

Original Article

Children's Hearing Health as a Component of the Right to Health in International Law: A Normative Analysis of States' Obligations from an Evolutive Perspective

Mohammad Mehdi Seyednasseri^{1*}, Fatemeh Abedin²

1. Department of Law, Faculty of Humanities, Islamic Azad University, Dubai, UAE.

2. Medical Group, School of Medicine, Iran University of Medical Sciences, Tehran, Iran.

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*Corresponding Author:

Mohammad Mehdi Seyednasseri

E-mail:

sm.snasari@gmail.com

ABSTRACT

Children's hearing health constitutes an important dimension of the right to health and is closely connected to the effective enjoyment of the rights to development, education, participation, equality, and human dignity. Although international human rights instruments do not expressly recognize an autonomous "right to hearing," the recognized importance of prevention, early detection, intervention, rehabilitation, and accessibility raises the question of whether children's hearing health may be understood as a substantive component of the existing right to health. This study examines the legal basis and normative implications of understanding children's hearing health within the framework of existing international human rights obligations, rather than as the creation of a new autonomous right. Using a doctrinal and normative approach, the study systematically examines the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities, together with relevant General Comments of United Nations treaty bodies, World Health Organization reports and technical standards, and relevant literature in international health and human rights law. The analysis indicates that, although international human rights law does not establish a distinct autonomous right to hearing, existing legal norms provide a substantial basis for treating children's hearing health as a substantive dimension of the right to health. Within this framework, States' obligations may, depending on the circumstances and available resources, encompass appropriate measures concerning prevention, newborn hearing screening, early diagnosis and intervention, treatment, rehabilitation, accessibility, assistive technologies, and equitable access to quality ear and hearing care. These obligations are further informed by the principles of non-discrimination, the best interests of the child, survival and development, participation, and the rights of children with disabilities. WHO standards and scientific evidence are relevant to specifying the practical dimensions of these existing obligations, although they do not independently create international human rights obligations. The study concludes that recognizing children's hearing health as a component of the right to health does not require the creation of a new autonomous human right. Rather, it represents an evolutive and systematic interpretation of existing State obligations in light of contemporary medical knowledge, child-rights standards, and international health guidance. This approach contributes to clarifying the substantive content of the right to health and provides a coherent framework for assessing State responsibilities concerning prevention, early intervention, rehabilitation, accessibility, equality, and non-discrimination in relation to children's hearing health.

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Introduction

Hearing health is an important component of children's overall health and well-being. Hearing loss during childhood may affect language and communication development, educational participation, social interaction, and children's effective participation in family and community life. Its consequences may therefore extend beyond the clinical domain and affect the enjoyment of a range of interrelated rights, including the rights to health, education, development, participation, and equality. Despite this significance, international human rights instruments do not expressly establish an autonomous "right to hearing" or a separate treaty-based right specifically devoted to children's hearing health. The Convention on the Rights of the Child (CRC), however, recognizes the right of every child to the enjoyment of the highest attainable standard of health and requires States to take appropriate measures for the prevention, treatment, and rehabilitation of illness and disability. These provisions should be interpreted together with the Convention's broader principles, including non-discrimination, the best interests of the child, the right to development, and the right of the child to be heard.

The right to health under international law is not limited to access to medical treatment after illness has occurred. Its normative content encompasses measures directed at prevention, early identification, treatment, rehabilitation, accessibility, and the availability and quality of health services. From this perspective, children's hearing health may fall within the existing normative framework of the right to health where hearing-related conditions affect children's physical, mental, communicative, educational, or social well-being.

This framework is further reinforced by the Convention on the Rights of Persons with Disabilities (CRPD), particularly where hearing loss constitutes or results in a disability and where barriers to communication, information, education, health services, or participation arise. The CRPD requires States to address discrimination and accessibility barriers and to take appropriate measures to enable persons with

disabilities to enjoy their rights on an equal basis with others. At the technical and policy level, the World Health Organization (WHO) has identified prevention, timely identification, hearing assessment, appropriate intervention, rehabilitation, assistive technologies, and integrated people-centred ear and hearing care as important components of effective hearing-health systems. These standards are relevant to the interpretation and implementation of existing health-related obligations, although WHO recommendations do not independently create treaty obligations.

Accordingly, the central question of this article is not whether international law has created a new and autonomous "right to hearing" for children. Rather, it is whether, and to what extent, existing international human rights norms require States to protect children's hearing health as part of their broader obligations concerning the right to health, non-discrimination, development, participation, and the rights of persons with disabilities. This article adopts a doctrinal and normative approach. It examines the CRC, the International Covenant on Economic, Social and Cultural Rights (ICESCR), the CRPD, relevant General Comments of United Nations treaty bodies, WHO standards and reports, and selected scholarship in health and human rights law.

The analysis focuses on the normative relationship between existing human rights obligations and specific measures relevant to children's hearing health, including prevention, screening, early diagnosis, intervention, treatment, rehabilitation, accessibility, and equitable access to assistive technologies. The article argues that the protection of children's hearing health can be grounded in existing international human rights law without recognizing a separate autonomous treaty right to hearing. Such an approach represents a systematic and evolutive interpretation of existing obligations and helps clarify how States should implement the right to health and related rights in the particular context of childhood hearing health.

1. The Place of Children's Hearing Health within the Framework of Fundamental Rights

One of the significant developments in contemporary international law has been the shift from a compartmentalized understanding of human rights towards a systemic and interconnected conception of fundamental rights. From this perspective, human rights are not regarded as a collection of separate and self-contained entitlements, each capable of being realized independently of the others (1). Rather, they constitute an interrelated framework of rights and freedoms in which the realization or violation of one right may affect the extent to which other rights can be enjoyed. This approach, reflected in the principles of universality, indivisibility, and interdependence of human rights and reaffirmed in international instruments and declarations, particularly the Vienna Declaration and Programme of Action (1993), provides an appropriate starting point for examining the place of children's hearing health within the international human rights system.

Accordingly, whenever a particular dimension of human health has a significant bearing on the enjoyment of other fundamental rights, its protection cannot be regarded merely as a medical or biological concern. Rather, it may engage the human rights obligations of States. Children's hearing health represents an important example of this interrelationship. During the early years of life, hearing plays a significant role in language acquisition, communication, interaction with the surrounding environment, and the development of social and cognitive capacities. Evidence from neuroscience, developmental psychology, and medicine indicates that early childhood is a critical period for the development of neural pathways associated with language processing and social communication, and that significant auditory deprivation during this period may adversely affect speech and language development, learning, social interaction, and psychosocial well-being (2).

Hearing impairment, therefore, cannot be reduced solely to diminished auditory capacity. It may have broader implications for a child's development and for the effective enjoyment of a range of fundamental rights. This characteristic

gives hearing health significance beyond the clinical sphere and places it within the broader context of health and human rights protection.

Within international law, the right to health has likewise evolved beyond a narrowly treatment-oriented understanding towards a comprehensive and multidimensional conception. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognizes the right of every person to the enjoyment of the highest attainable standard of physical and mental health. The substantive scope of this right becomes clearer in light of General Comment No. 14 of the Committee on Economic, Social and Cultural Rights. The Committee does not conceive of the right to health merely as a right to medical treatment; rather, it encompasses a range of facilities, goods, services, and underlying determinants necessary for individuals to enjoy the highest attainable standard of health. Accordingly, States' obligations extend beyond the provision of treatment for existing conditions and include preventive measures, early detection, rehabilitation, health education, equal access to healthcare, and measures addressing barriers to health services (3).

This conceptual development provides an important legal basis for examining children's hearing health within the right to health. It demonstrates that measures directed towards preventing hearing loss, detecting hearing conditions at an early stage, providing appropriate interventions and rehabilitation, and ensuring equitable access to hearing-related health services may fall within the substantive scope of existing health-related obligations, rather than constituting merely discretionary public-health measures.

This conclusion assumes particular significance when the status of children within the international human rights system is taken into account. Under international law, children are not merely objects of protection; they are holders of human rights and, owing to their particular developmental circumstances and vulnerabilities, are entitled to specific protection (4). The Convention on the Rights of the Child (CRC), through its recognition of such foundational principles as the best interests of the child, the

right to survival and development, non-discrimination, and respect for the views of the child, establishes a framework within which State policies and measures affecting children must be interpreted and implemented with due regard to their holistic development.

Within this framework, hearing health is not simply one component of physical health; it may also be relevant to a child's linguistic, cognitive, emotional, and social development. Consequently, deficiencies in the prevention, detection, or appropriate management of hearing impairment may affect the implementation of other obligations owed by States to children.

The relationship between hearing health and the right to development is among the clearest manifestations of this interdependence. Article 6 of the Convention on the Rights of the Child requires States to ensure, to the maximum extent possible, the survival and development of the child. The interpretive practice of the Committee on the Rights of the Child has not confined the concept of "development" to physical growth; rather, it encompasses multiple dimensions of the child's development, including physical, mental, emotional, cognitive, social, and cultural development. Such an understanding is consistent with scientific evidence indicating that important aspects of children's linguistic and cognitive development during the early years of life are associated with access to adequate auditory and communicative environments.

From this perspective, hearing health may constitute an important condition for the effective realization of the right to development (5). Accordingly, failure to provide appropriate measures for the timely identification of hearing impairment, or failure to ensure access to appropriate services where such measures are required and reasonably available, may raise questions concerning the State's compliance with its broader obligations relating to the child's development. The precise content and scope of such obligations, however, must be assessed in light of the applicable legal framework, the circumstances of the child, and the State's available resources and capacity.

The relationship between hearing health and the right to education is likewise of considerable legal importance. Within the human rights framework, education is not limited to a child's formal access to schooling; it requires effective and non-discriminatory access to learning opportunities. The realization of this right depends upon various factors, including the ability to communicate, receive instruction, interact with teachers, and participate meaningfully in the educational environment. Children whose hearing impairments are not identified and appropriately addressed in a timely manner, or who lack access to necessary assistive technologies and rehabilitation services, may face substantial barriers to equal educational opportunities in practice (6).

Effective realization of the right to education, therefore, cannot in all circumstances be secured through formal access to schooling alone. Where hearing-related barriers exist, appropriate support and reasonable measures may be necessary to ensure that children can participate effectively in education and benefit from it on an equal basis (7).

Hearing also bears a direct relationship to the child's right to participation. One of the significant developments associated with the Convention on the Rights of the Child has been the recognition of children as rights-holders whose views should be respected in matters affecting them. Article 12 of the Convention recognizes the right of the child to express views freely in all matters affecting the child, with those views being given due weight in accordance with the child's age and maturity. Other provisions of the Convention further protect children's freedoms of expression, thought, association, and related forms of participation.

The effective exercise of these rights presupposes meaningful opportunities for communication and interaction. When a child with hearing impairment encounters communication barriers and the State fails to take appropriate measures to address barriers within its sphere of responsibility, the consequences may extend beyond the medical domain and affect the child's practical ability to participate in family, educational, and social life

(8). Hearing health may therefore have a structural relationship with the effective enjoyment of participation rights and with the conditions necessary for their realization.

Ultimately, these interrelated rights acquire further normative significance in light of the principle of human dignity, which constitutes a foundational premise of the international human rights system. Human dignity requires that every child, without discrimination and irrespective of physical or socioeconomic circumstances, have meaningful opportunities to develop their abilities, communicate, learn, and participate in society. Where preventable or treatable hearing impairment, in circumstances attributable to inadequate policies, lack of appropriate screening or diagnostic services, insufficient specialized care, or inequalities in access to healthcare, substantially restricts these opportunities, the implications may extend beyond the child's physical health and raise concerns relating to dignity and substantive equality (9).

From this perspective, protecting children's hearing health is not merely a matter of clinical intervention. It may also constitute an aspect of respecting the child's dignity and implementing the principle of non-discrimination in the enjoyment of fundamental rights (10).

Taken together, these considerations demonstrate that children's hearing health can be situated within the existing framework of the right to health without positing a separate autonomous treaty right. The legal significance of this approach lies in applying established obligations concerning prevention, accessibility, non-discrimination, early intervention, rehabilitation, and participation to the specific context of hearing health.

This formulation also permits the development of concrete indicators for assessing the implementation of relevant State obligations, including access to newborn hearing screening where appropriate, timely diagnosis and intervention, availability of rehabilitation and assistive technologies, affordability of relevant services, and disparities in access. The resulting framework therefore shifts the inquiry from whether international law contains a formally

named "right to hearing" towards the more legally consequential question of whether States are complying with their existing obligations to ensure children's highest attainable standard of health and their effective and non-discriminatory participation in society.

2. Children's Hearing Health in Light of the Right to Health: From a Medical Concept to a Human Rights Concept

One of the fundamental characteristics of the international human rights system is that not all rights and interests of human-rights significance are necessarily articulated as separate and explicit entitlements in international instruments. Many concepts that have acquired an established place in contemporary human rights discourse have developed through systematic, purposive, and evolutive interpretation of existing legal norms rather than through their express recognition in treaty texts. Accordingly, the absence of the expression "right to hearing" from international instruments does not, in itself, preclude the possibility of grounding hearing-related protections in existing human rights obligations (11).

The central question is therefore whether the international legal framework, relying on existing norms, requires States to adopt measures that, taken together, provide legal protection for children's hearing health. Answering this question requires consideration of the fundamental principles of children's rights, the right to health, the rights of persons with disabilities, the practice of treaty-monitoring bodies, and relevant technical and health standards.

The first and most important basis for such an analysis is found in the Convention on the Rights of the Child (CRC) (12). The significance of the Convention lies not merely in the number of protective provisions it contains, but also in its comprehensive and child-centred approach, which situates individual rights within a coherent normative framework. Within this framework, health, development, education, participation, social protection, and non-discrimination are closely interconnected. Accordingly, the interpretation and implementation of these rights should take account of their relationship with one

another and with the object and purpose of the Convention.

In this context, the best interests of the child, which occupies a central position in Article 3 of the Convention, provides an important starting point for analysis. This principle is not merely an ethical aspiration or a general policy consideration; it constitutes a legal standard applicable to decisions and measures concerning children (13). The Committee on the Rights of the Child, in General Comment No. 14, emphasizes that the best interests of the child must be a primary consideration in all actions concerning children. Where medical evidence indicates that delayed identification and management of hearing impairment may adversely affect a child's linguistic, cognitive, educational, and social development, the best-interests principle is relevant to the design and implementation of measures addressing childhood hearing health.

The same reasoning is relevant to the interpretation of Article 6 of the Convention, which requires States to ensure the survival and development of the child. In contemporary international human rights law, development cannot be understood solely in terms of physical growth. The Committee on the Rights of the Child, including in its General Comment No. 7, has emphasized the holistic nature of early childhood development. This understanding demonstrates that States' obligations concern not only the preservation of children's lives but also the creation of conditions conducive to their development and well-being.

From this perspective, hearing health may constitute an important condition for a child's holistic development. A child with hearing loss who does not receive timely identification and appropriate intervention may face significant barriers to language development, learning, communication, and social interaction. Such consequences are therefore relevant to the interpretation and implementation of Article 6 (14).

Within the same framework, Article 24 of the Convention significantly broadens the scope of States' obligations. It recognizes the child's right to the enjoyment of the highest attainable standard

of health and requires States to take appropriate measures concerning, *inter alia*, child mortality, primary healthcare, disease prevention, medical care, and the development of health services (11). The significance of this provision lies in the fact that it does not conceptualize health solely in terms of treatment after illness has occurred. Prevention, appropriate care, and access to health services are also integral to the implementation of the right.

Accordingly, measures such as newborn hearing screening, early identification of hearing loss, timely intervention, access to audiological assessment and services, appropriate rehabilitation, and access to hearing-related assistive technologies may fall within the scope of measures relevant to States' implementation of Article 24, subject to the applicable legal standards and the State's available resources and capacity.

This interpretation is consistent with the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 12 of the Covenant recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The substantive significance of this provision becomes particularly clear in light of General Comment No. 14 of the Committee on Economic, Social and Cultural Rights. The Committee moves beyond a narrowly treatment-oriented conception of the right to health and frames it in terms of a broader range of obligations incumbent upon States. These obligations encompass access to preventive healthcare, early diagnosis, appropriate treatment, rehabilitation, health education, essential healthcare facilities and goods, and measures addressing economic, social, and geographical barriers to healthcare (15).

The Committee further conceptualizes States' obligations through the three dimensions of respect, protect, and fulfil. In the context of children's hearing health, the obligation to respect requires States to refrain from measures that unjustifiably restrict access to relevant health services; the obligation to protect requires States to regulate and supervise third-party actors whose activities may affect the availability, accessibility,

acceptability, or quality of hearing-related healthcare; and the obligation to fulfil requires States to take appropriate positive measures to facilitate access to relevant health services, infrastructure, information, and technologies.

Thus, although the expression “right to hearing” does not appear in the text of the Covenant, hearing-related protections can be examined within the substantive scope of the existing right to health and the corresponding obligations of States.

This analysis acquires further depth through the Convention on the Rights of Persons with Disabilities (CRPD) (16). The Convention moves beyond a purely medical understanding of disability and recognizes the significance of the interaction between impairments and barriers that may hinder the full and effective participation of persons with disabilities in society on an equal basis with others. Under this approach, the challenges faced by a child with hearing impairment cannot be reduced to the impairment itself; communication, educational, informational, institutional, and environmental barriers may also affect the child’s enjoyment of rights.

Consequently, State responsibility cannot be reduced to the medical management of hearing impairment (13). It also encompasses measures addressing barriers that restrict children’s equal access to education, information, communication, healthcare, public services, and social participation. In this respect, the provisions of the Convention concerning health, habilitation and rehabilitation, accessibility, inclusive education, and participation provide an interconnected normative framework through which States’ obligations concerning children with hearing impairments can be articulated with greater precision (17).

This conclusion is also supported by specialized standards developed by the World Health Organization (WHO). The *World Report on Hearing* indicates that a substantial proportion of hearing loss can be prevented or that its consequences can be reduced through timely identification and appropriate intervention (18). WHO recommendations concerning newborn hearing screening, family-centred care, the

strengthening of primary healthcare, access to hearing technologies, rehabilitation, and the integration of ear and hearing care into universal health coverage, although they do not themselves create treaty obligations, may provide relevant technical and interpretive material for understanding the practical dimensions of States’ existing health-related obligations.

Human rights bodies may draw upon specialized knowledge and technical standards when interpreting and implementing international human rights obligations. WHO standards may therefore contribute to the contemporary understanding of the practical requirements associated with the right to health, while remaining distinct from the binding legal obligations established by human rights treaties.

Taken together, these considerations demonstrate that the expression “right to hearing for children” need not be conceptualized as an autonomous right existing outside the broader architecture of international human rights law. A systematic analysis of international instruments instead reveals a network of existing legal obligations that, collectively, provide a normative basis for protecting children’s hearing health (19). These obligations may encompass the prevention of avoidable hearing impairment, appropriate newborn hearing screening, early detection, timely intervention, rehabilitation, access to appropriate assistive technologies, equitable access to specialized services, support for families, and the removal of educational and social barriers.

Accordingly, the concept of a “right to hearing for children” is better understood, for the purposes of this analysis, not as the creation of a new autonomous right, but as a “systematic formulation of existing and interconnected legal obligations” embedded in the text, structure, and purposes of foundational international human rights instruments (20). In light of developments in medical knowledge and the evolutive interpretation of international human rights law, these obligations warrant systematic identification and analysis.

Such an approach strengthens the conceptual foundations of children’s hearing health as a

human rights concern while providing a more precise framework for assessing States' compliance with their existing international obligations and for relating the substantive content of the right to health to the concrete needs of children in the contemporary context.

3. The Normative Foundations of Children's Right to Hearing in International Law

If the preceding sections have established that hearing health is, in substantive terms, a prerequisite for the realization of a range of children's fundamental rights, and that the right to health in international law has evolved beyond a merely treatment-oriented understanding into a multidimensional and comprehensive concept, the question must now be examined from a normative perspective: Does international law provide a sufficiently robust legal basis for such an understanding? The significance of this question lies in the fact that none of the binding international instruments expressly recognizes a "right to hearing" as an independent right. Accordingly, the legal significance of this concept does not rest on the existence of an explicit rule, but rather on the possibility of deriving it from a set of dispersed yet interconnected obligations incumbent upon States (17). The central issue, therefore, is not whether a treaty expressly refers to a right to hearing, but whether the existing body of rules requires States to undertake measures that, taken together, contribute to the substantive protection of children's hearing health. Addressing this question requires a systematic reading of international instruments, the interpretive practice of treaty-monitoring bodies, general principles of human rights, and developments in international law.

The first and most significant foundation for this analysis is the Convention on the Rights of the Child (CRC), which constitutes the principal universal binding instrument concerning children's rights. Its distinctive feature lies in its departure from a fragmented approach to children's rights and its integration of civil, political, economic, social, and cultural rights within a coherent framework centered on the child's holistic development. Accordingly, its provisions should not be interpreted in isolation from one another or from the Convention's

foundational principles (21). The Committee on the Rights of the Child has consistently emphasized a holistic approach to interpretation, affirming that the rights enshrined in the Convention must be understood in light of its four general principles: Non-discrimination, the best interests of the child, the right to life, survival and development, and respect for the views of the child.

Within this framework, the principle of the best interests of the child, enshrined in Article 3, constitutes a central point of departure. It is not merely an ethical consideration or a policy recommendation, but a binding principle governing decision-making by public authorities. According to General Comment No. 14 of the Committee on the Rights of the Child, the best interests of the child must be treated as a primary consideration in all legislative, administrative, judicial, and budgetary measures affecting children. Where scientific evidence demonstrates that failure to screen newborns for hearing loss, delayed diagnosis, or lack of access to necessary health and rehabilitation services may cause lasting harm to a child's linguistic, cognitive, and social development, such conditions may raise concerns under the best-interests principle. The principle therefore supports the development of hearing-health policies that take due account of children's development and future well-being alongside other relevant considerations.

The same logic is reflected in Article 6 of the Convention, which recognizes the child's right to life, survival, and development. Although the provision refers expressly to "development," the Committee on the Rights of the Child has repeatedly clarified that development must be understood comprehensively, encompassing the child's physical, mental, cognitive, emotional, moral, cultural, psychological, and social dimensions. Development under contemporary international law is therefore considerably broader than biological survival. Public policies that undermine a fundamental dimension of a child's developmental capacities may consequently raise issues under the obligations arising from Article 6 (22).

From this perspective, hearing health constitutes not merely one aspect of physical health, but an important condition for children's cognitive and linguistic development, given the significant relationship between language acquisition, learning, social interaction, and early childhood development and adequate auditory access. Consequently, a State's failure to establish effective screening mechanisms or to provide appropriate health and rehabilitation services may adversely affect the conditions necessary for the child's development.

Article 24 of the Convention, which constitutes its principal provision concerning the child's right to health, further broadens the scope of States' obligations. The provision requires States to take appropriate measures to reduce child mortality, develop primary healthcare, combat disease, provide health education, and ensure access to health services. Its significance lies in the fact that health is not conceived merely in terms of the treatment of illness; rather, prevention, continuing care, and access to health services form integral dimensions of the right. The Committee on the Rights of the Child, in General Comment No. 15, similarly understands the right to health as a comprehensive right encompassing preventive, diagnostic, therapeutic, and rehabilitative measures (20).

This interpretation is directly relevant to the protection of children's hearing health, since hearing-related interventions are particularly dependent upon timely identification. In many cases, the effectiveness of intervention is closely associated with the earliest months and years of life, while delayed identification may have lasting consequences for language acquisition and learning. Accordingly, the implementation of the right to the highest attainable standard of health may, depending on the circumstances and available resources, require measures such as newborn hearing screening, parental education, access to specialized services, and appropriate rehabilitation (16).

In this context, Article 23 of the Convention also assumes considerable importance. The provision addresses the rights of children with disabilities and is oriented toward ensuring their dignity,

participation, and development. This approach demonstrates that international law does not treat disability solely as a medical condition, but also addresses it in terms of equal opportunities and social participation. A child with hearing loss may therefore require not only health services, but also access to inclusive education, hearing technologies, speech and language therapy, and social support in order to participate in society on an equal basis. Hearing health thus emerges not as an isolated objective, but as one of the conditions relevant to the child's equal participation across various spheres of social life.

Alongside the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights (ICESCR) constitutes the second major normative pillar of this analysis. Article 12 recognizes the right of every person to the enjoyment of the highest attainable standard of physical and mental health. Yet the full significance of this provision becomes clearer in light of General Comment No. 14 of the Committee on Economic, Social and Cultural Rights, which provides an important interpretive framework concerning the right to health. The General Comment conceptualizes the right to health through four essential elements: Availability, accessibility, acceptability, and quality, requiring States to organize health-related services and facilities in accordance with these standards. It further identifies three corresponding categories of State obligations: The duties to respect, protect, and fulfil.

The duty to respect requires States to refrain from measures that unjustifiably restrict access to hearing-health services (23). The duty to protect requires States to regulate and monitor healthcare institutions, medical-device manufacturers, and rehabilitation providers so as to protect individuals from violations of their rights. The duty to fulfil requires States to adopt appropriate legislative, administrative, budgetary, and other measures necessary for the progressive realization of the right to health. In the field of hearing health, such measures may include the establishment or strengthening of newborn hearing-screening programmes, the development of audiological services, the training of qualified professionals, access to hearing aids and cochlear

implants where clinically indicated, the expansion of speech and language therapy, and the reduction of economic barriers to access.

Thus, although the Covenant contains no explicit reference to hearing, its normative framework encompasses many of the substantive elements relevant to the protection of children's hearing health.

The third component of this normative framework is the Convention on the Rights of Persons with Disabilities (CRPD), which represents a significant conceptual development in international human rights law (24). By moving beyond a purely medical model, the Convention understands disability in terms of the interaction between individual impairments and attitudinal and environmental barriers. From this perspective, the difficulties confronting children with hearing loss may arise not merely from reduced auditory capacity, but also from social, educational, institutional, and communicative barriers that impede their equal participation.

The State's responsibility therefore extends beyond the provision of medical treatment to measures addressing barriers that restrict children's equal access to education, information, communication, public services, and social participation. Accordingly, Articles 9, 24, 25, and 26 of the Convention establish interconnected obligations concerning accessibility, inclusive education, health, habilitation and rehabilitation, and the provision of support necessary for participation. The importance of this approach lies in its expansion of State responsibility beyond medical treatment alone toward the creation of an inclusive and equitable environment in which children with hearing loss can enjoy their human rights on an equal basis with others.

Alongside these binding instruments, the specialized standards developed by the World Health Organization (WHO) occupy an important interpretive and technical position in understanding the practical dimensions of States' obligations. The World Report on Hearing and related WHO frameworks indicate that a substantial proportion of hearing loss is preventable or that its consequences can be significantly reduced through timely identification

and appropriate intervention (25). Although such instruments are not, in formal terms, legally binding, they may serve as relevant technical and interpretive materials when considering the implementation of broadly formulated health-related rights.

Accordingly, WHO recommendations concerning newborn hearing screening, family education, the integration of hearing services into primary healthcare, the expansion of rehabilitation services, and access to assistive hearing technologies may contribute to identifying the practical measures relevant to the implementation of the right to health (26). They should not, however, be understood as independently creating international human rights obligations.

The combined effect of these instruments, interpretive materials, and specialized standards demonstrates that, although international law has not expressly recognized a "right to hearing for children" as a distinct and formally named right, it has established a coherent network of normative obligations relevant to the protection of children's hearing health. These obligations encompass prevention, early identification, diagnosis, appropriate treatment, rehabilitation, equitable access to assistive hearing technologies, parental education, protection against discrimination, inclusive education, and the social participation of children with hearing loss.

Accordingly, the concept of a "children's right to hearing" should not be understood as the creation of a new right, but rather as a theoretical and systematic reconstruction of obligations that are dispersed throughout international human rights instruments. In light of advances in medical knowledge, the interpretive practice of treaty-monitoring bodies, and systematic approaches to treaty interpretation, these obligations can be articulated in a more coherent and conceptually distinct manner. Such an approach not only strengthens the theoretical foundations for the protection of children's hearing health, but also offers a more precise framework for assessing States' compliance with their existing international obligations toward children.

More fundamentally, it may contribute to shifting the discourse on children's rights beyond the

treatment of disease toward ensuring the substantive conditions necessary for the full realization of the child's fundamental rights.

4. Implications of Recognizing the "Right to Hearing of Children" for States' Obligations under International Law

If children's hearing health is understood not merely as a medical concern, but as an integral component of the right to health and a condition relevant to the effective enjoyment of other human rights, the logical consequence is a reconsideration of the scope of States' obligations under existing international law (18). States should not treat the protection of children's hearing health solely as a matter of discretionary health policy or welfare provision; rather, it should be understood within the framework of their existing human rights obligations toward children. This approach moves hearing health from the sphere of purely desirable policymaking toward a rights-based framework for assessing State action and inaction.

Under international human rights law, States' obligations concerning economic, social, and cultural rights, particularly the right to health, are commonly structured around the duties to respect, protect, and fulfil, as elaborated in General Comment No. 14 of the Committee on Economic, Social and Cultural Rights. This framework provides an important basis for defining States' responsibilities in relation to children's hearing health (27).

The duty to respect requires States to refrain from measures that unjustifiably restrict or discriminate against children's access to hearing-health services. This includes not only direct interference but also policies that may unnecessarily undermine access to screening programmes, specialized services, or other essential forms of hearing-related care. Economic or budgetary decisions may also raise human rights concerns where, in the circumstances of a particular State, they result in discriminatory exclusion from essential health services.

The duty to protect requires States to take appropriate measures to prevent third parties, including healthcare institutions, private companies, and insurance providers, from

undermining children's access to hearing-related health services through discriminatory practices or inadequate standards of care. This obligation may entail establishing appropriate scientific and professional standards, monitoring the quality of healthcare and rehabilitation services, ensuring the competence of relevant professionals, regulating assistive hearing technologies, and addressing inequalities in access to essential interventions. State responsibility therefore extends beyond establishing healthcare facilities to include appropriate oversight of the quality, safety, and accessibility of services provided by third parties (28).

The broadest dimension arises under the duty to fulfil. States are required to adopt appropriate legislative, administrative, educational, budgetary, and other measures necessary for the progressive realization of children's hearing health within the existing right to health. Such measures may include national newborn hearing-screening programmes, early identification, access to specialized audiological and otological services, provision of hearing aids and cochlear implants where clinically indicated, speech and language therapy, auditory rehabilitation, and support for families.

Where medical evidence establishes the effectiveness of such measures and their relevance to child development, persistent failures to establish appropriate mechanisms may raise questions concerning compliance with States' existing obligations under the right to health. Recognizing children's hearing health within this framework also reinforces the principle of non-discrimination (29).

Children living in rural or underserved areas, those from low-income families, migrants and refugees, and children without adequate insurance coverage may face disproportionate barriers to diagnosis and treatment. Equality therefore requires States not merely to establish general services, but also, where necessary, to adopt appropriate measures addressing economic, geographical, linguistic, and social barriers (30). Non-discrimination in this context extends beyond the prohibition of differential treatment to addressing structural obstacles that prevent

children from enjoying health-related rights on an equal basis.

This approach also strengthens the application of the best-interests principle. Given current medical evidence concerning the developmental consequences associated with delayed identification and intervention, decisions affecting hearing-screening programmes, rehabilitation services, and access to treatment should take the best interests of the child into account. The principle thus operates not only as an interpretive consideration but also as a relevant standard for assessing public policies affecting children's hearing health.

Another important consequence is the strengthening of prevention within the international law of the right to health. Contemporary human rights law recognizes that the right to health encompasses preventive as well as curative measures. Hearing health illustrates this development particularly clearly, as many forms of hearing loss are preventable or can be significantly mitigated through timely identification and intervention. Newborn hearing screening, vaccination, appropriate prenatal care, public education concerning risk factors, and primary healthcare may therefore constitute important means through which States implement their existing human rights obligations (22).

Finally, recognizing hearing health within the framework of the right to health has significant implications for international monitoring and accountability (31). States' performance may be assessed through reporting and review mechanisms under the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities. Indicators such as national newborn-screening coverage, equitable access to specialized services, the quality of rehabilitation, the availability of assistive technologies, and regional disparities may provide practical benchmarks for assessing the implementation of relevant international obligations.

Ultimately, recognizing children's hearing health as a substantive component of the right to health does not create a wholly new and independent

right under international law. Rather, it represents a systematic reconstruction and clarification of existing obligations contained in international human rights instruments, treaty-body interpretations, and relevant international standards (32). By connecting advances in medical knowledge with established human rights norms, this approach strengthens the legal framework for protecting children and supports measures directed toward the effective enjoyment of the rights to health, education, development, participation, and equality.

From this perspective, the "right to hearing of children" is less a newly emerging autonomous right than a formulation of the evolving application of the right to health and related rights in response to contemporary children's needs and developments in international human rights law.

Accordingly, the obligations of States in relation to children's hearing health may be understood through three interconnected dimensions: Prevention and risk reduction; timely access to detection, diagnosis, treatment, intervention, and rehabilitation; and the removal of discriminatory, financial, geographical, communicative, and other barriers to access. In practical terms, States should take appropriate and deliberate measures to prevent avoidable hearing loss, establish or progressively strengthen systems for early identification and referral, ensure access to appropriate health and rehabilitation services, facilitate access to necessary assistive technologies and communication support, and ensure that children with hearing loss are not excluded from health, education, or other essential services on discriminatory grounds.

These obligations should, however, be implemented consistently with the principle of progressive realization and the requirement to use the maximum of available resources, where applicable. International human rights law does not necessarily prescribe an identical hearing-health programme for every State. Rather, it requires States to take appropriate, non-discriminatory, and progressively effective measures toward the realization of children's existing rights.

5. Normative Challenges and the Prospects for the Progressive Recognition of Children's Hearing Health within International Law

The evolution of international law over recent decades demonstrates that the human rights system is not static or confined to the literal wording of treaties. Rather, it is a dynamic body of rules, principles, and interpretations that develops in response to scientific, social, and technological change. Yet this dynamism raises a fundamental question: Where should the line be drawn between evolutionary interpretation and the creation of a new right? This question is particularly significant in relation to children's hearing health, since no universal human rights treaty expressly recognizes a right to hearing as an autonomous entitlement (23). At the same time, existing legal obligations increasingly support the protection of children's hearing health. The central issue, therefore, is not simply the absence of an express legal provision, but how this concept can be articulated within the existing framework of international law.

The first challenge concerns the structure of international law itself. Unlike domestic legal systems, international law has no centralized legislature, and the development of its rules largely occurs through treaties, customary international law, judicial practice, and the interpretive work of treaty-monitoring bodies (33). Accordingly, any attempt to identify new dimensions of human rights must remain grounded in existing norms and respect the principle of State consent. The argument for recognizing children's hearing health as a component of the right to health is therefore strongest when it is understood in terms of existing rights to health and development and the principle of the best interests of the child. This distinction is theoretically essential, as the legitimacy of the present analysis rests precisely on this interpretive approach.

A second challenge concerns the distinction between normative recognition and practical implementation. International experience demonstrates that even rights expressly guaranteed by treaties may face a substantial gap between legal commitment and effective realization. The right to health illustrates this

problem clearly. Although States broadly recognize the right to the highest attainable standard of health, significant disparities remain in the quality, accessibility, and affordability of health services. The same applies to children's hearing health. Many States still lack comprehensive newborn hearing-screening systems, adequate insurance coverage for hearing technologies, national rehabilitation programmes, or integrated systems for referral and follow-up (34).

Accordingly, deriving substantive protection for hearing health from existing norms will not, by itself, ensure its effective realization unless it is reflected in public policies, domestic legislation, institutional arrangements, and appropriate budgetary frameworks.

A third challenge concerns the tension between the progressive realization of economic, social, and cultural rights and the need for effective and timely protection of children. Article 2 of the International Covenant on Economic, Social and Cultural Rights requires States to take steps, using the maximum of their available resources, toward the progressive realization of the rights recognized therein. This principle, however, does not remove other applicable obligations, including those relating to non-discrimination and the protection of vulnerable groups. Certain measures may require immediate implementation, while others may be progressively realized depending on available resources and institutional capacity.

Thus, while establishing comprehensive specialized hearing services may require time and resources, measures such as newborn hearing screening, parental education, referral mechanisms, and essential diagnostic services may warrant particular attention within national strategies for the progressive realization of the right to health. The normative framework should therefore distinguish between obligations requiring immediate compliance and obligations whose full implementation may legitimately depend on available resources and progressive realization.

Another significant gap concerns the absence of clearly developed rights-based indicators for assessing States' performance in protecting

children's hearing health. Although the World Health Organization has developed indicators concerning hearing-health status, screening coverage, access to rehabilitation, and the availability of hearing technologies, these have not yet been systematically integrated into human rights monitoring. As a result, United Nations treaty bodies have rarely assessed States' performance in this area in a specific and systematic manner (31). Developing a stronger legal discourse around children's hearing health could therefore contribute to the formulation of rights-based indicators and facilitate the incorporation of hearing health into international treaty-reporting and monitoring mechanisms.

A further challenge is the need to maintain an appropriate balance between medical and rights-based approaches to hearing loss. The experience of the Convention on the Rights of Persons with Disabilities demonstrates the importance of avoiding an exclusively medical approach that may overlook autonomy, identity, and individual choice. Recognition of children's hearing health within a rights-based framework should therefore not entail the imposition of a purely therapeutic model. Rather, it should be grounded in respect for human diversity, the child's inherent dignity, family decision-making, access to sign language and communication technologies, and inclusive education. The objective is not to replace a rights-based approach with a medical one, but to strengthen it by ensuring that children and their families have meaningful choices—choices that require equitable access to prevention, diagnosis, treatment, rehabilitation, and communication support (35).

Despite these challenges, contemporary developments in international law provide a basis for further strengthening the normative recognition of children's hearing health. The expansion of the concept of health, the growing importance of the best interests of the child, the increasing emphasis on prevention, the use of WHO technical standards, and the evolving interpretations of treaty bodies all contribute to a broader understanding of specific dimensions of the right to health.

As reproductive health, mental health, access to safe water, and environmental health have gained prominence within human rights discourse, children's hearing health may likewise be further articulated as a component of the right to health. Legal scholarship can play an important role in this process. Many developments in international law have been preceded by academic debate before being reflected in legal instruments and institutional practice. The conceptualization of children's hearing health may similarly develop through scholarship, treaty-body practice, reports of Special Rapporteurs, United Nations interpretive documents, and national policymaking.

The present study therefore does not claim to create a new right, but rather seeks to identify the capacity of the existing international legal framework to provide more effective protection for children. Through a systematic, purposive, and evolutionary interpretation of existing norms, this approach may contribute to stronger standards for hearing health and, ultimately, more effective protection of children's dignity, development, equality, and participation.

Accordingly, the future development of children's hearing health within international law need not depend on the immediate adoption of a new treaty. Rather, it may proceed through the progressive development of international law, the evolution of human rights interpretation, the strengthening of legal scholarship, and closer integration between medical knowledge and international human rights law. As this convergence deepens, hearing health may increasingly be recognized not merely as a specialized medical concern, but as an important component of the right to health and a condition relevant to children's effective enjoyment of their other fundamental rights.

Such an approach would not only strengthen the coherence of the international child-rights framework but could also provide a broader analytical model for identifying other emerging dimensions of the right to health in response to evolving scientific knowledge and contemporary human needs.

The foregoing analysis suggests that the principal normative development lies not in the creation of a new autonomous right, but in the progressive clarification of how existing rights apply to children's hearing health. This clarification is particularly relevant where advances in medical knowledge and health technologies make new forms of prevention, early identification, intervention, rehabilitation, and accessibility feasible. The human rights framework can therefore accommodate developments in hearing-health practice without departing from the existing treaty structure, provided that technical standards are used to inform implementation rather than to create obligations independently of the applicable legal framework.

Conclusion

Children's hearing health occupies an important position within the existing international human rights framework. Although international human rights treaties do not expressly recognize an autonomous "right to hearing," the protection of children's hearing health can be grounded in the right to the highest attainable standard of health and reinforced by the principles of non-discrimination, the best interests of the child, development, participation, accessibility, and the rights of persons with disabilities. The analysis demonstrates that existing obligations are relevant to a range of measures, including prevention, early identification, diagnosis, intervention, treatment, rehabilitation, accessibility, and equitable access to appropriate hearing-related services and technologies.

WHO standards and contemporary scientific evidence can assist in specifying effective measures for implementation, while remaining distinct from the binding obligations established by international human rights treaties. The significance of recognizing children's hearing health within this framework therefore does not lie in the creation of a new autonomous treaty right. Rather, it lies in clarifying the scope and practical application of existing State obligations in light of contemporary medical knowledge and the particular developmental needs of children. Such an approach provides a legally grounded

basis for strengthening national policies and health systems while preserving the distinction between binding human rights obligations, authoritative treaty-body interpretations, and technical health guidance.

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Authorship

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Conflict of Interest Statement

The authors declare no competing interests.

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