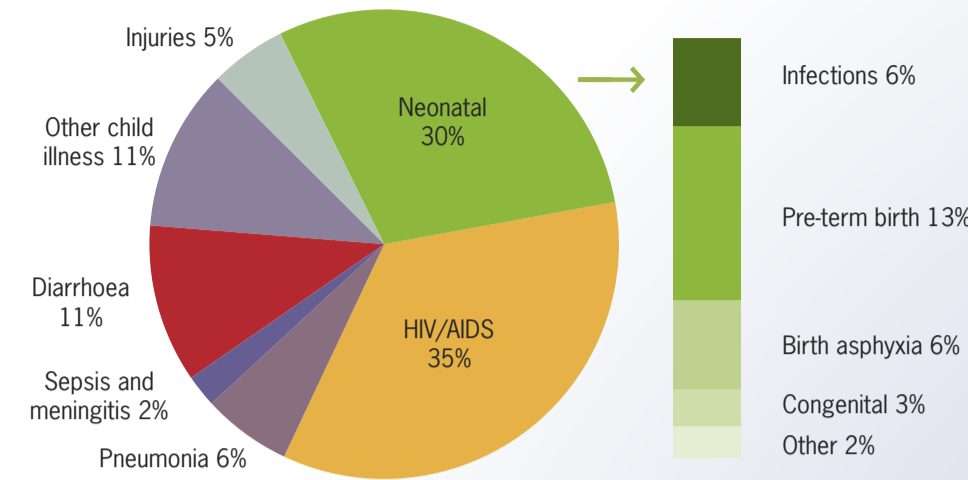


Status of child health

Mortality

- The Constitution says children in South Africa have the right to 'basic nutrition, shelter, basic health care services and social services'.¹
- Despite a range of laws, policies and programmes to realise children's right to health, there has been little improvement in child and infant mortality.
- 81% of child deaths in South Africa in 2007 were children under five years.²
- South Africa is one of only 12 countries currently not on track to meet the Millennium Development Goal to reduce under-five mortality.³ According to modelled estimates, the under-five mortality rate has risen from 66 in 1990 to 73 deaths per 1,000 live births in 2006.⁴
- Leading causes of under-five mortality are HIV/AIDS, neonatal causes and childhood infections (including diarrhoea and lower-respiratory infections).⁵ Injury and trauma are the leading cause of death amongst older children.⁶
- 60% of children under five who died in hospital in 2005 – 2007 were underweight. Malnutrition is a key contributing factor.⁷

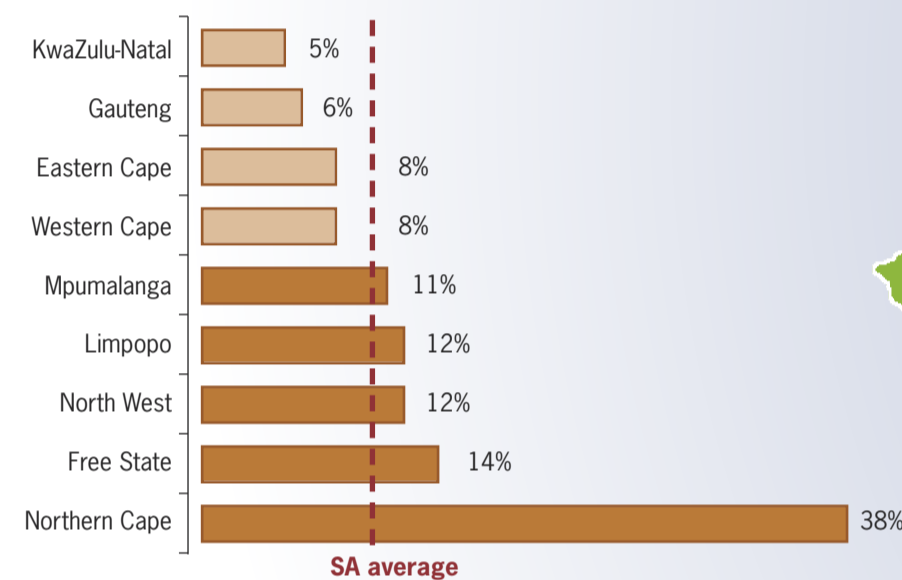


Cause of death for children under five years, 2000

Source: South Africa Every Death Counts Writing Group (2008) Every death counts: Use of mortality audit data for decision-making to save the lives of mothers, babies, and children in South Africa. *The Lancet*, 371: 1294-1304. Data source: Norman R, Bradshaw D, Schneider M, Pieterse D & Groenewald P (2006) *Revised burden of disease estimates for the comparative risk factor assessment, South Africa 2000*. Cape Town: Medical Research Council.

Nutrition

- Stunting, the strongest predictor of childhood mortality in under-five-year-olds,⁸ affected 18% of 1 – 9-year-old children in 2005.
- Only 26% of infants (0 – 6 months) were exclusively breastfed in 2008 – one of the lowest rates of breastfeeding in the world.⁹
- In 2005, 9% of children 1 – 9 years old were underweight in South Africa.¹⁰
- Children need sufficient nutritious food to grow and develop their full potential. Caregivers' ability to provide adequate nutrition is affected by their socio-economic status.



Proportion of children 1 – 9 years who are underweight, 2005

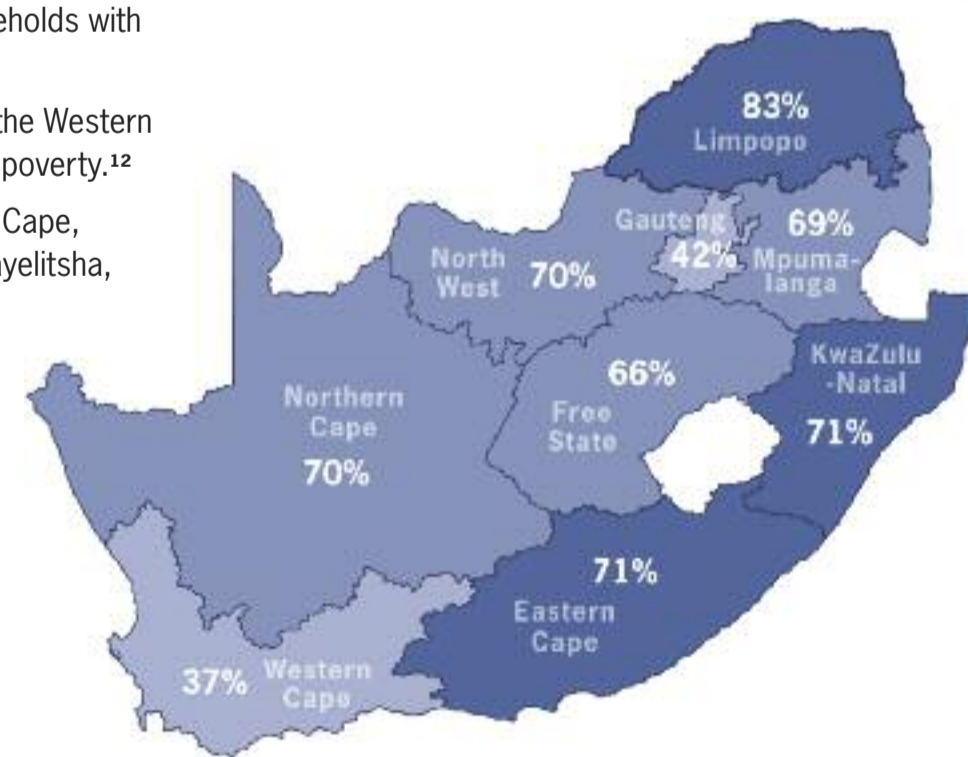
Definition: Children whose weight-for-age measurement is less than two standard deviations from the globally accepted reference cut-off point. Source: Labadarios D (ed) (2007) *The National Food Consumption Survey – Fortification Baseline (NFCS-FB): The knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1 – 9 years and women of child bearing age: South Africa, 2005*. Pretoria: Directorate: Nutrition, Department of Health.

References
1. Constitution of the Republic of South Africa. Act 108 of 1996. 2. Statistics South Africa (2009) *Mortality and causes of death in South Africa, 2007: Findings from death notification*. Statistical release P0309.3. Pretoria: StatsSA. Analysis by D Bradshaw, MRC. 3. Chopra M, Davlaud E, Pattinson R, Fonn S & Lawn JE (2009) Saving the lives of South Africa's mothers, babies, and children: Can the health system deliver? *The Lancet*, 374(9692): 835-846. 4. Actuarial Society of South Africa, ASSA2003 modelled estimates. 5. South Africa Every Death Counts Writing Group (2008) Every death counts: Use of mortality audit data for decision-making to save the lives of mothers, babies, and children in South Africa. *The Lancet*, 371: 1294-1304. 6. See no. 2. 7. Stephen CR, Mulaudzi MC, Kauchali S, Patrick ME (eds) (2009) *Saving children 2005 – 2007: A fourth survey of child healthcare in South Africa*. Pretoria: University of Pretoria, Medical Research Council & Centers for Disease Control and Prevention. 8. Palleter DL (1994) The relationship between child anthropometry and mortality in developing countries: Implications for policy programs and future research. *Journal of Nutrition*, 124(10 Suppl): 2047S-2081S. 9. Shisana O, Simbayi LC, Rehle T, Zungu NP, Zuma K, Ngogo N, Jooste S, Pillayyan Wyk V, Parker W, Pezi S, Davids A, Nwananyawu O, Dint TH & SABSM III Implementation Team (2010) *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: The health of our children*. Cape Town: HSRC Press. 10. Labadarios D (ed) (2007) *The National Food Consumption Survey – Fortification Baseline (NFCS-FB): The knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1 – 9 years and women of child bearing age: South Africa, 2005*. Pretoria: Directorate: Nutrition, Department of Health.

Social determinants

Poverty and inequality

- In 2008, 64% of children lived in the poorest 40% of households with an income of less than R570 per person per month.¹¹
- There are significant inequalities between provinces: Only the Western Cape and Gauteng have less than 50% of children living in poverty.¹²
- Provincial figures mask further inequalities. In the Western Cape, in 2005, there were over 42,000 informal dwellings in Khayelitsha, and only 360 in Bellville.¹³
- Poverty compromises children's health and nutrition, impairs immunity and increases their exposure to illness and injury.
- Social assistance, in the form of the Child Support Grant, has played a key role in alleviating child poverty, and is associated with improved health and nutrition.¹⁴
- In May 2010, more than 9.7 million children aged 0 – 16 years received the Child Support Grant. The grant will be available to all eligible children under 18 years by 2012.¹⁵



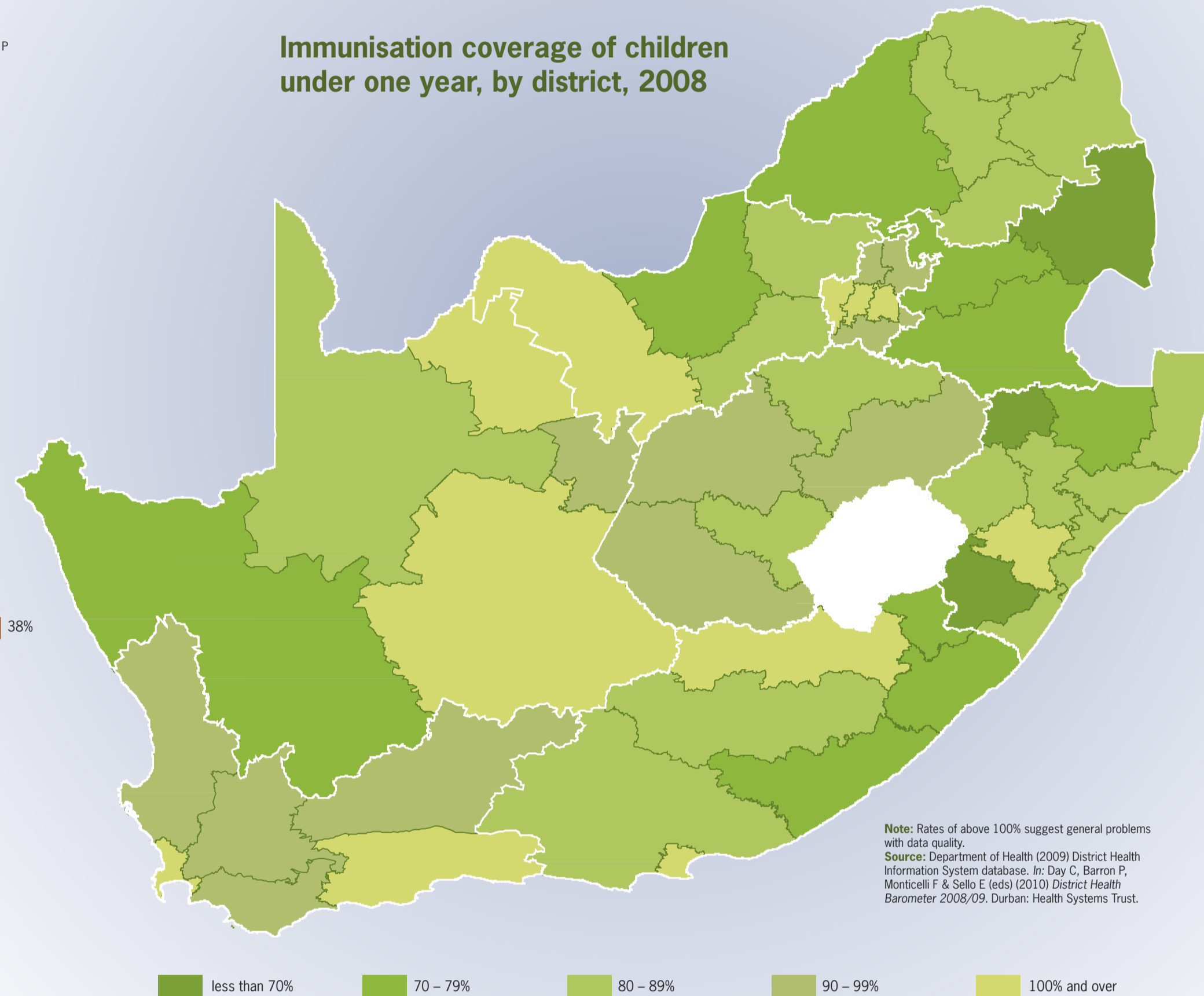
Children living in income poverty, 2008

Definition: Children in households with a per person monthly income of less than R570 in 2008. Source: Statistics South Africa (2009) *General Household Survey 2008*. Analysis by K Hall and DH Marera. Children's Institute, University of Cape Town.

ChildGauge 2009/2010

Children & health

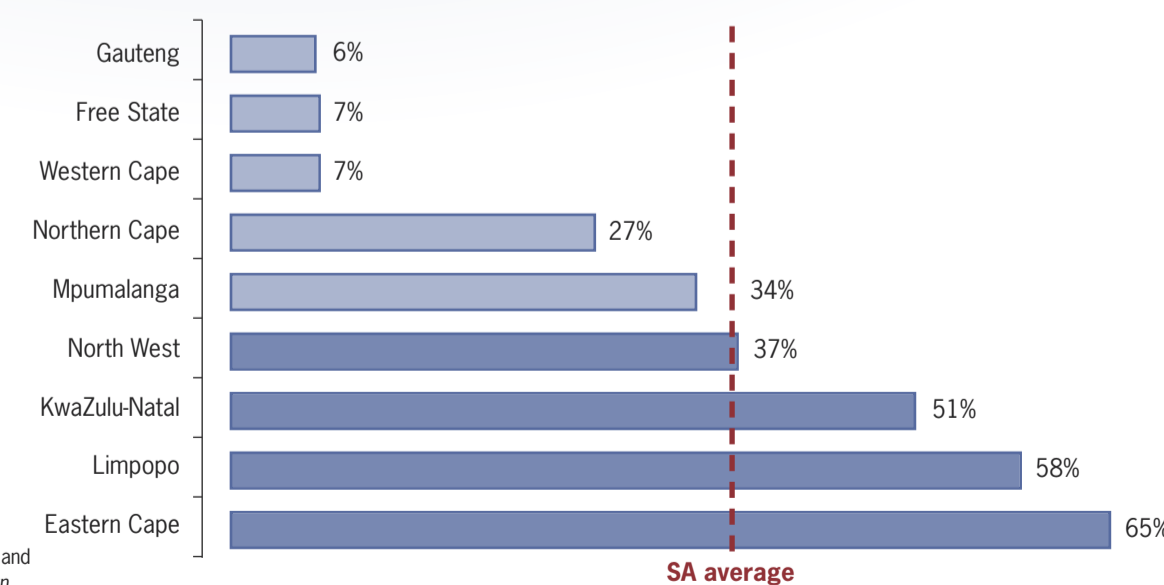
Immunisation coverage of children under one year, by district, 2008



Note: Rates of above 100% suggest general problems with data quality. Source: Department of Health (2009) *District Health Information System database*. In: Day C, Barron P, Monticelli F & Sello E (eds) (2010) *District Health Barometer 2008/09*. Durban: Health Systems Trust.

Living conditions

- Poverty impacts on children's living conditions and access to services.
- Lack of access to safe water and sanitation leads to the spread of diarrhoea, bilharzia, intestinal worms and other water-borne diseases.
- Over 7 million children (39%) rely on inadequate sanitation (unventilated pit latrines, buckets or open veldt).¹⁷
- In 2008, more than a third of children (36%) did not have access to piped drinking water on site.¹⁶
- Over 5 million children (30%) live in over-crowded conditions, which increase exposure to infectious diseases such as tuberculosis.¹⁸
- One in 10 children (12%) lives in informal housing. Young children in these conditions are particularly vulnerable to burns and paraffin poisoning.¹⁹



Children without access to piped drinking water on site, 2008

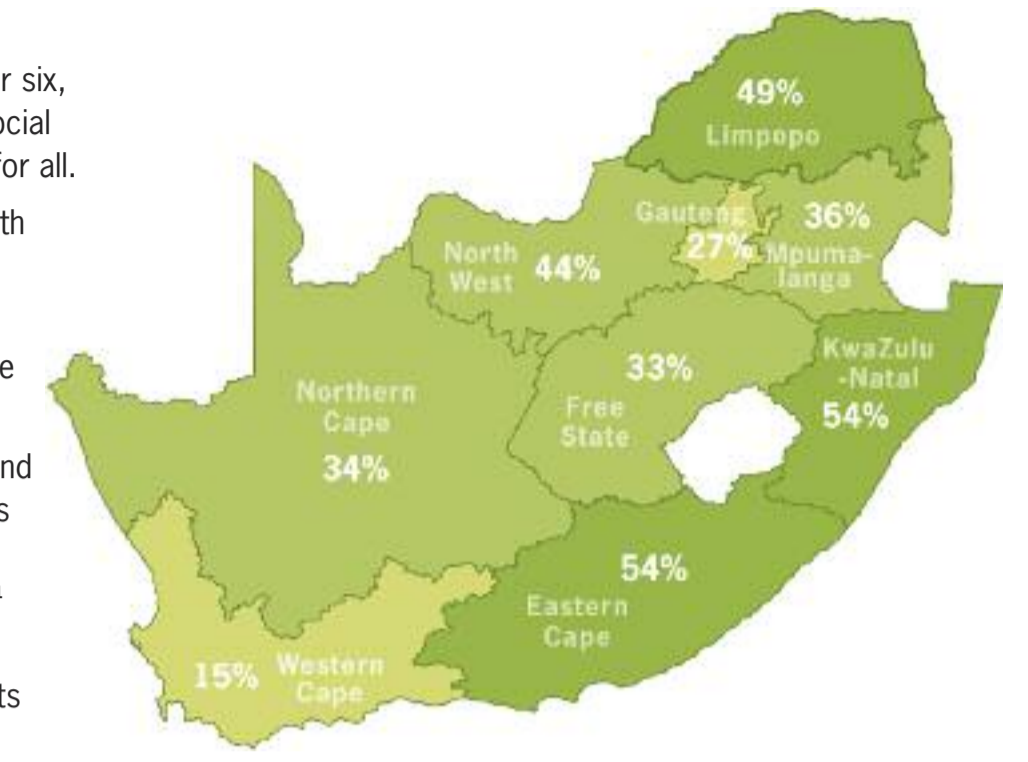
Source: Statistics South Africa (2009) *General Household Survey 2008*. Analysis by K Hall and DH Marera. Children's Institute, University of Cape Town.

References
11. Statistics South Africa (2009) *General Household Survey 2008*. Analysis by K Hall and DH Marera. Children's Institute, UCT. See www.childrencount.ci.org.za.
12. See no. 11. 13. Rodrigues E, Gie J & Haskins C (2006) *Informal dwelling count (1993 – 2005) for Cape Town*. City of Cape Town, Information and Knowledge Management Department. 14. Case A, Hosegood V & Lund F (2005) *The reach and impact of Child Support Grants: Evidence from KwaZulu-Natal*. Development Southern Africa, 22(4), October 2005; Samson M, Lee U, Ntsebe A, Mac Quene K, van Niekerk I, Ghandi V, Harigaya T & Abrahams C (2004) *The social and economic impact of South Africa's social security system*. Cape Town: Economic Policy Research Institute.
15. South African Social Security Agency (2010) *SOCPEX database*. 16. See no. 11. 17. See no. 11. 18. See no. 11. 19. See no. 11.

Health services

Access to clinics

- Public health services are free for children under six, pregnant women, people with disabilities and social grant beneficiaries. Primary health care is free for all.
- High transport costs and long distances to health facilities may lead to life-threatening delays in accessing treatment.
- Over 7 million children (41%) have to travel more than 30 minutes to reach the nearest clinic.²⁰
- There are large inequities between the private and public health service. The public sector provides care to an estimated 85% of children, yet only one-third of paediatricians service their needs.²¹
- Staff shortages also compromise the quality of health services: 36% of health professional posts in the public sector were vacant in 2008.²²

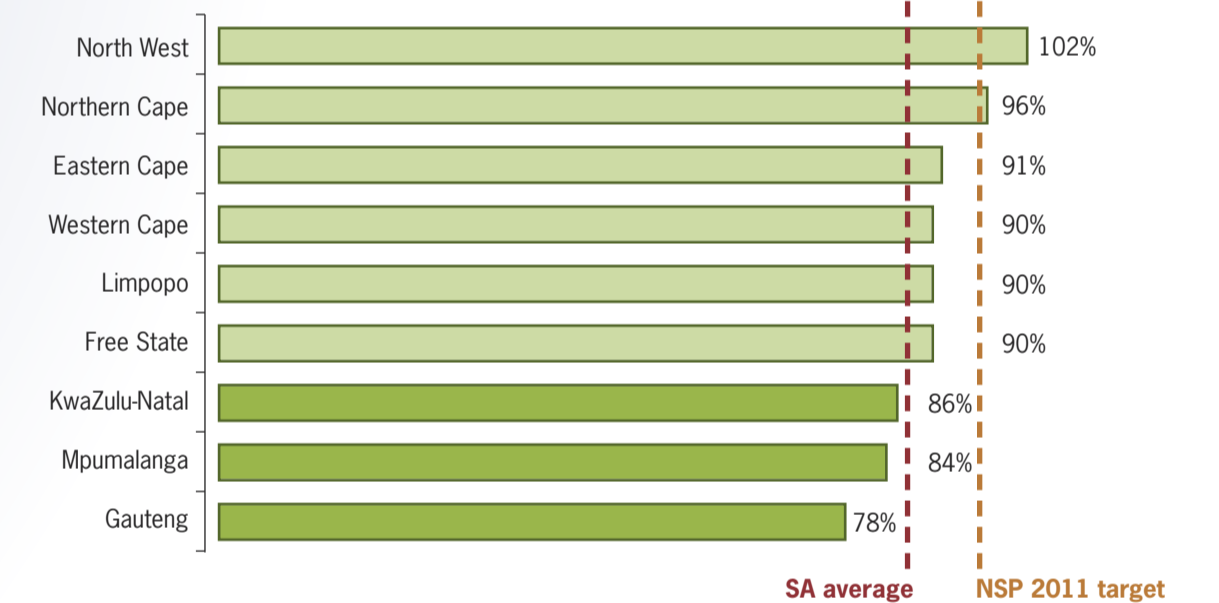


Children living far from the nearest clinic, 2008

Definition: Children travelling more than 30 minutes to the nearest clinic, regardless of transport used. Source: Statistics South Africa (2009) *General Household Survey 2008*. Analysis by K Hall and DH Marera. Children's Institute, University of Cape Town.

HIV/AIDS

- HIV/AIDS is the leading driver of under-five mortality. If prevention of mother-to-child transmission services reached all eligible women, paediatric HIV could be nearly eliminated.
- 87% of pregnant women attending antenatal clinics were tested for HIV in 2008/09.²³
- 29% of pregnant women who were tested in 2008 were HIV positive.²⁴
- In 2007/08, 76% of HIV-positive women received nevirapine to prevent transmission from mother to child.²⁵
- In 2006/07, 57% of newborns exposed to HIV received antiretroviral treatment.²⁶
- The introduction of AZT to the treatment regimen and the recent HIV testing drive should help improve health outcomes for caregivers and children.



Proportion of pregnant women tested for HIV, 2008/09

Note: Rates of above 100% are most likely due to data quality issues, resulting in an over-estimate of the national average. The HIV & AIDS and STI National Strategic Plan 2007 – 2011 (NSP) sets a target of 95%. Source: Department of Health (2009) *District Health Information System database*. In: Day C, Barron P, Monticelli F & Sello E (eds) (2010) *District Health Barometer 2008/09*. Durban: Health Systems Trust.

Child health services

- Immunisation coverage is a good indicator of the extent to which young children access primary health care services.
- Immunisation is a very effective strategy for preventing the spread of illnesses and new vaccines should also help reduce diarrhoea and pneumonia.
- Immunisation provides a 'hook' for scheduling interventions such as vitamin A supplementation, developmental screening, and HIV prevention and care. It is also an entry point for referrals to other programmes, such as the Child Support Grant.
- Nearly 90% of children under 12 months were fully immunised in 2008/09; yet for individual districts, the rate ranged from 61% to 124%, showing large inequities in health care access, and obvious data quality problems.²⁷
- Basic health care services for children need to provide a continuum of care from conception to adolescence.
- The coverage of essential preventative services is low: contraception (60%),²⁸ early antenatal care (27%),²⁹ vitamin A supplementation (29%)³⁰ and exclusive breastfeeding for six months (26%).³¹
- Community health workers are essential for extending the reach of these services and in ensuring that caregivers know when to seek medical treatment.
- Ultimately, child health is a collective responsibility and concerted action is required from government, civil society, caregivers and children.

References
20. See no. 11. 21. Colleges of Medicine of South Africa (2009) *Project: Strengthening academic medicine and specialist training*. (Unpublished data). 22. Health Systems Trust (2008) *Health statistics*. Percentage of health professional posts vacant. See www.hst.org.za/healthstats/134/data. 23. Day C, Barron P, Monticelli F & Sello E (eds) (2010) *District Health Barometer 2008/09*. Durban: Health Systems Trust. 24. Department of Health (2008) *National Antenatal Sentinel HIV & Syphilis Prevalence Survey*. Pretoria: DoH. 25. Department of Health (2009) *District Health Information System database*. In: Day C, Barron P, Monticelli F & Sello E (eds) *District Health Barometer 2008/09*. Durban: Health Systems Trust. 26. Day C, Barron P, Monticelli F & Sello E (eds) (2009) *The District Health Barometer 2007/08*. Durban: Health Systems Trust. 27. See no. 24 above. 28. UNICEF (2008) *State of the world's children 2008*. New York: UNICEF. 29. Pattinson RC, Etsane E, Snyman JS, Bezuidenhout C, Sutton V, Ferreira V, Bergh AP, Makin JD (2007) *Report to UNICEF on the scaling up of the basic antenatal care quality improvement programme in two sub-districts per province in South Africa* (draft). Pretoria: Medical Research Council & University of Pretoria. 30. UNICEF (2008) *State of the world's children 2008*. New York: UNICEF. 31. See Status of child health no. 5.