospitalization

- a. Whenever possible a child admitted to hospital should be accommodated in an environment designed and equipped to suit her/his age and health status.
- b. Every effort should be made to allow a child admitted to hospital to be accompanied by her/his parents or parent substitutes
- c. Every child in hospital shall be allowed as much outside contact and visiting as possible consistent with good care, without restriction as to the age of the visitor,
- d. Where an infant has been admitted to hospital he/she will be given the opportunity to breast-feed,
- e. A child in hospital shall be afforded every opportunity and facility appropriate to her/his age for play, recreation and the continuation of education.

#### Rehabilitation

Children requiring rehabilitation whether from disease, addiction, injury, abuses, or other circumstances will have access to appropriate services

#### Freedom of choice

- a. A child patient and her/his parents or legal guardian will be actively informed about her/his health status and medical condition and will participate in decisions involving the child's health care.
- b. Whenever possible, a child patient & her/his parents or legal guardian should be able to choose /change the child's physician without any ill effects on treatment or care, just as a physician has the right, in non-emergent situations, to accept a given patient or not.
- c. Physicians caring for children must be free to make clinical and ethical judgments without any outside interference and to ask for second opinions of another physician at any stage of diagnosis, or treatment.

#### Dignity of the patient

- a. All child patients shall be treated at all times with tact and understanding and with respect for her/his dignity and privacy
- b. Children with potentially life-threatening conditions shall be provided with palliative care
- c. Every effort shall be made to ensure that a child patient has access to appropriate spiritual and moral comfort; children also have the right to refuse such ministrations.

### Information and Data Collection

- a. Information shall be provided in a manner appropriate to the culture and level of age and understanding of the recipient.
- b. Physicians and other health care workers will maintain the confidentiality of identifiable personal and medical information of child patients, just as for adults.
- c. The child patient mature enough to be unaccompanied at a consultation by her/his parents or legal guardian shall have privacy and may request and be given confidential services. Such a request should be respected, and information obtained during such a consultation or counseling session should not be disclosed to the parents or legal guardian except with the consent of the child. If the physician disagrees with the child's request on a religious or moral basis, the child must be referred to another physician for consultation, counseling or care. A mature child's confidentiality can be violated to report neglect or abuse or if there is an imminent risk of death or permanent serious disability.

### Consent

- a. In general, a competent child patient and her/his parents, legal guardians, or in some cases, extended family, are entitled to withhold consent for any procedure or therapy.
- b. Where a parent or legal guardian refuses to give consent for a recommended procedure or therapy, without which the child's health would be put into grave danger, and to which there is no generally acceptable alternative, the physician should obtain the relevant judicial or other legal authorization to perform such a procedure or therapy.
- c. A child patient and her/his parents or legal guardian are entitled to refuse to participate in research or in the teaching of medicine. Such refusal must never interfere with the patient-physician relationship or jeopardize the child's medical care.

### Research

- a. Research on children is essential for the development of scientifically-based medical and public health knowledge that will ensure the effective promotion of child health and the well being of children worldwide
- b. Children must be subject to the greater safeguards than are applicable to all research subjects in the Declaration of Helsinki
- c. A child shall not be involved in research that can be performed on laboratory models, animals, or adult persons
- d. The knowledge to be gained from research on children must form a necessary contribution to the health of children and must have a likelihood of yielding justifiable generalizable knowledge of vital importance for the understanding or amelioration of a disorder or condition.
- e. There must be no forced or undue influence, financial or otherwise on the child's decision or on the parent's/legal guardian's consent to participate in research
- f. Study protocols and study designs must be child specific and include the same safeguards as for adult subjects, and a justification for the necessity of the research on children. Preclinical safety and efficacy data are preconditions for undertaking a pediatric clinical trial.
- g. The interests of the child must always be represented on independent research ethics committees when research on children is being considered.

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