

## **OHCHR Study on children's right to health –**

### **Human Rights Council resolution 19/37**

#### **Information provided by Austria**

##### **Question 1**

In recent decades children's illnesses have moved away from acute to chronic diseases. In developed countries an increase can be observed in lifestyle-related diseases, particularly related to eating and exercise habits, which result in overweight and obese children on the one hand and in significant underweight children on the other. The increasing relevance of modern morbidity, which can be observed internationally and includes lifestyle-related diseases as well as psychosocial integration and regulation disorders, chronic illnesses and developmental disorders, also applies to Austria. A specific challenge is prematurity and the reduction of preterm birth rates.

##### **Question 2**

It should be noted that almost 100% of the Austrian population is eligible to benefits from the statutory health insurance scheme, whether they are insured themselves or eligible as an entitled relative of an insured person. The general social security legislation provides for the possibility that children and adolescents may benefit from the services of the statutory health insurance scheme as relatives of an insured person up to their completed 18th year of age to the same extent as the insured person (in addition, when specific conditions are met, this is also extendable to higher educational or vocational training, tertiary education, as well as the inability to work due to disabilities). The eligibility of children to be insured with a relative does not involve any additional costs (non-contributory co-insurance).

The introduction of demand-orientated minimum protection benefits (cf. the agreement between the federal government and the *Länder* according to Art. 15a Federal Constitutional Law (B-VG) (BGBl. I Nr. 96/2010), which included its recipients and their eligible relatives into the statutory health insurance by way of regulation according to §9 General Social Security Act (*Allgemeines Sozialversicherungsgesetz*) (cf. BGBl. II Nr. 262/2010), has enabled previously marginalized population groups to access health services guaranteed by the statutory health insurance.

The Austrian health care system, which is largely financed by the statutory health insurance, is characterized by a low-threshold access to health services. Medical support and necessary institutional care at public hospitals are comprehensively ensured through a wide variety of services in Austria. Further benefits of statutory health insurance include therapies (physio-, ergo-, logo-, and psychotherapy, diagnostic services of clinical psychology), which are considered on equal terms with medical care, remedies (medication), medical devices and utilities, dental care and dental prostheses, medical measures for rehabilitation, early detection measures, illness prevention measures, health promotion and health consolidation.

Furthermore, it should be mentioned that when services by the statutory health insurance are claimed, deductibles are, in many cases, endowed with exemption clauses for children.

For the sake of completeness, it should also be pointed out that due to the federal constitution of Austria there are certain links to appropriate and medically relevant services within the jurisdiction of the *Länder*, such as matters concerning allowances for persons with

disabilities, which are mostly relevant in the case of disability at birth, but also measures aimed at primarily social purposes.

Enclosed please find the „Agreement on Guaranteeing the Rights of Patients (so-called ‘Patients’ Charter)”. This is an agreement in accordance with Art. 15a B-VG (so-called “*Gliedstaatsvertrag*”) between the federal state and the *Länder*, in which the parties within their sphere of responsibility undertook to enacting and enforcing legislation to guarantee the patients’ rights, which are stated in this agreement. It contains a particular section on specific rules for children, which takes their particular needs into account. In this context we want to emphasize that Article 28 intends that bodies responsible for the administration of hospitals shall take organizational measures to guarantee that children of school age can receive education in accordance with educational legislation during longer stays in hospital as in-patients.

### **Question 3**

The “Child Health Strategy” (please find an English copy attached to the questionnaire) is based on the Child Health Dialogue initiated by the Minister of Health Alois Stöger in April 2010. The aim of the Child Health Dialogue was to develop a strategy for the sustainable improvement of the health of all children and adolescents in Austria involving experts from science, the practical field, politics and public administration.

The child’s right to health is referred to in three goals of the strategy:

- Goal 1: Raise awareness of the special needs of children and adolescents
- Goal 3: Lay the basis for a good start during pregnancy and birth
- Goal 14: Improve the child-friendliness of care in hospitals

### **Question 4**

Health education is specified in a decree („*Grundsatzertlass Gesundheitserziehung*“), that makes health promotion a basic concern for teachers of all subjects (especially biology, social studies in primary schools respectively, and physical education). The decree focuses not only on imparting knowledge about health issues, but addresses the whole concept of health promotion.

Example given, the curriculum of secondary school states:

„Physical, mental and social wellbeing should be promoted by raising the awareness for one’s own individual responsibility. The pupils are to be supported to develop a lifestyle with a sense of responsibility for oneself as well as for others and the environment. The physical education should promote competence for an exercise based lifestyle and an understanding for the need of complementary training in view of the future professional life. The education should deal with health issues like food literacy, sexuality, prevention of addictions and stress, with the intention to promote physical, mental and social wellbeing. Pupils should learn to behave safely in traffic and how to prevent accidents. They should learn to make safe use of technical household appliances, being aware of the risks. In regard of hazardous substances they should learn to apply them with responsibility and dispose of them correctly.“

Further trainings in health promotion are offered at the teacher training colleges.

Schools are provided professional support by school doctors, school psychologists and increasingly also by school social workers.

Moreover, there exist many private and public services for schools regarding health promotion, e.g. the *GIVE-Servicestelle für Gesundheitsbildung* (<http://www.give.or.at/>),

supported by the Ministry of Education, Arts, and Culture, the Ministry of Health and the Austrian Youth Red Cross.

### **Question 5**

In order to build solid foundations for the implementation of a system of “early childhood interventions”, which are likely to help reduce the differences in health outcomes between different socioeconomic groups within society, the Federal Ministry of Health has ordered a basic study, funded by the Federal Health Agency. It is intended to process international evidence and experience, to survey the existing conditions in Austria and to encourage networking among key actors.

### **Question 6**

The main barriers lay in the necessary reallocation of resources. The modern morbidity we are now confronted with needs to be tackled with efficient methods of prevention. Efficient prevention and early childhood interventions cost money within the next years but will help save money in the future. On top it is the health sector, that is expected to invest now, but the benefits will be seen by society at large as well as the costs will have to be paid by both the health sector and others. We need to raise the awareness of the shared responsibility for health across policy sectors (Health in All Policies).