

The state of health in South Africa

Our young democracy is in a state of transition from one government administration to another. It is perhaps timely that as the country enters its mid-teens its state of health should be assessed. In contrast to the past, when the agenda for health tended to be determined by researchers working in developed countries, the tide is turning. The leading medical journal *The Lancet* runs a visionary initiative called the 'Country Series'. This time researchers working in South Africa were invited to participate. The mandate was to assess health care achievements, identify challenges and propose solutions. A steering committee of experts in various fields was convened and chaired by Professor Salim Abdool Karim. The result was the publication of manuscripts on the history of health care in South Africa, HIV and TB, non-communicable diseases, violence and injury. The highlights of the paper focusing on the lives of children comprise the 'Hot Topic' in this issue of *SAJCH*. The most disturbing statement made by authors Micky Chopra and Joy Lawn is that 'South Africa is one of only 12 countries where the under-5 mortality rate is greater than the baseline of 1990.' Although the situation is precarious, specific proven interventions could reduce mortality if implemented. The *Lancet* of 19 September is a highly recommended read!

This issue of *SAJCH* also includes a report by Morrow *et al.* on progressive loss of pulmonary function in patients with cystic fibrosis.

Intuitively one expects a difference in response to the Mantoux skin test between BCG-vaccinated and non-vaccinated children. It would appear that studies are inconsistent. In this issue Mustapha *et al.* report a difference in Mantoux reactions between asymptomatic BCG-vaccinated and non-vaccinated children which was significant if the reaction was >15 mm and not 10 - 14 mm; no variation was noted with gender or age. Problems with the clinical usefulness of the Mantoux test include the fact that it is often performed on symptomatic malnourished children in countries with a high prevalence of tuberculosis. Research efforts on newer tests may lead to the discovery of more reliable diagnostic methods.

The article by Uchendu and co-authors reports on the use and misuse of medication by caregivers in the treatment of watery diarrhoea, the most significant finding being that priority in giving oral rehydration fluids is not consistently practised and some caregivers give medication only. This perceived emphasis on medication to some extent echoes the findings of

a qualitative study by Andresen *et al.* on mothers' perceptions of the Nutrition Supplementation Programme. The programme aims to 'help underweight children gain weight and empower parents to tackle malnutrition', and the study found that although 'most mothers expressed satisfaction with receiving the supplements, which they perceived to be nutritious', they 'had received little or no education and lacked knowledge and skills regarding how to help their children gain weight'. Mothers also 'experienced poor communication with staff members ... and lack of respect'. The latter is a comment often heard from parents attending usually understaffed primary health care facilities. Sensitively transmitted information on both widespread proper use of oral rehydration fluid for diarrhoea and simple manipulation of cheaply available food to encourage weight gain are crucial if we are to reverse the negative trend in under-5 mortality rates identified by Chopra *et al.*

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Reference

1. <http://www.lancet.com/series/health-in-south-africa>

Warm South African congratulations to the academics who participated in the *Lancet Series*. One of the manuscripts (Mayosi *et al.*) is currently among the top 5 most read *Lancet* papers published in September 2009!