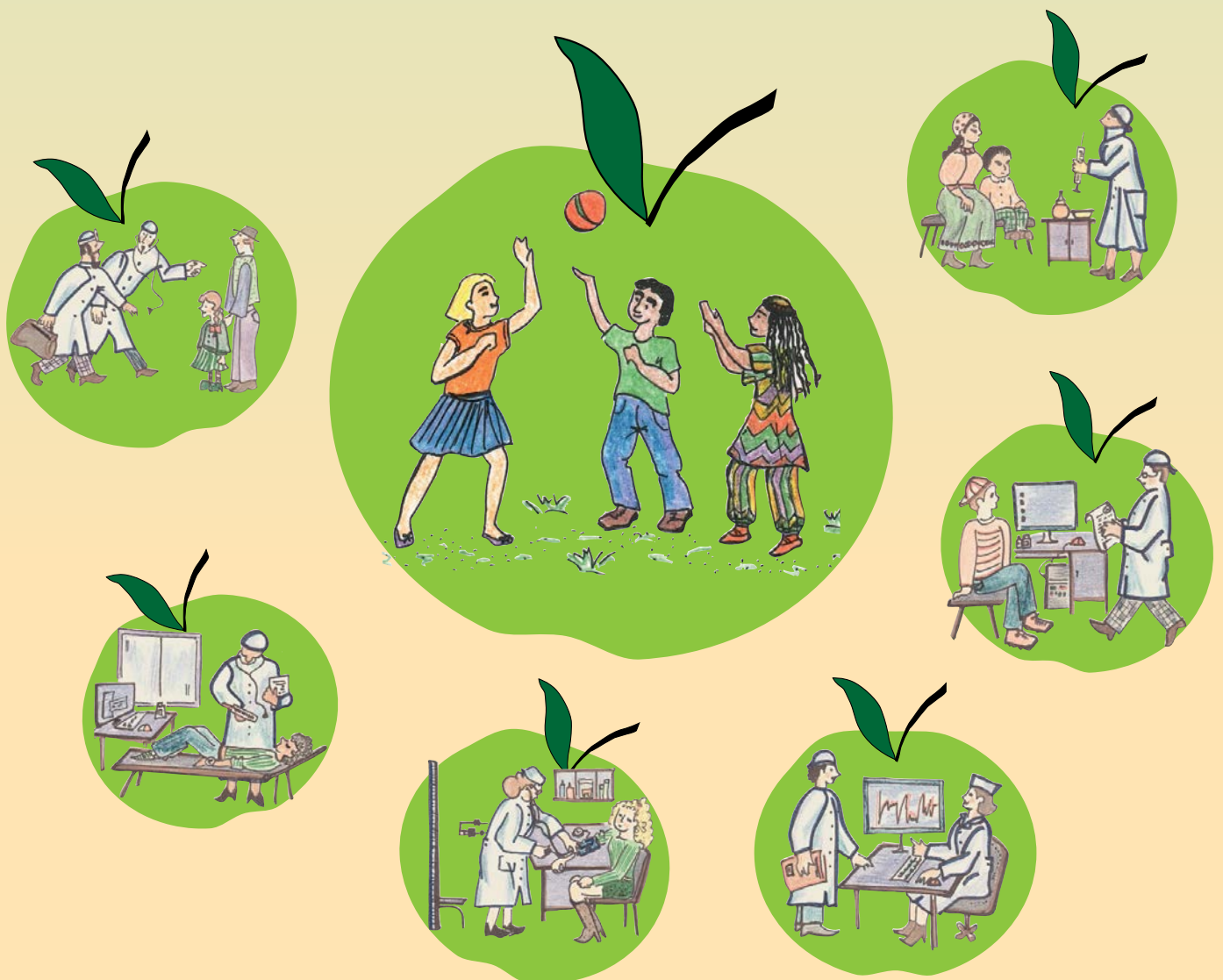


Children's rights in primary health care

Volume 5. Assessment and improvement Tool for Management



World Health
Organization

REGIONAL OFFICE FOR Europe

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ABSTRACT

This publication presents a Manual and Tools for the assessment and improvement of children's rights in primary health care (PHC) for five groups of stakeholders, namely PHC services' management, health professionals, parents and carers, children aged 6-11 and children and adolescents aged 12-18. The Manual contains a short methodological guide and the five tools, which may be used through focus group discussions or as a survey.

The series Children's rights in Primary Health care consists of 6 volumes:

- Volume 1. Manual and Tools for assessment and improvement
- Volume 2. Assessment and improvement Tool for Children aged 6-11
- Volume 3. Assessment and improvement Tool for Children and Adolescents aged 12-18
- Volume 4. Assessment and improvement Tool for Health Professionals
- Volume 5. Assessment and improvement Tool for Management
- Volume 6. Assessment and improvement Tool for Parents and Carers

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INTRODUCTION

In the 25 years since the adoption of the Convention on the Rights of the Child (CRC) (1), significant experience and knowledge has been generated in relation to the interpretation of article 24 on children's right to health and its respect, protection and fulfilment in children's various life settings. The importance of adopting a human-rights based approach to health is reinforced in the recently adopted WHO Strategy 'Investing in children: child and adolescent health strategy for Europe 2015 –2020', which states that "as human rights become better respected, they become more effective in helping governments to strengthen their health systems, deliver health care for all and improve health (2)." Within children's right to health, the CRC places a great emphasis on primary health care (PHC), which is to be the gateway to pregnant women, mothers, newborns and children throughout their life stages. This is reinforced by General Comment Nº15 on article 24, which declares that "States should prioritize universal access for children to primary health care services provided as close as possible to where children and their families live, particularly in community settings" (3).

Furthermore, the centrality of the role of PHC within health systems is recognised by WHO in a number of strategies and legal instruments, including the Declaration of Alma-Ata¹ (4) and the European policy for health and well-being - Health 2020 (5). PHC is the closest care to the population and most children will have contact with its services and professionals throughout their development, which makes it a privileged setting to invest in. At the same time, PHC services have a great responsibility to provide quality services to children, to give them a voice and to enable them to reach their full potential.

The development of the Manual and Tools for the assessment and improvement of children's rights in PHC is part of an ongoing process at international level that aims to translate children's rights as enshrined in the CRC into practical principles and actions that health care services can apply in daily practice. The Manual and Tools should serve as a means of assessment, identification of areas for improvement and of raising awareness on children's rights of health professionals and other stakeholders working for and with children in the health sector.

The Manual and Tools for PHC have been adapted from the *Children's Rights in Hospital: Manual and Tools for assessment and improvement*, published in 2012 (6). The aforementioned tools addressed five groups of stakeholders namely, hospital management, health professionals, children aged 6-11, children and adolescents aged 12-18 and parents and carers.

In 2012-2013, WHO Europe implemented successfully the tools in hospitals in Kyrgyzstan, Tajikistan and Moldova, in the framework of its work on improvement of hospital care for children (7, 8). This experience demonstrated both the importance and the need to address and assess the respect of children's rights in healthcare settings. Taking into account the growing recognition of the importance of children's rights in healthcare and the good acceptance of the Manual and Tools in the aforementioned countries, WHO Europe initiated a process to prepare a similar set of tools on assessing and improving the respect of children's rights in PHC.

For the preparation of the present Manual and Tools for the assessment and improvement of children's rights in PHC, working groups were established in Armenia, Norway, Portugal and the UK. Health professionals working at different levels of health care service provision gave their inputs regarding

¹ The Declaration of Alma-Ata defines Primary Health Care as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

the development and applicability of the standards and sub-standards, as well as, the suitability of the questions in their contexts. The development of the Manual and Tools was prepared in consultation with a team at the WHO European Office and Headquarters.

The contents of the Manual and Tools include:

- **Methodology section**, which provides general information about assessment processes and a proposed work methodology for the implementation of the tools in PHC settings;
- **Assessment and improvement tool for management.** Depending on the health system, this group of stakeholders may include managers of a health facility and senior health staff. If the PHC facility is organized under a regional structure, it may also include regional managers or equivalent.
- **Assessment and improvement tool for health professionals.** This group of stakeholders may include any professional working at a PHC facility, from medical to administrative and cleaning staff.
- **Assessment and improvement tool for children aged 6-11.** This tool does not follow the same structure of the remaining tools. It is adapted to young children and aims to assess their overall experience in PHC services. It is made-up of open-ended questions, which enable children to expand on their views and provide suggestions for improvements.
- **Assessment and improvement tool for children and adolescents aged 12-18.** This tool follows the same structure of the tools for management, health professionals and parents and carers. The tool includes a simple template for focus group discussions that can be adapted to groups made up of children or parents and carers;
- **Assessment and improvement tool for parents and carers.** This tool aims to gather the views of parents and other carers. As mentioned above, it also includes a template that can be used for a focus group discussion.

STANDARD 1: QUALITY SERVICES FOR CHILDREN

(Convention on the Rights of the Child, Articles 9, 24 and 31)

All services provided to children aim at delivering the best quality possible health care.

Sub-Standards

1.1. All PHC services are based on the best evidence available and staff are adequately trained.

1.1.1. PHC delivered to children is based on evidence-based national and/or international guidelines.

[Evidence: The PHC facility has adopted internal guidelines or policies based on evidence-based national and/or international standards on oral health, prevention and treatment of obesity, food and nutrition for children and adolescents, management of drinking-water, PHC facilities' management, among other. There are internal documents documenting this.]

Yes

Partly

No

Comments

1.1.2. There are written guidelines and protocols about the management of common conditions and job aides that are accessible to all health care staff.

[Evidence: The PHC facility uses WHO Guidelines on Integrated Management of Childhood Illness (IMCI) or other national or international evidence-based guidelines. There are internal documents documenting this.]

Job aides are accessible to all relevant health care staff, for example, forms to assess and register a child's condition. The forms are available in all consultation rooms.]

Yes

Partly

No

Comments

1.1.3. PHC staff attending children (including medical doctors and nurses) have received training in child and adolescent health care.

[Evidence: Human resources' records of the PHC facility show the number of doctors and nurses who have received training in child and adolescent health care.]

Yes

Partly

No

Comments

1.1.4. All health care staff participate in a programme of Continuing Professional Development and clinical updates.

[Evidence: Human resources' and training records of the PHC facility show that all health care staff have participated in a programme of Continuing Professional Development during their employment.

The PHC facility promotes in-house training for staff for clinical updates. This is recorded in human resources' documents or other.]

Yes

Partly

No

Comments

1.1.5. Health care staff have access to advice about ethical issues.

[Evidence: The PHC facility has in place an Ethics Consultation Service or similar. Internal documents of the health facility demonstrate that health care professionals use the service.]

Yes

Partly

No

Comments

1.1.6. PHC services are delivered by multidisciplinary teams that may include, among other, general practitioners, practice nurses, community nurses, psychologists, school nurses and social workers. When there are no such teams in place, health care staff have the possibility to access the necessary professionals.

[Evidence: Human resources' records demonstrate the number of staff, professional background and profile/role carried out in the PHC facility.]

Yes

Partly

No

Comments

1.2. All PHC services delivered are regularly monitored and evaluated.

1.2.1. Monitoring and evaluation activities are carried out within a programme cycle, whereby gaps and related actions for improvement are identified and planned out.

[Evidence: The PHC facility takes part in an accreditation scheme or engages in regular quality of care assessment, either external or internal. Internal reports have been produced in the last 12 months documenting the data collected and how it was used.]

Yes

Partly

No

Comments

1.2.2. PHC services collect and report disaggregated data, which is integrated in national monitoring and evaluation health platforms.

[Evidence: There is an information system in place for collecting data disaggregated by age, sex, disability, socioeconomic status (i.e. employment, education, living environment/community, "index for multiple deprivation", etc), illness or other. There are reports or other internal documents presenting the data collected in the last 12 months.]

Yes

Partly

No

Comments

1.2.3. PHC services follow national child health targets in alignment with national child and adolescent health strategies.

[Evidence: When national programmes or strategies on child and adolescent health are adopted, PHC facilities receive this information.]

PHC facilities integrate the national standards in the delivery of child and adolescent health care. There are reports or other internal documents demonstrating how this process takes place.]

Yes

Partly

No

Comments

1.2.4. PHC services have an easily accessible child-friendly satisfaction and/or complaints' mechanism whereby children's and parents' or carers' inputs contribute to assessment, improvement and decision-making processes.

[Evidence: There is a box or other simple mechanism available for children and parents to give their suggestions or make complaints. The PHC facility has produced a report or other internal document on the complaints that occurred in the last 12 months.]

The PHC facility carries out patient satisfaction surveys on a regular basis. The PHC facility has produced a report or other internal document on the satisfaction surveys carried out in the last 12 months.

There is a system of quality improvement in place so that the same complaints are not made repeatedly.]

Yes

Partly

No

Comments

1.3. PHC services have adopted a Charter on Children's Rights in PHC, in line with the United Nations Convention on the Rights of the Child.

1.3.1. PHC services have adopted a Charter on Children's Rights in PHC.

[Evidence: The PHC facility has adopted a Charter on Children's Rights, based on a national or international Charter. There is an internal policy in the PHC facility on the Charter adopted.]

Yes

Partly

No

Comments

1.3.2. The Poster of the Charter in a child-friendly version is displayed in all services and waiting areas.

[Evidence: A child-friendly version has been prepared and it is available in appropriate languages and formats.]

There are posters of the Charter in display in the walls of all services.

There are leaflets available in waiting rooms used by children and parents or carers.]

Yes

Partly

No

Comments

1.3.3. All PHC staff have received training about the Charter and children's rights in PHC.

[Evidence: Training content includes, among other, the national legal framework for children's rights, including health-related rights. Human resources' records show the time schedule and programme for the training/awareness raising session that has taken place.]

Yes

Partly

No

Comments

1.3.4. PHC services promote other activities to disseminate children's rights, such as celebration of a child rights day or activities for children on specific rights.

[Evidence: The PHC facility has produced reports or other internal documents about the activities carried out in the last 12 months.]

Yes

Partly

No

Comments

1.4. PHC services ensure continuity of care and articulation with key services and institutions working for and with children.

1.4.1. PHC and hospital care are articulated through specific protocols and referral mechanisms on key areas (i.e. risk pregnancies, children at risk, mental health, early intervention in childhood, etc).

[Evidence: There are PHC service internal guidelines, policies or other information on existing protocols with specialist services. There are reports or other internal documents presenting the number and type of referrals made in the last 12 months.

There are regular meetings between PHC staff and specialist services to review or assess the shared care. There are internal documents presenting the number and aim of the meetings, which took place in the last 12 months.]

Yes

Partly

No

Comments

1.4.2. PHC services work in close connection with community-based services and institutions (i.e. kindergartens, schools, social services, etc).

[Evidence: PHC staff carry out regular health checks in schools and kindergartens, home visit or health education activities for children and adolescents in the community. There are internal documents presenting the number and aim of the related activities, which took place in the last 12 months.]

Yes

Partly

No

Comments

1.5. Services for children are designed and delivered taking into account children's needs and characteristics.

1.5.1. PHC facilities provide adolescent-friendly health services.

[Evidence: There are PHC internal guidelines or policies based on the WHO standards on adolescent-friendly health services. The PHC facility provides different services targeted specifically at adolescents, i.e. physical and pubertal development, menstrual hygiene/problems, STIs and HIV, contraceptive pills and condoms, safe abortion and post-abortion care, etc.

The PHC facility produces or receives health information targeting adolescents from national institutions, which are delivered to adolescents in PHC consultations or in the community.

There is a number of PHC staff trained in the provision of health-care services to adolescents specifically. Human resources' records provide information on the number of professionals and type of training received.

Report containing information gathered from adolescents in the last 12 months shows that adolescents feel treated with respect, that their right to privacy and confidentiality is respected and that they are aware of existing services available to them.]

Yes

Partly

No

Comments

1.5.2. PHC facilities provide specific services to address ongoing and emerging child and adolescent health problems (i.e. obesity and malnutrition, mental health, substance abuse, etc).

[*Evidence:* There are specific consultations carried out in selected week days to deliver care addressing emerging child and adolescent health problems that have been identified at local, regional or national levels. There are internal documents showing the schedule for these appointments. There are reports or other internal documents showing the programmes implemented in the last 12 months.]

Yes

Partly

No

Comments

1.5.3. PHC services follow a national immunisation programme and calendar.

[*Evidence:* The PHC facility has an immunisation calendar, in line with the national programme.

The PHC facility keeps record of all undertaken immunisations. There is a report or other internal document presenting the immunisations carried out in the last 12 months.

Every child registered in the PHC facility has a personal health and/or vaccination booklet where information is written for parents about next vaccination days and what vaccines have been administered to their child.]

Yes

Partly

No

Comments

1.5.4. Children are allowed to have a parent or carer accompany them at all times, including whilst undergoing any procedures.

[Evidence: There is a PHC service internal guideline or policy on parents' right to accompany their child at all times during their visits in the PHC facility, including during treatment.

There are internal reports or other information gathered from children and parents or carers on their satisfaction about the fulfilment of this right.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 1: Quality Services for Children

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 2: EQUALITY AND NON-DISCRIMINATION

(Convention on the Rights of the Child, Articles 2 and 16)

All children should be able to access health care and undergo any type of care and treatment without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Sub Standards

2.1. PHC services fulfil the rights of access of all children without discrimination of any kind.

2.1.1. PHC facilities are available in sufficient quantity and quality.

[Evidence: There is information available from PHC services or other local/regional entities on the number of children in a given municipality or region, in relation to health professionals and PHC facilities available.]

Yes

Partly

No

Comments

2.1.2. PHC facilities are within reach of all children, including children living in isolated areas.

[Evidence: Where the PHC facility's catchment area includes under-served or isolated areas, there are specific services ensuring at least basic health services for children. Reports or other internal documents have been produced in the last 12 months, documenting needs assessment and/or actions taken to serve isolated areas.]

Yes

Partly

No

Comments

2.1.3. PHC is free for all children.

[Evidence: Where national legislation guarantees free PHC for children, the PHC facility respects and fulfils this right. This is included in internal guidelines or policies. There are reports or other internal documents containing information gathered from children and parents or carers in the last 12 months showing that

no child, parent or carer has paid for child care-related appointments, treatment or drugs, including out-of-pocket payments.]

Yes

Partly

No

Comments

2.1.4. PHC services identify and eliminate barriers to children’s access to PHC, including financial, institutional, knowledge, gender-based¹ and cultural barriers.

[*Evidence:* There is information available from PHC services or other local/regional entities on existing barriers. Reports or other internal documents have been produced in the last 12 months, documenting needs assessment and/or actions taken to eliminate existing barriers.]

Yes

Partly

No

Comments

2.2. PHC services deliver a patient-centred care, which recognises not only the child’s individuality and diverse circumstances and needs, but also those of his or her parents or carers.

2.2.1. PHC staff receive guidance on how to assess the principle of the best interest of the child in health.

[*Evidence:* There are PHC internal guidelines or policies on how to apply the principle of the best interest of the child in health, based on national or international guidelines. All health care staff have received this information.]

Yes

Partly

No

Comments

¹ «Gender» is used to describe those characteristics of women and men which are socially constructed, while sex refers to those which are biologically determined (WHO). Gender-specific strategies acknowledge the differences in norms and roles for women and men (boys and girls) and any associated control over resources. These strategies accommodate women’s and men’s (boys and girls) different roles, norms and responsibilities and their specific needs within a programme or policy. Such interventions make it easier for women and men to fulfill duties ascribed to them based on their gender roles (Level 4 on WHO Gender Responsive Assessment Scale).

2.2.2. PHC staff are trained to try to understand and respect culture-specific parenting beliefs and expectations.

[Evidence: Issues such as discrimination in health, culture and parental beliefs and expectations and how to deal with them in health practice are part of the medical curricula. In addition, the PHC facility may have promoted in-house training, which has included such issues. This is recorded in human resources' documents or other.]

Yes

Partly

No

Comments

2.2.3. PHC services guarantee culturally competent and trained staff and/or volunteers at all times.

[Evidence: Where there are minorities, migrant or other communities in a significant number, the staff of the PHC facility includes professionals who have been trained in cultural competency. Alternatively, the PHC facility has access to volunteers from external organisations.]

Yes

Partly

No

Comments

2.2.4. PHC services guarantee competent translation staff and/or volunteers.

[Evidence: Where there are minorities, migrant or other communities in a significant number, the staff of the PHC facility includes professionals who are able to translate into the needed languages. Alternatively, the PHC facility accesses volunteer translators from external organisations or other services.]

Yes

Partly

No

Comments

2.3. PHC services ensure the respect of children’s privacy at all times.

2.3.1. Children have the right to be examined by a health professional of the same sex, upon request, where possible.

[Evidence: There are PHC service internal guidelines or policies for protecting the privacy and confidentiality of children and adolescents. The policy includes the right to be examined by a health professional of the same sex, upon request, where possible. If there are no guidelines or policies, staff are still encouraged to fulfil this request. Report containing information gathered from children, adolescents or parents in the last 12 months, shows that this right has been respected.]

Yes

Partly

No

Comments

2.3.2. Children are always informed in private areas.

[Evidence: There are conditions in place for children to be informed in private areas (i.e. information-sharing takes place in appointments’ rooms, where other patients do not have access; doctors are not interrupted whilst informing children, among other).

There are reports or other internal documents containing information gathered from children and parents or carers in the last 12 months on their satisfaction about the respect of children’s privacy.]

Yes

Partly

No

Comments

2.3.3. Children are always examined in private areas.

[Evidence: There are conditions in place for children to be examined in private areas (i.e. examinations take place in appointments’ rooms, where other patients do not have access; doctors are not interrupted whilst examining children, among other).

There are reports or other internal documents containing information gathered from children and parents or carers in the last 12 months on their satisfaction about the respect of children’s privacy.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 2: Equality and non-discrimination

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 3: PARENTING

(Convention on the Rights of the Child, Articles 5, 18 and 24)

PHC services support the realization of the mother's right to health and healthy pregnancy and the role of parents, as a key determinant of children's health, nutrition and development.

Sub Standards

3.1. PHC services provide ante-natal and post-natal care for mothers and newborn babies and child care, which complies with a concept of continuity of care for children, starting with pregnancy, through a life course approach.

3.1.1. PHC facilities provide family planning, ante-natal and post-natal care for mothers.

[Evidence: The PHC facility has adopted internal guidelines or policies based on evidence-based national and/or international standards for family planning, ante-natal and post-natal care for mothers. Related services are provided at the PHC facility.

Selected patient cards from new mothers show that they have received family planning and or ante-natal and post-natal care.]

Yes

Partly

No

Comments

3.1.2. PHC services provide home visits to newborns and mothers, which may include, among other, psycho-social and breastfeeding support and promotion.

[Evidence: There are reports or other internal documents providing evidence on the home visiting programmes in the last 12 months.

Selected patient cards from new mothers show that they have received home visits.]

Yes

Partly

No

Comments

3.1.3. PHC services have systems to routinely assess and support mothers experiencing ante-natal and post-natal mental health problems.

[Evidence: There are PHC internal guidelines or policies for the identification of mental health problems, assessment of risk and management of an existing disorder in mothers. There are reports or other internal documents about the services provided in the last 12 months.]

Yes

Partly

No

Comments

3.1.4. PHC services support exclusive breastfeeding for infants up to 6 months, through awareness raising, counselling and support services, home visits or other programmes.

[Evidence: The PHC facility has adopted WHO guidelines on breastfeeding support or other national or international guidelines. There are reports on awareness raising campaigns carried out in the last 12 months.

There are posters in waiting areas aiming at raising awareness of breastfeeding.

There are specific services supporting breastfeeding (i.e. counselling for mothers experiencing difficulties).]

Yes

Partly

No

Comments

3.1.5. Do PHC services engage in marketing or promotion of breast-milk substitutes or other related products in the facility?

[Evidence: There are PHC internal guidelines or policies based on the WHO International Code of Marketing of Breast-milk Substitutes. The PHC facility undertakes specific measures to ensure the protection and promotion of breastfeeding and the proper use of breast-milk substitutes.]

Yes

Partly

No

Comments

3.1.6. PHC services support and promote adequate nutrition, growth and development monitoring in early childhood.

[Evidence: There are PHC internal guidelines or policies based on the WHO child growth standards and the identification of severe acute malnutrition in infants and children or other evidence-based national or international guidelines.

Children's health booklets provide practical information for parents on nutrition, growth and development. Alternatively, parents receive information during appointments or home visits. There are reports or other internal documents on nutrition, growth and development monitoring in early childhood carried out in the last 12 months.

Selected child patient cards show that they have received assessments and consultations.]

Yes

Partly

No

Comments

3.1.7. PHC services provide check-ups for older children at PHC facilities.

[Evidence: There are PHC internal guidelines or policies for the regular check-up of children and adolescents up to 18.

Children's health booklets provide practical information for parents on nutrition, growth and development. Progressively, children are also given information about their own health, development and sexuality. There are reports or other internal documents on the number of children up to 18 that visited PHC facilities for check-ups in the last 12 months.]

Yes

Partly

No

Comments

3.2. PHC services support the role of parents.

3.2.1. PHC facilities offer a range of resources and services to support parents.

[Evidence: PHC facilities offer a range of resources and services to support parents, such as print materials, online information and support chats, telephone hotlines or school health services. There are reports or other internal documents presenting data on the use of services and parents' satisfaction carried out in the last 12 months.]

Yes

Partly

No

Comments

3.2.2. PHC facilities offer courses, educational sessions or individual guidance to parents and carers during pregnancy, early childhood and other stages of childhood, including adolescence.

[Evidence: Human resources' records show the time schedule and programme for the training/awareness raising sessions that have taken place. There are reports or other internal documents presenting data on the number of parents that attended courses or received individual guidance in the last 12 months.]

Yes

Partly

No

Comments

3.2.3. Activities for parents are culturally relevant and inclusive and programme contents are adequate to the needs of families from different socio-economic backgrounds and/or target parents with children with special needs.

[Evidence: The PHC facility ensures that activities for parents are delivered in such a way that parents from every socio-economic background attend and are able to understand the information given.

Reports or other internal documents on the activities for parents delivered in the last 12 months show that parents or carers from different socioeconomic backgrounds attend the courses and are satisfied with programme contents and the way they are delivered.]

Yes

Partly

No

Comments

3.2.4. Activities for parents offer a balance of information, skills, support and resources and facilitate health-seeking behaviour by parents and children.

[Evidence: Check programme content of courses offered in the last 12 months.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 3: Parenting

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 4: INFORMATION AND PARTICIPATION

(Convention on the Rights of the Child, Article 12)

All children receive health-related information and information about their health problem, in ways that are understandable to them, can express their views and participate in decision-making about their care and treatment, in a manner consistent with their evolving capacities.

Sub Standards

4.1. PHC services fulfil children's right to information and participation.

4.1.1. Information is easily available for children in different formats and appropriate languages about what PHC-related services are available to them and how to access them.

[Evidence: There are health information-related materials available in appropriate languages and specific for boys and girls. Health information-related materials such as posters and leaflets are displayed and available in print in waiting areas. Undertake site observation.]

Yes

Partly

No

Comments

4.1.2. Information about PHC-related services in different formats and appropriate languages are produced and distributed by the PHC service/local authority in other child life settings.

[Evidence: There are health information-related materials available in appropriate languages and specific for boys and girls. The available health information-related materials such as leaflets are distributed in schools, children's homes, sports facilities, community services or other settings.]

Yes

Partly

No

Comments

4.1.3. Health information materials are designed in collaboration with children and parents or carers.

[Evidence: Where the PHC facility prepares its own health information materials, it consults children and parents to assess what type of information is needed and how it should be communicated and distributed.]

Yes

Partly

No

Comments

4.1.4. PHC services provide confidential counselling and advice to children of different age groups.

[Evidence: PHC service internal guidelines or policies provide that children of all ages have the right to receive confidential counselling and advice without their parents. There are no barriers to children's access to confidential counselling and advice.

Report containing information gathered from adolescents in the last 12 months shows that adolescents are aware of their right to confidential counselling and advice and that they use the services.]

Yes

Partly

No

Comments

4.1.5. PHC services are delivered in a way that enables children to make informed choices in relation to their lifestyle.

[Evidence: Children's appointments in PHC are used as a moment to inform/teach children about healthy eating habits, the importance of sports, awareness of risky health behaviours, etc.

Doctors or nurses distribute health information materials to children during their regular check-ups.]

Yes

Partly

No

Comments

4.1.6. The PHC facility has a policy on children’s right to informed consent to treatment and procedures.

[Evidence: There are PHC internal guidelines or a policy on children’s right to informed consent to treatment and procedures, based on national legislation. This includes both children’s right to assent² and consent.

The PHC facility has a list of procedures for which written informed consent from parents or children is required. Both the existing policy and updated list of procedures have been distributed to PHC staff.]

Yes

Partly

No

Comments

4.2. Staff in PHC services have the skills to engage in dialogue and information-sharing with children of all ages and maturity.

4.2.1. PHC staff have received training about how to communicate with children, in accordance to their evolving capacities³.

[Evidence: Communication with children is part of the medical curricula. In addition, the PHC facility may have promoted in-house training, which has included such issues. This is recorded in human resources’ documents or other.]

Yes

Partly

No

Comments

4.3. PHC services engage with children and parents or carers for the development and improvement of health care services.

4.3.1. Children and parents or carers are consulted at least once a year on what services are needed, how and where they are best provided, quality and attitudes of health professionals, and other issues related to the improvement of health care services.

² Assent is the agreement expressed by a child who does not yet have the right to consent.

³ “The concept of evolving capacities is central to the balance embodied in the Convention between recognising children as active agents in their own lives, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights, while also being entitled to protection in accordance with their relative immaturity and youth. (...) It establishes that as children acquire enhanced competencies, there is a reduced need for direction and a greater capacity to take responsibility for decisions affecting their lives.” (Lansdown G (2005) *The evolving capacities of the child*. UNICEF Innocenti Research Centre).

[Evidence: There are reports or other internal documents presenting the results of consultations carried out in the last 12 months.]

There are existing partnerships with parent and/or youth organisations or schools.]

Yes

Partly

No

Comments

4.3.2. Children and parents or carers receive clear feedback on how their participation was used and/or influenced any outcomes.

[Evidence: When children and parents or carers are consulted for the improvement of services, they receive information about how their opinion was used and/or how services have been improved. Provide evidence of this.]

Yes

Partly

No

Comments

4.3.3. Children's and parents' or carers' participation influences decision-making in relation to the improvement of health care services.

[Evidence: There is information from the consultations showing that the opinions of children and parents or carers were integrated in regular PHC service monitoring and evaluation processes.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 4: Information and Participation

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 5: SAFETY AND ENVIRONMENT

(Convention on the Rights of the Child, Article 3)

All services for children are provided in a safe environment designed, furnished and equipped to meet their needs.

Sub Standards

5.1. The infrastructure of the PHC facility is designed, furnished and equipped to meet children's health, safety and mobility needs.

5.1.1. Children with mobility restrictions are able to access the areas of the building, which they need.

[Evidence: PHC facilities have ramps, lifts to all areas of the building or other enabling conditions. Undertake site observation.]

Yes

Partly

No

Comments

5.1.2. In terms of equipment and materials, the PHC service uses products that follow safety norms.

[Evidence: There are PHC internal guidelines or policies in relation to equipment and materials, including beds for children and other furniture, toys, etc.]

Yes

Partly

No

Comments

5.1.3. The PHC facility has functioning and clean rest rooms.

[Evidence: There are rest rooms in the PHC facility, which are functioning and clean.

There are PHC cleaning services and responsible staff. Undertake site observation.]

Yes

Partly

No

Comments

5.1.4. The PHC facility has uninterrupted electricity.

[Evidence: The PHC facility has uninterrupted supply of electricity. Where there are problems, there is a functioning generator with fuel. Undertake site observation.]

Yes

Partly

No

Comments

5.1.5. The PHC facility has a functioning heating system.

[Evidence: The PHC facility has a functioning heating equipment. Undertake site observation.]

Yes

Partly

No

Comments

5.1.6. The PHC facility has sources of drinking water.

[Evidence: The PHC facility has drinking water sources. Undertake site observation.]

Yes

Partly

No

Comments

5.1.7. There is a system for regular maintenance of all utilities and equipment (medical and non-medical).

[Evidence: The PHC facility undertakes planning, management and implementation of the maintenance of medical equipment. There are reports or other internal documents on the maintenance procedures carried out in the last 12 months.]

Yes

Partly

No

Comments

5.1.8. There are effective systems for the safe disposal of all clinical and non-clinical waste.

[Evidence: The PHC facility undertakes planning, management and implementation for the safe disposal of all clinical and non-clinical waste. There is information available on the disposal procedures.]

Yes

Partly

No

Comments

5.2. Spaces for children are designed and delivered taking into account children's needs and characteristics.

5.2.1. The waiting areas are child-friendly, comfortable and welcoming.

[Evidence: There are suitable chairs for younger children. Waiting areas are decorated in a welcoming way. Information gathered from children in the last 12 months shows their satisfaction in relation to waiting areas.]

Yes

Partly

No

Comments

5.2.2. There are play areas for younger children in waiting areas.

[Evidence: There is a dedicated space in the waiting area with toys and other materials where children can play. Undertake site observation.]

Yes

Partly

No

Comments

5.2.3. Spaces where children's appointments take place are child-friendly and adequate to meet children's needs and characteristics.

[Evidence: In the rooms where consultations take place, there are toys or other materials available, to distract children during treatments. Walls are decorated in a friendly way. Undertake site observation.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 5: Safety and Environment

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 6: PROTECTION

(Convention on the Rights of the Child, Articles 6, 19 and 39)

Children are protected from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Sub Standards

6.1. The PHC service has in place a system that ensures the protection of children against all forms of violence.

6.1.1. PHC services have a clear system of prevention, protection, treatment and referral of children who have been a victim of any kind of abuse.

[Evidence: There are PHC internal guidelines or policies for the prevention, protection, treatment and referral of children who have been a victim of any kind of abuse, based on the WHO guidelines or other evidence-based guidelines.]

Yes

Partly

No

Comments

6.1.2. PHC services have systems to ensure that all staff in contact with children (employed or voluntary) do not present a threat to children.

[Evidence: Upon recruitment, all employees and volunteers submit their criminal records.]

Yes

Partly

No

Comments

6.1.3. There are clear referral mechanisms with hospitals, social services, the police, child courts and other authorities, which are activated by health professionals.

[Evidence: There are PHC service internal guidelines, policies or other information on existing protocols with specialist services. There are reports or other internal documents presenting the number and type of referrals made in the last 12 months.]

Yes

Partly

No

Comments

6.1.4. There is a team or designated professional within the PHC service responsible for child protection-related issues.

[Evidence: Existing team or staff. PHC service policy.]

Yes

Partly

No

Comments

6.1.5. The PHC service has a system to record and report cases of suspected child abuse to child protection authorities, according to national legislation.

[Evidence: There are PHC internal guidelines or policies or other information on the existing system. There are reports or other data on the care provided to children who have been a victim of abuse or unintentional injury in the last 12 months.]

Yes

Partly

No

Comments

6.1.6. PHC services promote prevention of child maltreatment and abuse.

[Evidence: The PHC facility has programmes in place to prevent child maltreatment and abuse (i.e. multidisciplinary approaches to reach out to children at risk, awareness raising, home visits to young parents or other programmes at community level). There are reports or other internal documents on the programmes carried out in the last 12 months.]

Yes

Partly

No

Comments

6.1.7. Regular assessment of services is undertaken to ensure their effectiveness in protecting children.

[Evidence: There are reports or other internal monitoring and evaluation documents produced in the last 12 months.]

Yes

Partly

No

Comments

6.2. PHC services ensure that all appropriate staff have the adequate skills to identify, protect, treat and refer children who have been a victim of any kind of abuse or unintentional injury.

6.2.1. All health professionals in contact with children receive induction and regular update training on how to identify and examine children who may have been abused.

[Evidence: Prevention and treatment of child maltreatment are part of the medical curricula. In addition, the PHC facility may have promoted in-house training, which has included such issues. This is recorded in human resources' documents or other.]

Yes

Partly

No

Comments

6.2.2. All health professionals receive up-to-date information about the existing protocols and referral mechanisms available.

[Evidence: Information on existing protocols and referral mechanisms available have been distributed to staff.]

Yes

Partly

No

Comments

6.3. PHC services provide prevention against and treatment for mental ill-health.

6.3.1. PHC services comply with national and international standards for the prevention against and treatment for mental ill-health.

[Evidence: There are PHC internal guidelines or policies on the prevention against and treatment of mental ill-health in children, based on national or international standards. Prevention and treatment of mental ill-health are part of the medical curricula. In addition, the PHC facility may have promoted in-house training, which has included such issues. This is recorded in human resources' documents or other.]

Yes

Partly

No

Comments

6.3.2. PHC services provide early detection and treatment of children's psychosocial, emotional and mental health problems.

[Evidence: Where appropriate, PHC services work in liaison with schools and social sector institutions for the early detection of mental ill-health in children.

PHC staff detect symptoms of mental ill health, assess children at risk and provide treatment. There are reports or other internal documents on mental health-related services provided in the last 12 months.]

Yes

Partly

No

Comments

6.3.3. PHC services liaison with secondary care in the prevention of relapse and community care of long-term mental health problems.

[Evidence: There are PHC service internal guidelines, policies or other information on existing protocols with secondary care and community services. There are reports or other internal documents presenting the number and type of referrals or other actions made in the last 12 months.

There are regular meetings between PHC staff and secondary care and/or community services to review or assess the shared care.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 6: Protection

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 7: CHRONIC ILLNESS AND OTHER LONG-TERM HEALTH CARE NEEDS

(Convention on the Rights of the Child, Article 23)

All children have the right to individualized, gender-specific, culturally and age appropriate management of chronic illness and other long-term health care needs.

Sub Standards

7.1. PHC services ensure the management of child chronic illness and other long-term health care needs.

7.1.1. PHC includes services for children with chronic illness or other long-term health care needs.

[Evidence: There are specific services or teams responsible for children with chronic illness or other long-term health care needs.]

Yes

Partly

No

Comments

7.1.2. PHC services articulate the care for children with chronic illness or other long-term health care needs with speciality care, kindergartens, schools and/or home care programmes.

[Evidence: There is a system in place for coordinated care of children with chronic disease or other long-term health care needs. There are PHC service internal guidelines, policies or other information on existing protocols with specialist services. There are reports or other internal documents presenting the number and type of referrals made in the last 12 months.]

There are regular meetings between PHC staff and specialist services to review or assess the shared care. There are internal documents presenting the number and aim of the meetings, which took place in the last 12 months.]

Yes

Partly

No

Comments

7.1.3. Children with chronic illness or other long-term health care needs are supported in the management of their own illness.

[Evidence: Report containing information gathered from children in the last 12 months shows that they are involved in and understand their own treatment plan and that a good relationship is established with the medical staff.]

Yes

Partly

No

Comments

7.1.4. Children receive written care plans in which they can participate when they have a long-term condition whether it is physical or mental health. This is revised appropriately.

[Evidence: Children's health booklet. See selected written care plans.]

Yes

Partly

No

Comments

7.1.5. Children are assessed in terms of their readiness for transition and provided with a personalised transition care plan.

[Evidence: Children's health booklet. See selected written transition care plan.]

Yes

Partly

No

Comments

7.1.6. The transition care plan is done in liaison with hospitals.

[Evidence: Children's health booklet. See selected written transition care plan.]

Yes

Partly

No

Comments

7.1.7. PHC services provide support for parents and carers with children with chronic illnesses or other long-term health care needs.

[Evidence: There are available resources to supports parents and carers with children with chronic illnesses or other long-term health care needs. Report containing information gathered from parents in the last 12 months shows that they are satisfied with the services provided and feel supported in the care for their children.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 7: Chronic illness and other long-term health care needs

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 8: PAIN MANAGEMENT AND PALLIATIVE CARE

(Convention on the Rights of the Child, Article 24)

All children have the right to individualized, gender-specific, culturally and age appropriate prevention and management of pain and palliative care.

Sub Standards

8.1. PHC services' policy and practice ensure the prevention and management of pain.

8.1.1. The PHC service has protocols and procedures in place for the prevention and management of pain.

[Evidence: There is a PHC service pain management protocol, based on national or international evidence-based standards.]

Yes

Partly

No

Comments

8.1.2. Health professionals receive continuous training in pain management.

[Evidence: Human resources' and training records of the PHC facility show that all health care staff have received continuous training in pain management.]

Yes

Partly

No

Comments

8.1.3. The PHC service promotes regular audits to assess pain management services (i.e. whether the pain score has been registered and the treatment provided accordingly).

[Evidence: There are reports or other internal documents on the internal or external audit carried out in the last 12 months.]

Yes

Partly

No

Comments

8.2. PHC services' policy and practice ensure that palliative care is provided to all children who face life-threatening illness.

8.2.1. Palliative care is provided in PHC facilities or in the child's home or other relevant care setting, such as a children's hospice.

[Evidence: There is a PHC internal guideline or policy on palliative care, based on national or international evidence-based standards. There are reports or other internal documents showing the services provided in the last 12 months. See selected patient cards.]

Yes

Partly

No

Comments

8.2.2. Palliative care begins when the illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the illness.

[Evidence: See PHC service internal guidelines or policies. See selected patient cards.]

Yes

Partly

No

Comments

8.2.3. Palliative care includes psychological support to the child's family, namely parents or carers and siblings.

[Evidence: See PHC service internal guidelines or policies. See selected patient cards.]

Yes

Partly

No

Comments

8.2.4. PHC services have partnerships in place with hospital and home care services to ensure an adequate management of palliative care for children in need.

[Evidence: There are PHC service internal guidelines, policies or other information on existing protocols with specialist or other services. There are reports or other internal documents presenting the number and type of referrals made in the last 12 months.]

Yes

Partly

No

Comments

Please use this space to record any ideas or evidence

Standard 8: Pain management and Palliative care

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

Standard 1: Quality Services for Children: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
1.1.				
1.2.				
1.3.				
1.4.				
1.5.				

Standard 2: Equality and non-discrimination: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
2.1.				
2.2.				
2.3.				

Standard 3: Parenting: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
3.1.				

3.2.				
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Standard 4: Information and Participation: *Action Plan*

	Action	Responsible	Timeframe	Expected result
General remarks				
4.1.				
4.2.				
4.3.				

Standard 5: Safety and environment: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
5.1.				
5.2.				

Standard 6: Protection: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
6.1.				

6.2.				
6.3.				

Standard 7: Chronic illness and other long-term health care needs:
Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
7.1.				

Standard 8: Pain management and palliative care: *Action Plan*

	Action	Responsible	Timeframe	Expected result
General remarks				
8.1.				
8.2.				

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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