

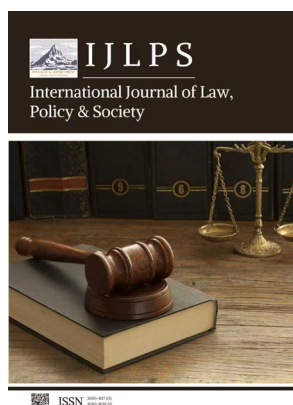
Article **Open Access**

International Legal Perspectives on Ensuring Equitable Access to Pediatric Health Care: Protecting the Fundamental Rights of the Child

Zixuan Song ^{1,*}

¹ University of Bologna, Bologna, Italy

* Correspondence: Zixuan Song, University of Bologna, Bologna, Italy



Received: 16 August 2025

Revised: 22 August 2025

Accepted: 15 September 2025

Published: 11 October 2025



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Abstract: This paper discusses the important issues of ensuring equitable access to pediatric health care and protecting the fundamental rights of children from the perspective of international law. Through the detailed analysis of the core international legal instruments, such as the Convention on the Rights of the Child, this paper expounds the solid foundation of children's right to health in international law, and clarifies its important position as a basic human right. The study reveals significant inequities in children's access to pediatric health care worldwide and the need to strictly implement international legal obligations to develop and implement comprehensive and targeted policies to improve the situation, promote rational allocation of resources. Only in this way can we effectively protect the basic rights of children, promote the process of global equity in pediatric health care, and lay a solid foundation for the healthy growth of children.

Keywords: pediatric health care; children's rights; international law; equity; right to health

1. Children's Right to Health and the Legal Cornerstone of Equitable Access to Health Care

1.1. Definition of Core Concepts

Before discussing the international legal issues of children's Fair Access to pediatric health care, it is necessary to clarify the connotation and boundary of the three core concepts, to lay the foundation for subsequent legal analysis.

First and foremost, children. In accordance with Article 1 of the 1989 Convention on the rights of the child (hereinafter referred to as the convention), "A child is any person under the age of 18 years, unless the law applicable to that person stipulates that majority is under 18 years", a definition that has become a global consensus and defines the scope of services to be provided for pediatric health care, at the same time, the flexibility of the concept is maintained by taking into account the special provisions on the age of majority in some national laws.

The second is the right to health of children, which is not a single "Physical health" right, but a comprehensive right covering physical, psychological, and social adaptation. After the World Health Organization (WHO) has extended the definition of health to children, the right to health of children includes not only the right to prevent diseases and treat diseases, but also the right to prevent and treat diseases, this concept breaks through the limitation of traditional "Medical treatment", and makes health protection run through the whole cycle of children's growth.

Finally, there is equitable access to pediatric health care, with "Non-discriminatory access" and "Guaranteed accessibility" at its core. "Fair" is not "Average", rather, it emphasizes the removal of barriers to access based on the actual needs of the child -- both geographical barriers (such as access to telemedicine or mobile health services for children in remote areas) and financial barriers (such as the avoidance of medical expenses owing to family poverty), it also includes those with disabilities (such as refugee children, children with disabilities, and children from ethnic minorities who are not excluded from the health care system).

1.2. The Framework of Children's Fundamental Rights in International Law

At present, the international community has formed a framework of children's basic rights with the Convention on the Rights of the Child as the core, supplemented by a number of international conventions and declarations, which provide a clear legal basis for equitable access to pediatric medical care.

The Convention on the Rights of the Child is the most universal and binding international legal instrument. As of 2024, it has been ratified by 196 countries. Its provisions directly or indirectly relate to children's right to health care. Article 24 specifically provides that "The child has the right to the enjoyment of the highest attainable standard of health and to medical and rehabilitation facilities; States Parties shall endeavor to ensure that no child is denied access to such health services", identifying at the same time specific measures to be taken by the state party, such as reducing infant and child mortality, providing necessary medical assistance and health care and combating disease and malnutrition, it sets minimum standards for how countries should structure their pediatric health systems. In addition, the principle of the best interests of the child (Article 3) and the principle of non-discrimination (Article 2) in the Convention, and it is the core principle that runs through the protection of children's right to health: when allocating pediatric medical resources and formulating medical policies, children's interests must be the primary consideration, and shall not be based on children's race, color, gender, language, religion, nationality, social origin, property status and other factors distinctions.

2. Challenges and Obstacles in the Implementation of the International Legal Framework

Although the international community has established itself with the Convention on the rights of the child at its core, the International Legal Framework for pediatric health care, including the Constitution of the World Health Organization and the Convention on the elimination of All Forms of discrimination against women, defines the fundamental right of the child to equitable access to health care, however, in the actual landing process, it is faced with challenges and obstacles from multiple dimensions such as law, political economy, social culture and so on. These problems are intertwined, which seriously restrict the full realization of children's medical and health care rights.

2.1. Legal Challenges

Legal challenges are fundamental obstacles to the implementation of the international legal framework, mainly reflected in the ambiguity and fragmentation of legal rules and the weakness of enforcement mechanisms. As a result, it is difficult to translate the legal right to health care into actual rights and interests.

First, some international legal rules on the definition of children's right to health care are vague, and there is a lack of operational implementation standards. Taking as an example the convention on the rights of the child, Article 24 of which provides that "States Parties shall recognize the right of the child to the enjoyment of the highest attainable standard of health and to medical and rehabilitation facilities", however, for the specific definition of "The highest attainable standard", such as the allocation ratio of pediatric

medical resources, the coverage of medical services, the diagnosis and treatment guarantee standards of special diseases (such as rare diseases and chronic diseases), etc., there are no clear and detailed rules. This ambiguity makes different countries often interpret the implementation rules according to their own economic development level and policy preferences, resulting in significant differences in the level of child health care protection in different countries.

Secondly, the rules related to children's health care in the international legal system are fragmented and lack effective coordination mechanisms. In addition to the special convention for the protection of the rights of the child, the public health standards established by the World Health Organization, the provisions on intellectual property rights of medicines in international trade agreements, and the general clauses on the right to health in human rights conventions could have an impact on children's access to health care. However, there are differences in the formulation subject, goal orientation, and implementation mechanism of these rules, and even conflicts may arise.

2.2. Economic Barriers

From an economic perspective, the imbalance of global economic development and the prevalence of poverty are the core factors that restrict children's equitable access to health care. First, the economic gap between developed and developing countries has led directly to a serious imbalance in children's health care resources. Second, poverty is a direct cause of children's lack of equitable access to health care. In many developing countries, especially in sub-Saharan Africa and South Asia, a large number of families are in absolute poverty and cannot afford to pay for their children's medical care, including consultations, medicines, and hospitalizations.

2.3. Social and Cultural Dilemmas

Deviations in social attitudes and the influence of cultural traditions are often overlooked but crucial obstacles to the implementation of the international legal framework; these factors indirectly impede the realization of children's right to health care by influencing the attitudes and behaviors of families, communities, and society towards children's health care.

Sexist attitudes persist in many societies and result in girls facing more inequities than boys in access to health care. According to the World Health Organization, globally, girls' vaccination rates are 5% to 8% lower than those of boys, and girls die about 10% more from preventable diseases than boys [1]. This kind of gender discrimination not only violates the provisions on the equality of men and women in the Convention on the Elimination of All Forms of Discrimination against Women, but also contradicts the "Principle of non-discrimination" in the Convention on the Rights of the Child; the right to health and the right to life of the girl child are seriously compromised.

Secondly, the cognitive bias and traditional concept of children's diseases lead many families to delay the treatment of children, or even refuse to receive modern medical services. In some remote areas and communities with strong traditional cultures, modern medicine is rejected because of misconceptions about the causes of childhood diseases. This cognitive bias towards childhood illness makes it difficult to implement the "Comprehensiveness" of healthcare for children (both physical and mental) required in international legal frameworks, and to ensure that healthcare for children is comprehensive, affecting the full realization of children's right to health.

3. Strategies and Paths to Promote Fair Access: From International Law to National Action

The realization of children's right to health not only depends on the principled framework of international law, but also needs to be translated into concrete actions through

multi-level and systematic strategies. Constructing a three-dimensional path of "International guidance-national implementation-group focus-technology empowerment" is the key to bridging the gap in pediatric medical resources and ensuring children's fair access to medical care.

3.1. Strengthening Supervision and Cooperation at the International and Regional Levels

The effectiveness of international law comes from the combination of "Soft law guidance" and "Hard law supervision", while the core pain point of the protection of children's right to health lies in the fragmentation of the supervision mechanism and the lack of cooperation and execution. To promote equitable access to pediatric health care, international and regional collaboration needs to be strengthened in several ways:

3.1.1. Building a Unified System for Monitoring and Evaluating International Law

With article 24 of the Convention on the rights of the child (right to health) as the core, promote the joint formulation of the United Nations Children's Fund (UNICEF) and the world health organization (WHO) "Convention on the assessment of equitable access to pediatric health care", identify quantifiable monitoring indicators, including "Geographic coverage of pediatric care available to children under 5 years of age", "Coefficient of difference in allocation of pediatric medical resources between urban and rural areas", "Proportion of out-of-pocket medical expenses for children from poor families", etc., the abstract "Right to fairness" can be transformed into specific standards that can be monitored and assessed. At the same time, the establishment of "Children's right to health compliance report compulsory review system", clearly requires states parties every three years to submit a special report on "Pediatric Medical Equity", this will replace the current practice of "Selective reporting" and "Vague expression" in the relevant reports of some countries, which does not meet the requirements of transparency. Following the submission of the Special Report, a joint review mechanism should be established by UNICEF and the World Health Organization (WHO) to examine jointly the authenticity and completeness of the report and the effectiveness of the implementation measures. Through this system design, it will further strengthen the binding force of the relevant legal norms of the international children's right to health, and ensure that the state party's performance can be monitored, evaluated, and held accountable.

3.1.2. Promote Cross-Border Linkage of Pediatric Health Resources

In view of the global pediatric medical challenges, such as the prevention and control of infectious diseases and the treatment of rare diseases, it is necessary to break down national barriers and establish a "Transnational collaborative response mechanism". For example, for children with rare diseases, it could promote the establishment of a "Global pediatric rare disease case bank" and a "Transnational drug clinical trials alliance" to accelerate the development and dissemination of rare disease drugs, to avoid the small size of the country, resulting in fewer cases of the "Drug difficult" problem.

3.2. Core Recommendations to Promote Domestic Legislative and Policy Reforms

The implementation of international law ultimately depends on the system design at the national level, and the lack of legislation and the deviation of policy implementation are the main reasons for the lack of fairness in child health care in many countries. Combined with the practical experience of other countries, it is necessary to promote the reform at the domestic level from the dimensions of "Legislative guarantee" and "Resource allocation", and transform the right to health of children into specific legal rights and policy dividends [2].

3.2.1. Improve the Special Legislation on Children's Health Care

At present, most countries' medical legislation is centered on adults, and the particularity of children has not been fully reflected. It is necessary to clarify the "Priority" and "Equity principle" of children's medical care through special legislation. For example, a children's health care act could clarify the following core elements: first, a "Mandatory safeguard clause" obliging the state to integrate pediatric health services into the basic United States Public Health Service System, ensure that all children (regardless of household registration or family income) have access to free basic pediatric care (such as vaccinations and treatment for common diseases), local governments are required to set mandatory targets for the number of pediatric beds per 1,000 children and pediatricians per 1,000 children in their health plans, it is prohibited to place too much emphasis on adult medical care and too little on pediatric medical care in urban and rural planning.

3.2.2. Optimize the Allocation of Pediatric Medical Resources

The imbalance of resource allocation is the direct cause of the inequity of children's medical care, which should be solved by "Total supplement" and "Structural Adjustment". In the aspect of "Total supplement", we can implement the "Pediatric medical resources expansion plan", for example, give financial subsidies to medical colleges and universities to open pediatric specialty, and increase the proportion of pediatric specialty enrollment; To solve the problem of "Shortage of pediatricians", the requirements of scientific research should be relaxed and the clinical ability should be emphasized. In terms of "Structural adjustment", we need to focus on solving the "Urban-rural gap" and "Regional Gap": first, to promote the "Sinking of urban high-quality pediatric resources", third-level hospitals in cities and county-level hospitals are required to establish a "Pediatric Medical Alliance" to improve the capacity of pediatric services at the grass-roots level through expert subsidence and remote guidance The second is the implementation of the "Pediatric medical support plan for underdeveloped areas", under which the central government provides special subsidies to township hospitals in rural and remote mountainous areas in the central and western regions, to solve the problem of "Rural children having difficulty seeing a doctor" [3].

3.3. Targeted Interventions for Vulnerable Groups

Poor children, disabled children, and other groups face higher barriers to medical accessibility due to identity, economy, health status, and other reasons. It is necessary to adopt strong intervention mechanisms to ensure that their right to health is not ignored.

3.3.1. Poor Children: The Implementation of "Medical-Nutrition-Education" Linkage Intervention

The health problem of poor children is not only "Difficult to see a doctor", but also closely related to factors such as insufficient nutrition and lack of health knowledge. First, the establishment of a "Medical file for poor children", with community health service centers setting up exclusive health files for poor children within their jurisdiction, and regular free medical examinations (once every six months), the second is to carry out a "Health education program for poor families", with an advocacy group made up of pediatricians and community workers, explain the knowledge of prevention of common diseases and rational feeding to the parents of poor families regularly to reduce the delay of illness caused by "Cognitive deficiency" [4].

3.3.2. Children with Disabilities: Building a "Whole Life Cycle Pediatric Medical Support System"

The medical needs of children with disabilities are long-term and complex, which should be guaranteed by the whole process of "Early screening-intervention-rehabilitation nursing". The first is to strengthen the "Early screening of children with disabilities" and

expand newborn disease screening (such as hearing screening and congenital hypothyroidism screening) to all children, the government will provide free early intervention services (such as hearing aid adaptation for hearing-impaired children and rehabilitation training for children with cerebral palsy) and establish a "Specialist Medical Alliance for children with disabilities", to integrate the resources of pediatric hospitals, rehabilitation hospitals and Special education, and provide integrated services of "Medical treatment, rehabilitation and education" for children with disabilities; and to improve the "Medical security policy for children with disabilities", the cost of rehabilitation for children with disabilities (such as rehabilitation training and assistive devices) will be fully covered by medical insurance reimbursement, and a "Medical care subsidy for children with disabilities" will be established to reduce the financial burden of long-term care for families.

4. Conclusion

Children's health is the cornerstone of social development, and ensuring equitable access to pediatric health care is of incalculable value as it respects and upholds the fundamental rights of children. From an international legal perspective, a series of international legal instruments, such as the Convention on the Rights of the Child, have constructed a comprehensive and detailed framework for the protection of Rights, explicitly including children's right to health. States have an obligation to safeguard children's health and a solid legal basis for equitable access to pediatric health care. The goal of equitable access to pediatric health care will be progressively achieved with the effective implementation of states' international legal obligations, the deepening of international cooperation, and the development of new technologies, to let children's right to health be fully and effectively protected in the world, and create a healthier and better future for children.

References

1. G. Guerrero, "Neonatal and pediatric healthcare worldwide: A report from UNICEF," *Clinica chimica acta*, vol. 451, pp. 4-8, 2015. doi: 10.1016/j.cca.2015.03.004.
2. B. U. Mueller, D. R. Neuspiel, E. R. S. Fisher, C. H. C. Council on Quality Improvement and Patient Safety, W. Franklin, T. Adirim, and B. Hsu, "Principles of pediatric patient safety: reducing harm due to medical care," *Pediatrics*, vol. 143, no. 2, p. e20183649, 2019.
3. R. J. Fortuna, D. Y. Ting, D. C. Kaelber, and S. R. Simon, "Characteristics of medicine-pediatrics practices: results from the national ambulatory medical care survey," *Academic Medicine*, vol. 84, no. 3, pp. 396-401, 2009. doi: 10.1097/acm.0b013e3181970bb9.
4. S. A. Lorch, S. Myers, and B. Carr, "The regionalization of pediatric health care," *Pediatrics*, vol. 126, no. 6, pp. 1182-1190, 2010. doi: 10.1542/peds.2010-1119.

Disclaimer/Publisher's Note: The views, opinions, and data expressed in all publications are solely those of the individual author(s) and contributor(s) and do not necessarily reflect the views of PAP and/or the editor(s). PAP and/or the editor(s) disclaim any responsibility for any injury to individuals or damage to property arising from the ideas, methods, instructions, or products mentioned in the content.