

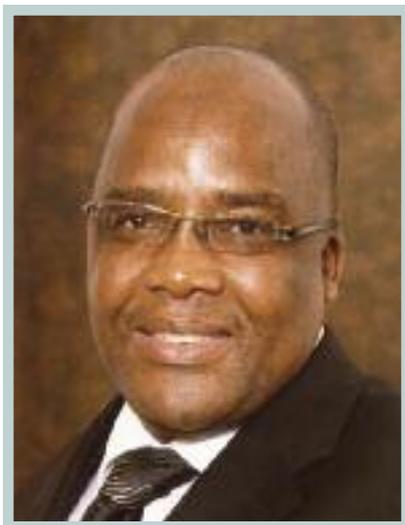
# A vision for child health in South Africa

The honourable Minister of Health, Dr Aaron Motsoaledi

South Africa has made children a priority and has signed the United Nations Convention on the Rights of the Child. Children also became the first beneficiaries of the first policy pronouncement by the first democratically elected President of South Africa, Dr Nelson Rolihlahla Mandela: that of free health care for pregnant and lactating women and for children under the age of six years.

Despite this, the mortality in South Africa is very high – an indication that children are still at the mercy of various conditions that rob them of their lives and development. Many children die from preventable conditions. This is because children are particularly sensitive to the environment and the deficiencies in the health system. Fortunately a great majority of the causes of death are preventable and unnecessary. Coverage of most key child survival interventions, including preventive strategies such as immunisation and treatment of common causes of childhood mortality such as diarrhoea and pneumonia, is high.

Lack of substantial progress in reducing under-five mortality, despite the implementation of these key child survival interventions, can be attributed to the effects of the HIV pandemic. An estimated 40 – 50% of childhood deaths are related to HIV infection. The prevention of childhood AIDS through primary prevention of HIV infection in the general population and the prevention of transmission from mother to child provide the key to improving the survival and well-being of children in South Africa. There are other contributing factors, such as the absence of mobilisation for the health of children at primary health care (PHC) level.



## New HIV/AIDS initiatives

On World AIDS Day in 2009, his excellency President Jacob Zuma announced changes to the HIV and AIDS programme that aim to reduce mortality from HIV and AIDS by strengthening both prevention and treatment efforts. Preventive efforts focus on the encouragement of all people to know their status and thus take responsibility for their reproductive future, while the treatment component will focus on improving access to antiretroviral therapy (ART).

The new ART programme aims to achieve the best health outcomes in the most cost-efficient manner with decentralisation of service delivery to primary health care level. A commitment to ensuring that ART is available at all primary health care facilities, and that professional nurses are able to initiate and provide ART, will result in significant improvements in access to ART.

New interventions that specifically aim to improve outcomes for mothers and children include:

- Lowering the criteria for eligibility of pregnant women to have lifelong ART so that more women are placed earlier on the ART programme. This should significantly reduce the number of mothers who die from HIV infection during pregnancy or during the postnatal period.
- Providing more effective prophylaxis to prevent vertical transmission in pregnant women who do not qualify for lifelong ART.
- Making breastfeeding safer for HIV-exposed infants through the provision of prophylactic ART to these infants.

- Initiating ART in all HIV-infected infants younger than one year of age as this has been shown to significantly reduce mortality.

## Other initiatives

There is nothing new in the *care of children*. However, there needs to be renewed commitment to *caring for children*. Immunisation and breastfeeding are still major and important components for the protection and nurturing of children. Immunisation against pneumococcal and rotavirus infections was introduced into the routine Expanded Programme of Immunisation (EPI) schedule in April 2009. These vaccines are expected to prevent many deaths amongst infants and young children from acute respiratory infections and diarrhoea respectively. The measles outbreak experienced in a number of provinces during 2009 and 2010 has also highlighted the need for ongoing strengthening and surveillance of routine immunisation programmes. Home-based interventions such as oral rehydration need to be used at community and household level to improve child survival.

There are other challenges that children face today. The levels of violence and neglect that are directed at children are not acceptable. There is also a need to address children left destitute by various causes such as motor-vehicle crashes. Children are also disproportionately affected by poverty, with profound effects on their development.

The Integrated Management of Childhood Illness (IMCI) strategy is the cornerstone of child health service provision at PHC level. The strategy, which incorporates key preventive and curative interventions to address the main causes of childhood mortality, has been implemented. However, successful high quality implementation requires sustained support and ongoing monitoring. The quality of care provided at hospital level (especially district hospitals) also requires improvement. This is of particular importance with regard to the care of newborn babies. Deaths during this period account for almost one third of all deaths in children younger than five years of age. In South Africa most babies are born in hospital, and improvements in the quality of care provided to mothers and their newborn babies would be expected to prevent a significant proportion of these deaths.

The Department of Health is also committed to addressing the social determinants of health, especially poverty, lack of access to clean water and sanitation, poor housing and lack

of household food security. Likewise, expansion and strengthening of school health services have been identified as important areas for collaboration between the Departments of Basic Education and Health.

The challenges involved in ensuring successful implementation of these policies and services should not be underestimated. The recent *Lancet* series on South Africa identified key requirements for improving maternal and child health including the need to strengthen leadership, accountability mechanisms and quality of care interventions. The need to improve the functioning, management and financing of the health system is accepted, and forms the basis for the Department of Health's 10 Point Plan.

Bridging the gap between policy and implementation requires determination. Just as addressing the HIV pandemic requires that all South Africans take responsibility for their actions, all South Africans need to work together to ensure that the country's mothers and children survive and thrive. Whilst policy-makers, health service managers and health care workers have a particular responsibility to ensure that all children have access to a full package of health services, parents, families, communities and civil society also need to define and fulfil their roles and responsibilities.

Academics and researchers have an important role to play in analysing and documenting the health status and needs of children, and the successes and failures of the country's response. It is hoped that this issue of the *South African Child Gauge* stimulates engagement and debate, and contributes towards our common goal of ensuring the survival and optimal development of the nation's children.

South Africa faces significant challenges in terms of achieving Millennium Development Goal (MDG) 4 which calls for a two-thirds reduction in under-five deaths between 1990 and 2015. It also faces major challenges in achieving the three-quarters reduction in maternal mortality (MDG 5). It is possible to overcome these challenges. We want to have an HIV-free generation. We need an HIV-free generation, protected from violence and neglect.

I call on all – communities and health workers, researchers and policy-makers – to place children first in all they say and do. A nation that neglects its children is a nation that forgets itself. By doing the simple things we can make great gains in achieving our goals as a nation. Doing what is best for children is doing what is best for the nation.