

Guest Editorial

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It is fitting that this issue of the *Pacific Health Dialog* focuses on child health. Child health is at a watershed in the Pacific. An unprecedented level of awareness and commitment to child health has been expressed by prominent political leaders. It is now time for health workers to capitalize on the political will and ensure that appropriate services and programmes are developed, funded and implemented. If we are to move from rhetoric to reality, we need to take stock of the situation of child health and propose how to move forward.

Child health has featured prominently at the highest of political levels in the recent past. For example, in 1993, the 33rd South Pacific Conference focused on "The State of Pacific Children." The annual conference resolved that all governments take action to achieve a number of child health specific goals. The resolution called upon governments to adopt the principle of "First Call for Pacific Children," thereby advocating that governments allocate resources with the best interests of children at the forefront. The Conference further requested that governments develop National Programmes of Action for Children, outlining how they would achieve the goals which were set.

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Momentum for ratification of the Convention on the Rights of the Child has also served to focus the attention of senior decision-makers and legislators on the issues of child health. To date, several Pacific Island countries have ratified the Convention and a number of others plan to do so. Through the process, unparalleled commitments have been made to the health of the children in the Pacific region.

Child health is deserving of the attention given to it by the leadership of Pacific Island countries. More than forty percent of the population of the Pacific are under 15 years of age. Therefore, the health problems of the child are clearly the health problems of the nations of the Pacific. The

health status of the child is also a good indicator of the health of the broader population, and thus serves to assess the effectiveness of health services provided. Moreover, the child population carries a particularly high burden of morbidity and mortality. While the level of death and suffering of Pacific Island children is dwarfed by emergencies around the globe, it nevertheless, represents an unnecessary and largely preventable tragedy. Children are an important economic investment for families, communities and nations. A child's ill health can result in costly service provision and also a significant opportunity cost to the country. Along similar lines, children's well-being is integral to the perpetuation of culture and society. Child health is, for all of these reasons, of compelling concern. Yet children are relatively powerless and need our attention to ensure that their interests are adequately represented in society. As health professionals, it is in our hands to take leaders to task on the commitments which they have recently made to children.

In this issue of the *Pacific Health Dialog*, the health status of Pacific Island children is reviewed, together with the promises which have been made and the services and programmes developed in response. It attempts to provide a broad overview of issues confronting child health in the Pacific.

An indication of the breadth of issues which need to be considered are provided by two Letters to the Editor. In the letters, attention is drawn to domestic violence and child sexual abuse. While neither of these health concerns feature in traditional health information systems, both assault child health status and, as the authors maintain, deserve to feature more prominently on the child health agenda.

As guest editors, we set the stage for this special edition on child health with a look at the Convention on the Rights of the Child. In particular, we examine what commitments governments have made to child health through ratification of the Convention. We also argue that the Convention should become the focal point for advocacy and planning for child health in the Pacific. Katoanga and Lewis, provide a summary overview of the child health indicators in the region thereby determining where we are, what remains to be done and for whom. Paterson narrows the analysis to child nutrition. In effect a review article, it pulls together available child nutrition data for the region. Through an analysis of low birth weight, underweight, anaemia, micro-nutrient deficiency disorders and breastfeeding, Paterson demonstrates that the nutritional challenges facing children vary as a function of geography, socio-economic conditions and cultural norms.

Bryant-Tokalau picks up on one of these nutritional determinants, namely poverty. In her paper, she attempts to correlate poverty with health related indicators in the Pacific in order to better understand where (in which

populations) nutrition and other child health problems occur. She was frustrated in her efforts by the lack of readily available data, and calls, therefore, for improved data and analyses. The "Original Papers" section concludes with a case study on weaning practices in Tonga.

In the remaining sections of the issue, we have attempted to include papers on specific child health problems, and descriptions and evaluations of innovative interventions. While reading the papers, a number of themes and strategies for moving forward become clear. In particular, we would like to draw attention to the importance of preventive care and primary health care in general; to decentralization and community-based initiatives; and to the integral role of advocacy and social mobilization for improved health outcomes in children.

Due to limited space and a lack of current relevant research, this issue suffers from a number of lacunae. For example, we would have liked to include articles on childhood disability; the implications of high fertility rates on infant and child health; adolescent issues, particularly pregnancy, sexually transmitted diseases and suicides; illegitimate, orphaned and unwanted children; child oral health; more case studies on effective intervention programmes; and some analysis on the financing and delivery of child health programmes.

An important contribution would have included hearing directly from children on how they themselves perceive their health and interactions with the health system. These gaps represent both an agenda for research and the need for more literature in the area of child health in the Pacific. We therefore extend a welcome to readers of this journal to contribute ideas and unpublished papers to us for possible inclusion in a book on this theme.

Almost all of the papers which were reviewed for this special edition made reference to the rapid changes occurring in the Pacific. These changes, be they political, economic, social or cultural, have an impact on child health either directly or indirectly. The papers in this edition paint a mixed picture of child health and health trends as a consequence of these changes.

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In this period of flux, high level attention has been given to the state of our children’s health. As health professionals and advocates we have a special opportunity and obligation to see that the political resolutions do become reality. □

WE HAVE A CHOICE. WE CAN CONTINUE WITH ‘BUSINESS AS USUAL’ NEGLECTING THE POOR MAJORITY, OR WE CAN SHIFT OUR FOCUS TO PROVIDING ‘SOME FOR ALL RATHER THAN MORE FOR SOME’. BY OPTING FOR THE LATTER WE CAN HELP SHAPE A BETTER AND MORE JUST NEW WORLD ORDER AND CONTRIBUTE TO ENVIRONMENTAL SUSTAINABILITY INTO THE 21ST CENTURY.”

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