ELEVENTH PACIFIC HEALTH MINISTERS MEETING  
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NURTURING CHILDREN IN BODY AND MIND

Protecting children is a critical issue for Pacific island countries and areas. Although infant mortality remains high in several countries, child health has improved over the past 20 years through improvements in maternal and child health care, immunizations and other programmes.

Challenges include ongoing threats of disease outbreak, insufficient emergency obstetric and newborn care and family planning services, poor nutrition and food security. Obesity, adolescent fertility and prevalence of sexually transmitted infections are high in some countries.

Multisectoral responses are required to tackle these issues. Future directions include improving the quality of reproductive, maternal, newborn, child and adolescent health services, and reaching disadvantaged populations by focusing on equity and implementing proven interventions. Immunization, Integrated Management of Childhood Illness, Baby-friendly Hospital Initiative and nutrition supplementation programmes merit a strong focus. Improved monitoring of child growth and development, including early identification and care of mental and other health issues is also critical, along with improved data for key indicators.
1. BACKGROUND

The Yanuca Island Declaration called for children to be nurtured in body and mind. Millennium Development Goals (MDGs) 1, 4 and 5 focus on children. This underscores the importance of addressing issues affecting children.

Nurturing children in body and mind is a journey through the life course, from pre-pregnancy, gestation, childbirth, infancy, childhood and into adolescence. In Pacific island countries and areas (PICs) improvements in access to health-care services have resulted in better health outcomes for mothers, infants and children. However, progress varies across geographic areas and socioeconomic levels. While maternal mortality ratios and under-5 mortality rates have generally decreased, the level of progress is slow, and monitoring of these indicators still relies heavily on international estimates rather than directly measured country data. Precise measurement is difficult due to small population sizes in the Pacific. The under-5 mortality rate varied from 0–75 deaths per 1000 live births with at least five countries having an under-5 mortality rate of more than 30 deaths per 1000 live births.¹

Neonatal mortality is still relatively high and accounts for over 40% of child mortality² although five PICs have no published neonatal mortality data (excluding estimates), and six have only one survey source. Communicable diseases in children, such as pneumonia and diarrhoeal disease, continue to be the most common preventable cause of child deaths.

Maternal health and well-being impacts greatly on child survival and development to adolescence. Poor maternal outcomes can have significant consequences for family well-being including increased mortality among children in affected families..

The prevalence of sexually transmitted infections (STIs) (including chlamydia), unplanned pregnancy, sexual and gender-based violence and substance abuse among adolescents remains high. Young people also are adopting lifestyle behaviours that put them at risk of NCDs. Although teenage pregnancies have declined in some countries, they have been static for more than 15 years in others. Rates continue to be higher than 50 pregnancies per 1000 females aged 15 to 19 years in many PICs.

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¹ Secretariat of the Pacific Community. National Millennium Development Indicators. Pacific Regional Information System [webpage] [http://www.spc.int/nmdi/mdg4, accessed on 4 March 2015].
Immunization coverage has increased, with 13 countries achieving more than 90% DPT 3 coverage in 2010–2013. High hepatitis B birth dose and three dose hepatitis B vaccine coverage have resulted in significant reductions in childhood chronic infection rates in many PICs.

Globalization, changing social structures and climate change have led to a nutrition transition in the Pacific from traditional diets towards processed and imported foods and drinks. Food security is a concern particularly in low-lying countries and those prone to natural disasters. The double burden of malnutrition is evident among young children in whom undernutrition persists. Child overweight and obesity is a growing problem. More than half of adolescents were overweight in some PICs, with increasing trends across all age groups, according to recent surveys.

Finally, an increasing number of children are being diagnosed with mental health conditions, disabilities or other psychosocial problems, for which health systems are inadequately equipped to respond.

2. PROGRESS AND ACHIEVEMENTS

2.1 Improvements in reproductive, maternal, newborn, child and adolescent health services

A wealth of evidence proves that simple low-cost, evidence-based, high-impact interventions can improve maternal and child health, reduce child and adult mortality rates, and reduce health inequalities. PICs have adopted these interventions in their national strategic plans. Some countries have prioritized these interventions in national budgets. Initiatives including Integrated Management of Childhood Illness (IMCI) have improved child health. Implementation has been guided by the continuum-of-care approach, regional strategies and action plans, and development partner contributions.

Many PICs have well-developed reproductive, maternal, newborn, child and adolescent health (RMNCAH) programmes as part of primary health care. Integrated RMNCAH approaches have resulted in reduced morbidity and mortality. For example, improved midwifery and obstetric care including availability of skilled birth attendants (SBAs) – at more than 90% of births in PICs – has resulted in better antenatal, labour and delivery, and neonatal services. In some communities, traditional birth attendants are supporting these services, and breastfeeding and infant-care programmes. Family planning has also contributed to improved child health, through longer child spacing and fewer children. This means parents can allocate more time and resources to nurturing

3 WHO/UNICEF Joint Reporting Form.
their children. Contraceptive prevalence ranges from 8–67% in selected countries. The incidence of unplanned pregnancies and unmet need for contraception remains high in some PICs. Improved contraceptive services, especially among adolescents, will help improve child and maternal outcomes.

Teenage pregnancy rates have declined due to greater commitment by governments to improve the health of young people. Peer education and other strategic health communications have reduced teenage pregnancies, as well as STIs including HIV, which predominantly affects young people. Some countries have health staff dedicated to adolescent health and youth-friendly facilities that provide health services specifically for young people.

2.2 Advances in communicable disease control

Immunization programmes have made considerable progress in PICs. Immunization coverage as measured by three doses of DPT is more than 90% (DPT3) in at least 13 countries. The majority of PICs have achieved high hepatitis B birth dose vaccination coverage. This is important in preventing mother-to-child transmission of hepatitis B. Three PICs have been verified as having reached the regional goal of less than 1% hepatitis B chronic infection prevalence among children, and an additional four have the necessary data through conducting serological surveys for verification. PICs have remained polio free, but high immunization coverage and sensitive surveillance must continue until global polio eradication is achieved. Ten of the 11 countries exclusively using oral polio vaccine (OPV) will introduce at least one dose of injectable polio vaccine (IPV) by the end of 2015. This is a key element of the global Polio Eradication and Endgame Strategic Plan 2013–2018. The other 11 PICs include at least one dose of IPV in their national immunization schedule. Most PICs have eliminated maternal and neonatal tetanus. Measles incidence has reduced significantly. Following the synchronized mass measles catch-up campaign in 14 PICs in 1997–1998, outbreaks of measles have been uncommon. However, outbreaks occurred in some PICs from 2013 to 2015. Due to the high disease burden of childhood pneumonia, all countries have introduced Haemophilus Influenza b vaccine. New vaccines are available for diseases like pneumococcal pneumonia, rotavirus diarrhoea and prevention of cervical cancer. Introduction of these vaccines is ongoing in line with needs and resource availability.

Rheumatic heart disease (RHD), a complication of rheumatic fever due to streptococcal infection in childhood, is associated with poor living conditions and overcrowding. The need for heart surgery in severe cases places a large economic burden on governments. Yet, RHD can be prevented

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through penicillin injection. Over the past 10 years, more data on RHD prevalence has become available, indicating significant issues and several countries have now established RHD programmes.

2.3 Progress in nutrition and noncommunicable diseases

While diets are heavily affected by globalization and trade, there have been efforts to tackle the double burden of malnutrition. Some hospitals across the Pacific have been confirmed under the Baby-Friendly Hospital Initiative (BFHI), but most have not. Only two countries have incorporated the full provisions of the International Code on Marketing of Breast-milk Substitutes into national legislation. These are critical approaches to improve breastfeeding practices in PICs. Nearly all PICs routinely screen pregnant women for anaemia and provide supplements as needed. Vitamin A supplementation programmes have been in operation in three PICs for more than 10 years. Mandatory fortification of flour and salt is in place elsewhere. Social marketing and education programmes promoting healthy diets, local foods, home gardening, breastfeeding and complementary feeding have been extensive. Pilot programmes have been introduced to address severe acute malnutrition through health worker training and provision of therapeutic foods. Implementation of community-based nutrition programmes is limited. Such programmes are critical in the prevention of malnutrition in children.

Efforts to tackle growing problems of overweight and obesity in children have included a focus on health promoting schools, monitoring of heights and weights, and improving complementary feeding practices. Health promoting school programmes have included a focus on food provision and engaging children to develop healthy habits that can last a lifetime. Health promoting schools aim to improve the health and wellbeing of students through a whole-of-school approach.

3. ISSUES

3.1 Unmet needs in maternal and child health and family planning

Adolescent fertility rates in some PICs are some of the highest in the world. The unmet need for family planning in some PICs means many births are unplanned. The quality of antenatal care needs to improve particularly in rural and remote settings. Poor availability of emergency obstetric care in some countries is concerning as this critical intervention can address life-threatening obstetric complications. Maternal deaths continue in countries where SBAs are insufficient and emergency obstetric care is limited.
Disadvantaged children often struggle to survive. Adolescents who lack nurturing environments are poorly equipped to make responsible decisions and are more likely to adopt risk behaviours early. Changing socio-cultural dimensions are linked to increasing child abuse, increased single parent households, family violence, unwanted pregnancies and poverty. The legal framework for child protection is weak, although all countries have ratified the Convention on the Rights of the Child.

Other concerns include communicable disease outbreaks and nutrition. While, vaccine-preventable diseases have been reduced, recent measles outbreaks in some PICs highlight the need for continued commitment to close immunity gaps and for improved sensitivity in surveillance. Effective vaccine management, including cold chain systems, is essential for further progress. Nutrition programmes are underfunded and nutrition activities are not well integrated into RMNCAH programmes contributing to variations in the quality of infant and young child feeding practices.

3.2 Effects of globalization and social change on child health

Globalization and social changes affect child growth and development. Child protection, education systems, social services and health service delivery must plan for this changing environment. In particular, child poverty (inequity), child labour, poor diets and nutrition, child abuse and infanticide require consideration in service delivery.

3.3 Health systems and policy concerns

Governments have been challenged to meet increasing demands for health services with limited budgets and resources. Access to services is hampered by a range of health systems factors from national to subnational levels. High turnover and inadequate human resources, under-equipped health facilities, weak referral systems and sub-optimal health information systems contribute to poor delivery of quality services. Good management, governance and leadership needs to be strengthened across the Pacific.

A number of services run in parallel with little collaboration although they are closely related and target the same populations. While vertical programmes with adequate resources can be effective even in a fragile health system, sustainability is compromised by heavy reliance on external funding and overall high costs. Integrated programme delivery is generally more cost effective than vertical programmes.

Most of the national policy and guidelines for maternal and child health are outdated. Further, global and regional commitments may be challenging to translate into national and subnational
programmes for action. New guidelines need to be developed along with efforts to ensure that implementation is well resourced and monitored.

3.4 Mental health issues

Services for child mental illness are not well developed. Mental health issues in children and adolescents are due to biological, psychological and environmental factors. The health sector plays an important role in monitoring child development, but this is often weak with mental illnesses and disabilities identified late. Screening programmes, such as newborn hearing, are not available in most countries. Across the Pacific therapy skills are limited, with speech or occupational therapy unavailable to most children.

3.5 Poor data

Despite the recognized importance of child well-being, significant gaps in data persist. Countries rely heavily on estimates, particularly for neonatal and maternal mortality. There are numerous challenges for reporting child health, particularly for events that occur outside the health system. Strengthening the reporting, collection, analysis and use of national data and focussing on routine reporting systems through health and civil registration and vital statistics (CRVS), is critical to improving health information.

4. FUTURE DIRECTIONS

A robust health service is critical to ensure children are nurtured in body and mind. This requires approaches that cut across health-service levels including routine monitoring, specialized care (for high-risk pregnancies, and acute and chronic child health problems) and community-based preventive programmes. These approaches require: strong political commitment to allocate resources; effective leadership and management; and multisectoral efforts framed around the life-course perspective of human development and biological, psychological and social interrelationships. The first 1000 days of life are critical for child health and development. Key issues such as diarrhoea and pneumonia can be effectively tackled through proven approaches.
4.1 Governments may consider:

(1) Strengthening service provision to ensure child health, including the provision of prenatal and maternal care.

- Consider rational introduction of new vaccines based on disease burden, financial availability and sustainability;
- Agree on a core set of indicators from globally agreed targets and indicators, and ensure that there are adequate resources to regularly measure and report on progress;
- Undertake country assessments of the continuum of care from pre-conception to 5 years, and identify gaps in service provision and issues with equity. Consider rural and urban needs, health-care costs and the availability of skilled staff;
- Ensure that maternal health care includes strong perinatal services and enhanced emergency obstetric care including support for teenage and rural mothers;
- Ensure appropriate family planning services are widely available and accessible;
- Focus on reducing teenage pregnancies through strategic and innovative health communication and advocacy;
- Provide diagnosis and appropriate treatment of STIs before and early in pregnancy with emphasis on the elimination of congenital syphilis and prevention of parent-to-child transmission of HIV;
- Ensure sufficient resources, functional cold chain equipment, and effective vaccine management and service delivery to achieve immunization targets;
- Strengthen surveillance for vaccine preventable diseases;
- Integrate RHD screening and treatment services with child health services; and
- Strengthen maternal and child mental health through integration in general health-care settings.

(2) Building on success stories in programme implementation and health outcomes.

- Revitalize BFHI, through high-level commitment in each PIC to pursue accreditation and re-accreditation for their hospitals;
- Develop strong partnerships between ministries of health and education, and use these partnerships to implement comprehensive health promoting schools programmes, focused on local priority issues. This includes strengthening the holistic family life education programme;
- Share best practice stories on programme delivery e.g. by facilitating exchange visits and through social media; and
• Conduct in-depth studies of specific activities, particularly where activities are not equitably delivered.

(3) Strengthening IMCI and early child development monitoring.

• Undertake a review of child development monitoring and identify areas to be strengthened;
• Incorporate monitoring milestones within patient information systems for child development from birth to five years;
• Incorporate IMCI fundamentals within primary health care structures;
• Develop a body mass index monitoring system for school children, and where appropriate for pre-schoolers, to identify and track overweight and obesity;
• Raise the profile of nutrition in the national development agenda and link with food security and NCDs; and
• Assess the status of breastfeeding and complementary feeding practices, and ensure appropriate educational and support programmes are available.

(4) Ensuring a holistic, life-course approach to protecting and nurturing children.

• Adopt a holistic approach in national strategy development across sectors including consideration of the social determinants of health;
• Develop or strengthen legislative protection for children including adolescents; and
• Support continuum of care and life-course approaches through intervention packages for families and communities from pre-pregnancy up to old age in all settings.