A vision for child and adolescent health and well-being in South Africa

The Honourable Minister of Health, Zweli Mkhize

Our Constitution commits us to putting children first and Government has prioritised the needs of children by implementing a range of policies since 1994 and will continue to do so. The last South African Child Gauge to focus on child health was published in 2009 – a decade ago. This year's Child Gauge again focuses on children and provides us with an opportunity to reflect on what has been achieved and what still needs to be done to ensure that children are indeed put first, and that they both survive and thrive.

Sustainable Development Goal 3.2 calls for an end to preventable child deaths as evidenced by an under-five mortality rate of less than 25 per 1,000 live births by 2030. In the past decade, South Africa has made considerable progress in reducing our under-five mortality rate. Under-five mortality declined from 56 deaths per 1,000 live births in 2009 to 32 deaths per 1,000 live births in 2019 – a 42.8% decline in 10 years. This means that to meet the SDG goal of 24 per 1,000 we must reduce the under-five mortality rate by 21.9% in the next 11 years.

The majority of deaths in under-fives are still due to preventable conditions including neonatal conditions, pneumonia, diarrhoea, HIV and malnutrition. Reductions in child mortality during the past decade have primarily resulted from ensuring that all pregnant women and children have access to a well-defined package of maternal and child survival interventions that address these preventable causes. Successful implementation of the prevention of mother-to-child transmission (PMTCT) programme has been key to reducing child mortality; nevertheless, HIV infection remains an important cause of child mortality. The Unfinished Business Project successfully implemented a range of interventions that improved case-finding, retention in care and viral load suppression amongst HIV-infected children and adolescents in selected districts in Gauteng and KwaZulu-Natal; we are committed to ensuring that good practices identified through such projects are scaled up so that all children can benefit.

At the same time, as deaths due to these common, preventable causes decline, deaths due to other causes such as congenital disorders, injuries and other non-communicable diseases are beginning to account for a higher proportion of deaths. Preventing mortality and morbidity from these conditions requires different approaches, and our health system will need to expand the range of services provided in the coming decade in order to better address the health needs of children with long term health conditions.

During the past decade, attention has also been paid to the service delivery platform in an effort to ensure that all mothers and children have access to a basic package of health services. Initiatives such as the Ideal Clinic initiative have aimed to improve the quality of services provided at primary health care facilities, whilst introduction of ward-based outreach teams and school health services have aimed to take health services closer to communities. District Clinical Specialist Teams have been established and have contributed to improved clinical governance and improved quality of maternal and child health services in areas with the full complement of the team, whilst innovations such as MomConnect, NurseConnect and the Side-by-Side campaign aim to improve knowledge and support for pregnant women and caregivers.

Looking forward, what needs to be done to improve child health? I wish to highlight three areas that I propose that we prioritise.

The first is to achieve universal health coverage for all South Africans through implementing National Health Insurance (NHI). NHI is a health financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. This means that every South African will have a right to access comprehensive health-care services free of charge at the point of use at accredited clinics, GPs, other health providers and hospitals. NHI will increase access to health services for everyone, including children and adolescents, by ensuring

that access to health services is based on need rather than ability to pay; and should thus not result in financial hardship for individuals and their families. This is especially important for children as we know that they are more likely to live in poor households.

Implementation of NHI is clearly an ambitious plan which will not be realised overnight. However, during the current phase of implementation, legislative and structural arrangements to support NHI are being put in place. For NHI to be successfully implemented, affordable and high-quality health services must be available throughout the country; and efforts are currently underway to improve the quality of care provided in all public sector health facilities and steps will be taken to ensure affordability in both the public and private health sectors. We need to make sure that the needs of children and young people are adequately addressed during NHI implementation. Public hearings are currently underway, and it is critical that children's advocates and children themselves participate actively in these processes.

The second area relates to ensuring better community engagement and mobilisation. This includes: ensuring that the country's many community health workers are well-organised and supervised and provide a focused package of services to all households which includes services for pregnant women, mothers and young children. A scope of work has been agreed for CHWs, but there is a lot of work to be done to ensure that these services are delivered to all families.

There is also a need for every member of the community to embrace and internalise the fact that whilst Government needs to address the social determinants of health, Government cannot go it alone. KwaZulu-Natal's Sukuma Sakhe initiative which viewed the delivery of anti-poverty programmes as a collective responsibility was able to mobilise different sectors at ward level and needs to act as an example of what can be achieved. From a child health and well-being perspective, we need to ensure that such initiatives explicitly include a focus on vulnerable children, especially orphans, in order to ensure that they access the support that is available through different government departments and at community level.

The third issue relates to identifying critical periods for intervention. In line with the Child Gauge, our department also recognises the first 1,000 days and adolescence as critical periods for intervention, when many stakeholders including government departments, non-government organisations and civil society need to work together to ensure that all children, especially the most vulnerable, receive a comprehensive package of services. The role of a healthy food environment is also key during childhood and adolescence especially in the context of both malnutrition and obesity. The food and beverage sectors also need to play their role in providing healthy options; Government too has a role to legislate when necessary to create a healthy food environment.

The National Integrated Early Childhood Development (ECD) policy provides a framework for providing such a comprehensive service for young children. The health sector takes the lead in providing services for mothers and young children (0 – 2 years). During this period, engaging with households and communities is key – especially as many of the interventions required to improve ECD outcomes rely on behavioural change at household level. Health care workers therefore need not only to provide services (like immunizations and antibiotics for children with pneumonia) but to support caregivers to provide nurturing care including exclusively breastfeeding for six months and providing love, play and talk to encourage early learning. Once more, well-motivated CHWs can play a key role in ensuring that this happens.

Likewise, helping adolescents to successfully transition into adulthood remains an important challenge. Our Youth and Adolescent Health Policy aims to help adolescents and youth make the best of their opportunities and life chances and to support them in becoming valuable contributors to our communities. The policy identifies six principal objectives namely: to use innovative, youth-orientated programmes and technologies to promote the health and well-being of adolescents and youth; to provide comprehensive, integrated sexual and reproductive health services; to prevent, test and treat for HIV/AIDS, tuberculosis and non-communicable diseases; to reduce substance abuse and violence; to promote health nutrition and reduce obesity; and to empower adolescents and youth to engage with policy and programming on youth health and be responsible for their health and well-being, so that no one is left behind (including youth with disability). We have implemented a number of initiatives in support of the objectives including Adolescent and Youth Friendly Services (AYFS), the Integrated School Health Programme, B-Wise and the She Conquers Campaign.

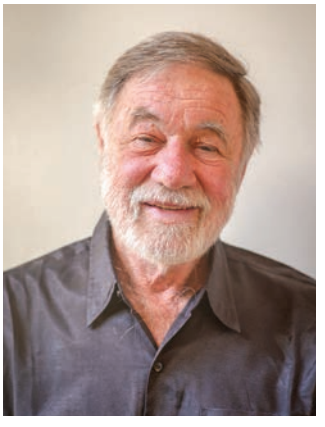
Gender-based violence has recently been flagged as a pervasive societal problem which particularly affects young women. As a society we need to work harder to change gender norms and ensure that gender equality is reached. As a department we have a responsibility to provide services to support women who have experienced gender-based violence. We are aware that in order to affect the large-scale change that is needed to improve the lives of youth and adolescent, we need to work closely with young people themselves, as well as with other government departments,

especially the Departments of Basic and Higher Education as well as non-government organisations, business and civil society.

Having not met our MDG targets for reducing maternal and child mortality, it is particularly important that we carefully monitor progress with regards to meeting the SDG targets – we dare not take our eyes off the ball. This edition of the *Child Gauge* can play an important role in monitoring progress, identifying gaps and suggesting remedial actions.

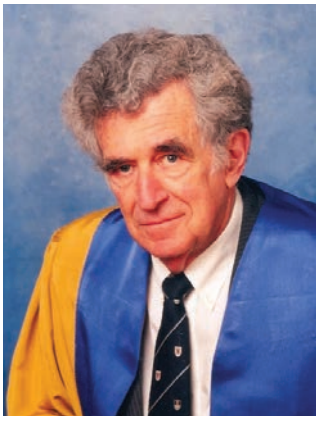
The most important investment that we can make as a country is to invest in the well-being and development of our children and adolescents so that they can go on to lead healthy and active lives. I call on all role-players – communities, health care workers, policy-makers, researchers – to work together to meet our SDG commitments, so that we can ensure that all children and adolescents survive and thrive, and that no child is left behind.

A dedication



This issue of the *South African Child Gauge* is dedicated to **David Sanders** – a global thought-leader and champion for child health. As the founding Director of the School of Public Health at the University of the Western Cape and an Honorary Professor in the Department of Paediatrics and Child Health, University of Cape Town, David challenged us to seek the connections between clinical medicine and public health. He encouraged us to consider not only the immediate causes of malnutrition such as inadequate food intake or recurrent bouts of illness and diarrhoea, but to also look upstream to consider the contexts in which children live, and identify the "causes of the causes" – including the structural inequalities between rich and poor, North and South and the role of transnational food companies in shaping people's food choices .

David was a central member of our editorial team and we miss him greatly. Yet you will see his presence and probing questions running like a golden thread throughout this issue of the *Child Gauge* – in its concern with inequality, its emphasis on the social and environmental determinants of child and adolescent health, its focus on the district health system and the role of community health workers in bringing quality care close to home, and its call to build a movement for child health.



We also remember and honour the legacy of **Maurice Kibel** who was the chief editor of the previous issue of the *Child Gauge* to focus on child health. Maurice was the first Professor of Child Health and established the Child Health Unit (CHU) in the Department of Paediatrics and Child Health in 1979. Under his guidance the CHU played a leading role in research, teaching, clinical service and policy. He was a strong advocate for child health and was instrumental in lobbying for free health care for children, which was realised in 1994. We hope this book will inspire others to take this work forward and to become powerful champions for child health, and that together we will create a more just and equal society in which children can flourish.

May the souls of these giants in the cause for equitable and good quality child health rest in peace.