South African Child Gauge 2009/2010

Executive summary

The *South African Child Gauge* is produced annually by the Children's Institute, University of Cape Town, to monitor government and civil society's progress towards realising the rights of children.

This issue focuses on child health. (Please see the *South African Child Gauge 2009/2010* for the primary sources of data cited in this summary.)

Part one: Children and law reform

Part one discusses recent legislative developments affecting child health including the Children's Act, the Prevention of and Treatment for Substance Abuse Act, provincial health legislation, Tobacco Products Control Amendment Acts, regulations to the Basic Conditions of Employment Act and new regulations to the Social Assistance Act.

The Children's Act supports children's right to participate in health care decision-making in line with their evolving capacity and introduces new consent provisions for medical treatment, surgery, contraception, HIV testing and disclosure. The extension of the Child Support Group will enable poor families to provide basic necessities, and keep teenagers in school. If effectively enforced, the regulations on Hazardous Work by Children should lead to healthier working conditions, while amendments to the Tobacco Products Control Act should protect children from the health risks associated with smoking.

Part two: Healthy children: From survival to optimal development

A series of 12 essays reflect on progress towards realising children's rights to health in South Africa. The essays identify some critical issues that must be addressed both within and outside the health care system to ensure the survival, health and optimal development of all children in South Africa

Introduction

Children's rights to health

Children's right to health is defined broadly in international law and includes not only the right to health care services, but also the rights to water and sanitation, food, social security, housing, health education and the right to participate in health care decision-making.

The South African Bill of Rights includes the full range of socio-economic rights that are recognised in international law and South Africa has put in place a comprehensive range of laws, policies and programmes to realise these rights. Yet South Africa's high child mortality rates suggest that the State is not implementing these laws and programmes effectively.

The Constitutional Court has played a pivotal role in protecting children's rights by ordering the State to roll out the prevention of mother-to-child transmission programme (PMTCT) in 2000. The comprehensive roll-out of the PMTCT has contributed to reducing the numbers of babies that contract HIV from their mothers' during birth or breastfeeding. However, the Constitutional Court did not prioritise children's rights in its recent judgment on free basic water despite lack of access to water and sanitation contributing to the high number of children under five that die from diarrhoea. Given children's lack of political power to influence the Executive or Parliament, the Constitutional Court needs to be more pro-active as the upper guardian of children and actively consider children's rights and best interests in all cases before it.

Status of child health in South Africa

Children under five account for over 80% of all child deaths in South Africa. UNICEF estimates that under-five mortality increased from 56 deaths per 1,000 live births in 1990 to 73 in the year 2000. This increase has been ascribed to the HIV pandemic and deteriorating health care services. The increase was followed by a slow decline to 67 deaths per 1,000 live births in 2008, which coincided with the rollout of the prevention of mother-to-child prevention programme.

Leading causes of death for children under five include neonatal causes, HIV and other childhood infections (primarily diarrhoea and lower respiratory infections), while injuries are the primary cause of death amongst older children.

Poverty is a key driver of child mortality because poor diet and unhealthy living conditions increase children's exposure to illness and injury. It is therefore essential to address the underlying social and environmental determinants of child health. The coverage and quality of child health services also need to be improved. This includes well-functioning community health worker programmes, improved staff ratios and training to improve quality of care at clinics and district hospitals, and a focus on those districts where children are most in need. Regular and reliable data on child mortality and child health outcomes are essential to monitor progress.

Critical issues in child health

HIV, tuberculosis and child health

South Africa has succeeded in meeting its targets for the prevention of mother-to-child transmission (PMTCT) and the number of children initiating antiretroviral therapy (ART), but the number of newly infected children remains high. South Africa has the largest paediatric ART programme in the world with a coverage of 61% in 2008. Achieving 100% coverage of PMTCT would virtually eliminate paediatric HIV.

HIV-infected infants in resource-poor settings are extremely vulnerable, and the World Health Organisation recommends that all HIV-positive children under 12 months should commence ART as soon as possible.

Children with HIV have a much higher risk of acquiring tuberculosis (TB), and TB infection is present in 40% of HIV-infected children. It is therefore essential to integrate HIV/AIDS and TB programmes to ensure better management of co-infected patients. A recent study shows that ART reduces the risk of developing TB by 70%.

An integrated approach to malnutrition in childhood

The malnutrition-infection cycle is a key driver of child mortality as poor nutrition increases children's vulnerability to illness, and *vice versa*. In 2005, 9% of children aged 1 – 9 were underweight and 18% were stunted. Sixty percent of children under five who died in hospital between 2005 and 2007 were underweight.

Underlying causes of malnutrition include poor household food security, inadequate maternal and child care, and poor access to health care and other basic services such as water and sanitation.

The Integrated Nutrition Programme (INP) has been successful in reducing stunting in children, but increases in vitamin A deficiency, extremely low rates of exclusive breastfeeding, and the poor management of severe malnutrition in children are causes for concern.

South Africa needs to address staff shortages and provide effective training, monitoring and support tor primary health care and nutrition workers. Community-based programmes and nutrition surveillance systems need to be strengthened. Improved access to social assistance and increased support for land reform, rural development and small-scale agriculture are required to improve household food security.

Mental health and risk behaviour

Many children suffer from psychiatric problems such as attention deficit disorder, depression and post traumatic stress. These children are more likely to engage in risk behaviour. Similarly, unsafe sex, violence, alcohol and drug abuse may contribute to physical and mental illness.

According to the National Youth Risk Behaviour Survey, nearly 40% of learners in grades 8 – 11 have had sex, and of these 32% had more than one partner in the three months preceding the survey. Yet, despite these risk behaviours, condom use was high among youths.

Thirty-five percent of learners used alcohol in the month preceding the survey, 21% smoked cigarettes and 10% used cannabis. Violence and bulling are also prevalent at schools: 27% of learners felt unsafe at school, 31% reported being in a physical fight, 15% carried a weapon and 9% reported forcing someone to have sex. Involvement in one risk behaviour increases the risk of engaging in other risk behaviours.

Unsafe sex, violence and alcohol abuse are the leading drivers of death and disability in South Africa, so it is vital to address the early manifestations of these problems in childhood and adolescence. Interventions need to be comprehensive and address both mental health problems and the associated risk behaviour. Health promotion, prevention and treatment should be offered at primary health care clinics, schools, youth and community-based organisations. It is also essential to address the culture of violence in homes, schools and society.

Health services for children

Basic health care services for children

The content of children's constitutional right to 'basic health care services' has yet to be defined by Parliament or the courts. However, there are a range of proven and cost-effective services which could provide a starting point for defining a package of basic health care services for children.

These essential services cover the whole of the child's life from conception to adolescence. Although most of these services are delivered through the district health system, it is also important to improve referral systems to provide continuity of care.

Quality and coverage varies widely between districts and across programmes. While some interventions have achieved excellent coverage, others – such as exclusive breastfeeding and vitamin A – are poor. The recent measles outbreak indicates some of the challenges that remain.

The Department of Health's decision to prioritise the provision of maternal and child health services in the 18 poorest districts is a step in the right direction. An annual child death enquiry is also essential to monitor and sustain progress.

Managing resources and building capacity in the context of child health

Since 1994, South Africa has made significant progress in improving access to health care services; yet it has failed to reduce child mortality and malnutrition. While the government spent 11% of the budget on public health in 2008/09, annual expenditure has failed to keep up with the growing burden of disease and it is unclear how much of this money is spent on children.

Marked inequalities in health spending exist between the private and public health system, and between provinces. Poor budgeting, staff shortages and a lack of leadership and accountability contribute to poor service delivery.

Leadership is required to address these problems and to ensure that provinces and districts prioritise child friendly programmes. Establishing norms and standards should improve performance and accountability. Additional staff and training should reduce queues and improve the quality of care, while more community health workers are needed to promote the early recognition and treatment of childhood illnesses. Improving the quality of child health data is essential in order to set priorities, monitor programmes and identify districts in need of support.

Child health and community-based services

Community-based programmes have proved successful in promoting immunisation and breastfeeding, treating childhood pneumonia and diarrhoea, and helping reduce child morbidity and mortality.

Recent efforts to improve child health at community level have focused on the Integrated Management of Childhood Illnesses, which identifies 16 key family practices that improve children's survival, growth and development. However implementation has been patchy as dedicated financial and human resources have been lacking especially at district level.

Part of the problem is that the sector remains largely unregulated without standardised training, remuneration or management systems, and integration with formal health services is often weak. Most community health worker programmes are funded and managed by the HIV/AIDS programme, and tend to focus on home-based care rather than maternal and child health.

Two recent policy developments attempt to address these problems. The draft Community Care Worker Management Policy Framework developed jointly by the departments of Health and Social Development aims to develop a standardised approach to the management, training, supervision and financing of community-based programmes. The draft Framework for Accelerating the Provision of Community-Based Maternal, Neonatal, Child and Women's Health and Nutrition Services outlines a package of services that should be made available to all mothers and children in South Africa. These maternal and child health services should be integrated into existing community health worker programmes and form the core of a comprehensive community-based service.

Child- and family-friendly services

The Children's Act, which came into force in April 2010, outlines children's right to participate in health care decision-making in line with their evolving capacities. This means child- and family-friendly services are no longer an optional extra, but an imperative.

A number of initiatives welcome, support and involve children and their families in hospital and clinic settings. These interventions need to be age appropriate to meet children's developmental needs. For example, baby-friendly hospitals support breastfeeding and care of newborns, and youth-friendly services are targeted at adolescents and young adults.

Many health professionals don't know how to talk to children or involve them in decision-making, while those working in resource-poor settings are often too stressed to make the effort. However, examples from southern Africa show that limited time and resources do not have to hamper the implementation of child- and family-friendly services.

Shifting practice will require leadership and capacity building on the ground to equip health professionals with the skills to communicate with children, recognise and alleviate distress, and actively involve children and families in decision-making.

A healthy environment

The social and environmental determinants of health

Children's health is shaped by political, economic, physical and social environment in which children are born, live, grow and develop. In South Africa, children are disproportionately affected by poverty and nearly two-thirds of children live in the poorest 40% of households. Stark inequalities persist between rich and poor, black and white, rural and urban areas. One in five children is stunted and more than one in three children don't have access to drinking water and basic sanitation.

Poverty not only shapes children's living conditions, it also deprives them of access to food, housing, health care and other basic services. This has a cumulative, life-long impact on health, and may trap future generations in poverty.

Child health is not just shaped by socio-economic conditions. Unsafe sex, alcohol abuse and intentional violence also contribute to the high burden of disease.

While the family is primarily responsible for children's growth, well-being and development, the State has a duty to provide an enabling environment. This requires concerted action across all sectors of government to address inequalities and ensure that child health is placed at the centre of the development agenda.

The way forward

A vision for child health in South Africa

Minister of Health, Aaron Motsoaledi, provides a clear vision for child health in South Africa. The essay identifies the need to strengthen key programmes such HIV/AIDS, immunisation and the Integrated Management of Childhood Illnesses.

The HIV pandemic is the primary driver of under-five mortality, therefore the prevention of paediatric AIDS is key to improving the survival and well-being of children in South Africa. New interventions that specifically aim to improve outcomes for mothers and children include:

- Making ART available to pregnant women with CD4 counts below 350 µl.
- Providing more effective prophylaxis to prevent vertical transmission of HIV.
- Making breastfeeding safer by providing prophylactic ART to HIV-exposed infants.
- Initiating ART in all HIV-infected infants younger than one year of age.

While there is nothing new in the *care of* children, renewed commitment to *caring for* children is essential – within the home and health care facilities. Good policies are in place, but need to be put into practice. The IMCI strategy is the cornerstone of child health services and requires sustained support and monitoring at primary health care level. Routine immunisation programmes also need to be strengthened. The quality of care in hospitals needs to improve, in particular the care of newborn babies who account for one-third of all deaths in children under five years of age.

The minister calls on health workers to put policy into practice and urges all South Africans to work together to ensure that mothers and children not only survive, but thrive.

Recommendations

Drawing on the key findings of the preceding essays, this summary outlines key recommendations for government, civil society and caregivers of children, including four essential steps towards realising children's right to health in South Africa:

- **Address the social determinants of health**
  Deep-rooted poverty and inequalities continue to have a significant impact on child health; so the first priority is to advocate for greater equity in social and environmental determinants. This includes improving access to food, water, sanitation, housing, health facilities and social assistance.
- **Improve delivery of health care services**
  Good governance, especially at district level, is essential to improve the quality and coverage of care. Children's health services also need to be prioritised, especially child spacing, nutrition and the Integrated Management of Childhood Illnesses (IMCI).
- **Strengthen community-based care**
  Priority needs to be given to diseases of the poor. This requires a shift in focus from doctor-centred curative medicine to a primary health care approach that prioritises community-based and preventative services.
- **Build partnerships**
  Ultimately, the health of South Africa's children is a collective responsibility. While the Department of Health has a key role to play in providing leadership and prioritising services for children, doctors, nurses and community health workers need to realise this vision through the provision of child-friendly services. Partnerships with other government departments and civil society are essential to address the underlying causes of childhood illness and injury. Caregivers and children also have an active role to play in preventing illness and seeking medical care.

Part three: Children count – the numbers

These analyses of child centred data show how children's living conditions and access to services impact on their survival and optimal development. Many of the indicators track trends over the 2002 – 2008 period.

A series of 12 indicators speak directly to children's access to health care services including child and infant mortality, distance to clinics, immunisation coverage, adolescent sexual risk behaviour, HIV prevalence, coverage of antiretroviral therapy, reported child hunger, malnutrition and micronutrient deficiencies.

Other indicators monitored by the *Children Count – Abantwana Babalulekile* project speak to the relationship between children's health and living conditions, such as income poverty and social grants, orphaning and child-headed households, housing quality, education and basic services.

Reliable and accessible child-centred information is essential for informing the design and targeting of policies, programmes and interventions, and tracking progress towards the realisation of children's rights.

For more information see the *South African Child Gauge 2009/2010* which is available at www.ci.org.za . For more child-centred data, visit www.childrencount.ci.org.za.