

Early intervention in child health in South Africa

The World Health Organization's definition of health as a state of physical, mental and social well-being implies for each person the ability and opportunity to function optimally within their individual context. By international consensus, children have a right to be helped to achieve such optimal functioning. This right was codified at the United Nations Convention on the Rights of the Child, held on 30 September 1990. Under this charter, each child has the right to **survival**, namely an inherent right to life, a name, an identity and quality medical care; **development**, including access to education, rest, leisure and play; and **protection**, from exploitation as well as by receiving special care for special needs. South Africa's government ratified this charter in 1995. It therefore follows that where children suffer from sub-optimal physical, emotional or social health as a consequence of disease, malnutrition, disability, or lack of educational or developmental opportunities, the state and society have an obligation to intervene.

A well-organised, responsive health system provides the framework of community services for individual care. However, community is the sum of individuals, and each individual child must have his or her individual health needs satisfied. In the spirit of *batho pele*, each individual requires early identification and early intervention, and without an excellent individual service, there cannot be an optimal state of community child health.

There has been recognition that interventions have the best chance of achieving a successful outcome if introduced early. That, however, implies early recognition of problems where they may exist. Accordingly, the emphasis in holistic integrated care of children has been expanding from **curative (medical) care** to include **prevention** of ill health (parenting skills, social opportunities, adequate nutrition, immunisation, early childhood education), **early recognition** (screening for inherited disease or physical, developmental, auditory or visual disturbances), and **early intervention**. Both prevention and early recognition are inseparable components of comprehensive health care, but early recognition of a health problem is of no benefit unless it is followed by adequate intervention.

In this edition of *SAJCH* we feature several articles that illustrate some of the principles listed above. In their 'Hot Topics' contribution, using early intervention in childhood hearing loss as the example, Pillay *et al.* point out the gap between identification and intervention that can occur as a consequence of inadequate or mismatched resources, and show how creative partnerships can help bridge this gap. Kanji and co-workers describe how a screening programme for hearing loss fails to be effective if inadequate attention is paid to communication, parent attitudes and social factors that impact on compliance, while the paper by Khoza-Shangase

et al. describes health professionals' varying perceptions of, knowledge about and attitudes towards early hearing protocols. In their paper, Laughton and co-workers show how developmental scores of children from a disadvantaged environment lag behind the norm over a period of follow-up, perhaps illustrating the negative consequences of a lack of early developmental intervention in these children.

A few interesting or difficult clinical cases are also included in this issue. Beach *et al.* draw attention to a possible toxic reaction to an unregistered substance occurring in a patient with measles, to illustrate possible confounding comorbidities in common diseases. Mahomed and Swartz's case of disseminated BCG disease in a patient with probable congenital immunodeficiency adds to the controversy around BCG vaccination with the risk of dissemination in HIV-infected babies. Finally, Khan *et al.* add a case with yet another complication of necrotising enterocolitis.

We expect to hear the outcome of our application for accreditation of *SAJCH* soon, and if the news is positive we hope that the journal will become even more attractive to authors wishing to publish their research concerning all aspects of child health in Africa. We are now listed in the Directory of Open Access Journals, ensuring rapid dissemination of published material.

The beginning of a new year always brings with it promises of new beginnings and of new achievements. Insofar as they concern child health, please share them with your colleagues. We look forward to your contributions.



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Warmest South African good wishes for the holiday season and for health and happiness throughout the coming year!