



KEY INITIATIVES IN CHILD HEALTH

The 1990s promises to be a significant decade for children. In 1990 two major international initiatives set the context for national and State developments in child health in Australia. This article outlines these initiatives and developments as they affect NSW.

INTERNATIONAL INITIATIVES

i) The Convention on the Rights of the Child

The Convention on the Rights of the Child was adopted by the United Nations General Assembly in November 1989 and came into effect in September 1990 — more quickly than any other human rights convention. It was ratified by Australia in December 1990.

Issues relevant to child health are contained in many of the Articles, and in particular Article 24: "State parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. State parties shall strive to ensure that no child is deprived of his or her right of access to such health care services¹."

A convention is binding in international law and this convention provides mechanisms for enforcement. Australia must publicly report on the implementation of the convention to an independent committee of experts, which must in turn report to the United Nations.

ii) World Summit for Children

The historic World Summit for Children took place at the United Nations in September 1990. The summit strongly endorsed the convention and was the first major global step towards implementation. Seventy-one heads of state were led to their seats by children, and each spoke frankly about the status of children in his or her country. At the conclusion of the summit the World Declaration on the Survival, Protection and Development of Children was read by children.

The declaration includes a series of measurable goals for the year 2000. One of the key areas for specific action is as follows:

"Preventable childhood diseases — such as measles, polio, tetanus, tuberculosis, whooping cough and diphtheria, against which there are effective vaccines, and diarrhoeal diseases, pneumonia and other acute respiratory infections that can be prevented or effectively treated through relatively low-cost remedies — are currently responsible for the great majority of the world's 14 million deaths of children under five years and disability of millions more every year. Effective action can and must be taken to combat these diseases by strengthening primary health care and basic health services in all countries²."

Australia has signed the declaration and is thus committed to submit a national plan of action to the United Nations. Consultation on this is in progress. In an address at the World Congress and Exposition on Child Health — Child Health 2000 — in Vancouver in February 1992, the executive director of UNICEF, Mr James Grant, said of the summit: "It was the first ever gathering of leaders of North, South, East and West, the first great summit of the post-cold war period ... No other document in history bears the signature and contains the personal commitment of so many top government leaders to carry out, in their own countries, a global social action program. This gives each and every one of us powerful political leverage as advocates for radically improving the health and wellbeing of children. The central challenge we face this decade will be seeing to it that the great promise of the World Summit for Children is kept³."

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AUSTRALIAN INITIATIVES

i) The National Forum of Child Health Providers and Planners

In Australia the National Forum of Child Health Providers and Planners was established in November 1990. This is the first such group of its kind, with membership from each State and Territory and the Commonwealth Department of Health, Housing and Community Services. The Australian Institute of Family Studies is an observer. It was convened in response to the recent, rapid and radical changes to community child health practices and administrative arrangements throughout Australia. The objectives are to exchange information about the services in each State and Territory, to ensure that child health gains a higher profile on the national agenda, to offer support to other colleagues and to develop consistent policies and practices.

The forum has determined that the core priorities for an effective community child health service include: child protection, health promotion, injury surveillance, immunisation, maternal health, mental health and health-related initiatives in primary and secondary schools. It encourages and enhances interdisciplinary and intersectoral cooperation and evaluates the potential of joint national projects and reviews.

ii) NHMRC Review of Child Health Surveillance and Screening

The National Health and Medical Research Council (NHMRC) has set up a review to assess policies and practices relating to child health surveillance and screening by State and Territory health authorities. It will also make recommendations (based on published sources) on the nature and timing of health surveillance and screening programs in childhood, with particular reference to their scientific validity and cost effectiveness. These recommendations will be made to the NHMRC Health Care Committee and State and Territory health departments through the Australian Health Ministers' Council and Advisory Committee.

iii) NHMRC Child Health Care Committee – national child health goals and targets

The NHMRC has also initiated a project to develop national health goals and targets for children and young people with relevant indicators of health status. This will be achieved in consultation with professional and community groups. Five goals have been identified and targets and indicators within each are being developed.

The goals and targets will be for all children but will take into account children with special needs, for example Aboriginal children and young people, the homeless and those with chronic illness or disability.

NSW INITIATIVES

The NSW Health Department is focusing on improving knowledge about the relative outcomes and costs of health services, ranging from diagnosis and treatment to prevention. Under the banner of this Health Outcomes Initiative, the Department has selected a number of priority health areas, including adverse pregnancy outcomes and

impaired child development, injury, infectious diseases and asthma. The Health Outcomes Initiative will shape policy direction for the next decade.

The Department's important projects in child health include:

- **A Personal Health Record (PHR)** distributed to all babies born in NSW. This booklet provides maternal and child health information and documents important health events such as immunisation and childhood illness. It also fosters a partnership of parents and health professionals in monitoring significant aspects of child growth and development, vision and hearing, thereby leading to early intervention. The PHR is currently being evaluated.
- **NSW Birth Defects Register** established to monitor the occurrence of birth defects in the State.
- **Childsafe NSW**, a joint initiative of the Department's Health Promotion Unit and participating Accident and Emergency Centres, facilitates the collection of injury data so targeted prevention can be implemented.
- **Early Childhood Injury Prevention Program** enables Early Childhood Health Centres to provide age-specific injury prevention information to parents at appropriate developmental stages.
- **NSW Public Health Act 1991** has greatly streamlined the notification of infectious diseases. Only those diseases which necessitate a public health response are notifiable, and the responsibility for notifications has been extended to laboratories and hospital administrators. Response protocols have been prepared and circulated.
- **Immunisation legislation** amended regulation under the Public Health Act 1991 requires parents to provide documented evidence of age-appropriate immunisation of all children enrolling in day care centres, occasional care centres, play groups, pre-schools and schools. This will be implemented from 1993.
- **Sudden Infant Death Syndrome (SIDS)**. Several steps have been taken to improve the consistency of diagnosis and monitoring of SIDS, and to implement recent information on risk factor reduction. These will be the subject of a separate article in a forthcoming issue of the *Public Health Bulletin*.

The Health Outcomes Initiative provides a structure for maximising the health of the population in relation to available resources. While building this structure, it is timely to heed the words of Dr Jonas Salk during his address at the Child Health 2000 conference in February 1992: **"Are we to consider the dollar value of the human or the human value of the dollar?"**

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1. UNICEF, First Call for Children. United Nations Children's Fund, New York, 1990.

2. *ibid.*

3. Grant, James P. Address to Child Health 2000 World Congress, Vancouver, B.C. Canada, 1992.