



29 January 2024

Joint press statement: UN Committee on the Rights of the Child calls government to account: It's time to stop short-changing child health

On 24 and 25 January, the South African government delegation met with the United Nations Committee on the Rights of the Child (UNCRC) to report on progress towards the realisation of children's rights.

Yet despite South Africa being one of the first countries to enshrine children's rights directly in the Constitution, key challenges remain – including significant gaps between the bold vision outlined in our laws and policies and the delivery of services for children on the ground.

In times of stress, children and children's services are all too often forced to pay the price. We therefore note with growing concern the cuts to public health expenditure outlined in National Treasury's Medium-Term Budget Policy Statement (MTBPS) which threaten to erode children's access to health care.

We also welcome UNCRC Commissioner, Dr Philip Jaffé's, guidance to the SA government that "children should be exempted from fiscal tightness, or at least prioritised".

The recordings of the UNCRC session with South Africa are available [here](#) and [here](#).

Children in South Africa are failing to thrive

The under-five mortality rate is widely regarded as a key indicator of national health and development, and the extent to which a country is realising children's rights to life, health care services, nutrition, water, social security and protection.

Yet despite a significant decline in under-five mortality following the rollout of the prevention of mother-to-child transmission of HIV programme, progress has stalled, and South Africa's under-five mortality rate remains excessively high compared with other middle-income countries.

In addition, one in every four young children are stunted or short for age – a sign of chronic malnutrition that eats away at their long-term health, cognitive development, education and employment prospects.

These figures speak to our collective failure to invest adequately in the health of mothers and young children, and these failures matter – not only for the children of today, but for the adults they will become tomorrow and the next generation of children – as they help drive an intergenerational cycle of poverty and ill-health.

Cuts to health expenditure

The latest round of cuts and cost containment measures come at a time when the public health system is already under-resourced and understaffed after years of austerity budgeting; and at a time of increasing pressure on public health care services as people no longer able to afford private health care and medical aid turn to government services.

These funding cuts are projected to deepen the inequalities across and within provinces, and between public and private health care, with children and families in the poorest households who carry the heaviest burden of disease least able to access care.

Cuts to human resources for health

Many posts are already frozen, and restrictions on recruitment and cuts to overtime will make it increasingly difficult for those who are left behind to provide quality care – increasing the risk of burnout, moral injury¹, and adverse events.

These cuts fly in the face of South Africa’s Human Resources for Health Strategy 2030 which call for “significant additional investments in the health workforce ... to improve health service access, quality and equity”.

Gaps in child health services

We also note with concern how children’s health services are often sacrificed in times of stress and strain – with the Network of Child Health and Nutrition Advocate’s Shadow Report to the UNCRC describing how the child health staff are regularly diverted and redeployed to strengthen adult programmes such as HIV/AIDS and TB or to address emerging crises such as the COVID-19 pandemic. So, we worry that yet again, children will bear the brunt of the most recent round of austerity cuts.

Two years post-COVID, gaps remain in the coverage of critical child health services:

- Only 85.5% of infants are fully vaccinated – well below the national target of 90%ⁱ and this failure to achieve herd immunity precipitated outbreaks of measles in all nine provinces in 2023.
- Only 80% of children with HIV have been tested, 55% of these are on treatment, and 56% of these are virally suppressed. With children’s testing, treatment and adherence falling way below South Africa’s overall coverage of 93/78/90, and the UN AIDS 90/90/90 targets.ⁱⁱ So, the R1 billion cut in HIV/AIDS funding, is likely to further compromise children’s access to testing and treatment.
- Child and adolescent mental health services are particularly thinly stretched and underfunded: While more than 10% of children have a diagnosable and treatable mental disorder, only one in ten of these children is currently able to access care.ⁱⁱⁱ

A rise in poverty, malnutrition and child mortality

Accessing health care is often challenging with one in five children in South Africa travelling more than 30 minutes to reach a health facility. This not only limits children’s access to basic health care services such as immunisation, it can also lead to life-threatening delays in accessing treatment, with half of all child deaths in South Africa occurring outside of health facilities.

Rising food and fuel prices further compromise children’s access to care – four in 10 children now live below the food poverty line.^{iv} Many families are forced to make hard choices between feeding their families or accessing medical care, with anecdotal reports of a decline in compliance with medical treatment.

It is therefore not surprising that the national incidence of severe acute malnutrition increased by 23% from 2018/19 to 2022/23,^v and that nearly half of children who died in hospital in 2022 were either moderately or severely malnourished^{vi}.

Of greatest concern is the latest (as yet unpublished) data from the Medical Research Council’s Rapid Mortality Surveillance System which suggest that under-five mortality is increasing.^{vii}

¹ Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one’s own moral beliefs, values, or ethical codes of conduct.

We need to do more – not less – to meet families halfway

In this context of rising poverty, hunger and child mortality, it is vital that we strengthen – rather than cut – child health services at facility and community level so that we are better equipped to reach out, identify and support at children and families at risk.

Some argue that many of these challenges lie outside the health system, requiring a whole of society approach. So, it is important to remind the Department of Health that it has been mandated by the National Integrated Early Childhood Development Policy to serve as the lead department for the first 1000 days of life. This means that it needs to do more, not less – as it has a responsibility to ensure that pregnant women and young children can access quality health care, and a responsibility to drive the intersectoral collaboration needed to address hunger and other social determinants of health.

A legal obligation to protect children’s services

Section 28 of our Constitution recognises children’s vulnerability and the State’s obligation to uphold their best interests and provide a higher standard of care and protection. For this reason, children’s right to basic health care services is immediately realisable and is not subject to progressive realisation or limited by available resources.^{viii}

In addition, Article 24 (2) of the United Nations Convention of the Rights of the Child states that government must prioritise child health within the health plan for the general population,^{ix} and the UN Committee on Economic, Social and Cultural Rights stipulates that these health goods, services and programmes should be available, accessible, acceptable and of good quality.^x

No retrogressive measures

In 2020, the Gauteng High Court (in its ruling against the closure of the National School Nutrition Programme during lockdown) noted that once a State has taken on such an obligation to fulfil children’s rights, it cannot ‘back-track’.^{xi} It also affirmed the UNCRC’s *General Comment 19 on Public Budgeting for Children’s Rights*^{xii} which stipulates that even in times of economic crisis, “regressive measures may only be considered after assessing all other options and ensuring that children are the last to be affected, especially those in vulnerable situations”.

While we recognise that resources are constrained and that budget cuts may indeed be necessary, these should never be made at the expense of children’s health. And any attempt to roll back child health services and social assistance in the context of rising poverty, hunger and mortality, constitutes a clear violation of children’s rights.

A call to action

We therefore wish to remind the Minister of Health and the provincial MECs and Heads of Departments of their international and constitutional obligations to safeguard the health of our most vulnerable children and call on them to issue clear instructions to districts and facilities to ensure that maternal and child health services are prioritised and protected.

Such measures are essential if government is to honour the South African delegation’s promise to the Committee that “budgets for children will not be touched and will be ringfenced so that the welfare and rights of the children are upheld”.

[END]

This press statement is issued jointly by the following organisations and individuals:

- The Children’s Institute, University of Cape Town
- Child Health Priorities Association
- South African Paediatric Association
- Professor Ashraf Coovadia, Head of the Department of Paediatrics and Child Health, University of the Witwatersrand

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ⁱ DHIS data April 2021- March 2022

ⁱⁱ South African National AIDS Council (2022) Annual report 2021/22. Pretoria: SANAC. <https://sanac.org.za/wp-content/uploads/2023/05/SANAC-AR-2022-V13.pdf> p. 14.

ⁱⁱⁱ Tomlinson M, Kleintjes S, Lake L (2022) *South African Child Gauge 2021/22*. Cape Town: Children's Institute, University of Cape Town.

^{iv} Children's Institute (2023) Children Count. Cape Town, Children's Institute, University of Cape Town: www.childrencount.uct.ac.za

^v National Assembly. Question no. 2501. 30 June 2023.

^{vi} Child Health Problem Identification Programme data.

^{vii} *Dorrington et al. Rapid Mortality Surveillance Report 2019 & 2020 - updated.*

^{viii} Lake L, Shung-King M, Heywood M, Nannan N, Laubscher R, Bradshaw D, Mathews C, Goga A, Ramraj T & Chirindavi W. Prioritising child and adolescent health: A human rights imperative. In: Shung-King M, Lake L, Hendricks M & Sanders D. (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, UCT.

^{ix} Office of the High Commissioner of Human Rights (1989) Convention on the Rights of the Child, UN General Assembly Resolution 44/25. Geneva: United Nations.

^x United Nations Committee on Economic, Social and Cultural Rights (2000) The right to the highest attainable standard of health. General comment 14, E/C.12/2000/4. Geneva: UN.

^{xi} Equal Education and others v Minister of Basic Education and others (22588/2020) [2020] ZAGPPHC 306 (17 July 2020)

^{xii} United Nations Committee on the Rights of the Child (2016) General Comment No. 19 (2016) on public budgeting for the realisation of children's rights (art. 4) CRC/C/GC/19. Geneva: UN. <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-19-2016-public-budgeting>