NSW Public Health Bulletin

Volume 9, Number 5 May 1998

NSW HEALTH

ISSN 1034 7674 State Health Publication 98 0067

EDITORIAL: IMPROVING THE HEALTH OF CHILDREN IN NSW

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At the close of the 20th century, health services for children in NSW have accomplished significant achievements. However, many challenges lie ahead.

Overall, most children have never had a greater opportunity to be healthier: they have access to abundant, high-quality food and clean water, schooling and housing, the highest levels of medical care, and safe and effective vaccines against many of the common infectious diseases

However, at the same time we are witnessing a marginalisation of the health needs of children as the demands of an expanding aged population compete for resources. We are also witness to the progressive impoverishment of an increasing proportion of children in Australia. Already more than 40 per cent of children are living in families receiving a pension or the Additional Family Payment.¹

To date, the report, *Health Goals and Targets for Australian Children and Youth* remains the clearest statement of the health needs of children and young people.² It succinctly states the high-priority health outcomes that must be achieved by any health service or program. This report also recognises that disadvantaged children are more likely to become ill, to be injured, and to require greater levels of health care.

In the next four issues, the *NSW Public Health Bulletin* will explore the essential components of any program that seeks to improve the health of children. Beginning in May 1998, Dr Elisabeth Murphy and Ms Caroline Wraith from the Health Services Policy Branch, NSW Health Department, outline the critical issues of child health in NSW. This article includes examples of how services currently being provided in NSW address the health goals and targets for Australian children.

In the June issue readers will be able to examine the health status of children in NSW and the information that permits monitoring of their progress. In the July issue, there will be a closer examination of the process of identifying effective strategies that are available to address the identified health needs and to achieve the desired outcomes. The August issue will present a detailed exploration of the priority programs in NSW capable of achieving improved health for children and youth.

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Children and young people are shaped by and shape the environments in which they live. An ecological perspective requires child health professionals to develop a range of strategic responses at individual, family, neighbourhood, regional and national levels. The models for this approach to improving the health of children and youth have been outlined in the strategic plan 'Health Gain for Children and Youth of Central Sydney' (developed by the Central Sydney Area Health Service over the past two years). Some of these programs have been implemented in some health areas such as South Western Sydney Area Health Service.

If the outlined challenges to the continued improvement of child health in NSW are to be met, and if the health goals and targets for Australian children are to be achieved, health care services in NSW will need to refocus their attention to the needs of children, to identify and implement more evidence-based strategies, and to emphasise population-based illness-prevention and healthpromotion programs. If the outcomes are to be attained, an effective population-based approach to child health needs to become as essential a part of health services as clinical paediatrics.

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CHILD HEALTH NOW! THE STATE OF CHILDREN'S HEALTH: HISTORICAL CONTEXTS AND CURRENT DEVELOPMENTS

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The NSW Health Department is currently developing a comprehensive child health policy, which is nearing completion. It will provide a framework for the health system to address the health care needs of children and provide child-focused and developmentally ap propriate health services. This article provides an overview of the international and national contexts supporting this development and highlights both a number of current state initiatives and future directions in child health.

INTERNATIONAL CONTEXT

The origins of an international agenda for children emerged just after the second world war. In 1948 the Universal Declaration of Human Rights was proclaimed, and in 1959 the special needs of children were addressed by the United Nations Declaration on the Rights of the Child. One outcome of the International Year of the Child in 1979 was the push for the United Nations Convention on the Rights of the Child which was achieved 10 years later. The Convention was adopted by the United Nations (UN) on 20 November 1989 and was ratified faster than any other convention in the history of the United Nations.

It consolidated into international law the existing provisions of over 100 declarations and treaties.

The Convention led to the World Summit for Children (1990), at which the United Nations World Declaration on the Survival, Protection and Development of Children² was developed and an international commitment given to a plan of action.³ The World Summit for Children was the first ever truly global gathering of world leaders. If the goals of the Declaration are met then it is estimated that the lives will be saved of 50 million of the 150 million children who are otherwise projected to die of preventable causes over this decade.4 New problems such as child abuse, sexual exploitation, drug-related problems and inter-country adoptions are also addressed in the Declaration. For the first time, the role of the child as a consumer is acknowledged and the right of that child to be involved and participate in decision making on matters that affect his or her own interests is emphasised.

NATIONAL CONTEXT

Australia signed the United Nations Convention on the Rights of the Child in August 1990 and ratified it in December 1990. Some of the concerning health issues for Australian children include immunisation and poor infant mortality rates in the Aboriginal population to more complex social problems such as child abuse and youth suicide.

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