

Of hope and realism

As these lines are being written, sports-loving South Africans are following their national World Cup rugby team's performance with considerable enthusiasm and fervent hope. Our hope is that our dream of World Cup glory will be fulfilled despite realistic doubts and evident problems.

The 'Hot Topics' article in this issue addresses another field of play: that of our health care system and the recent announcement by government of legislated health care reform. The hope for a better life for all is not only a political slogan. Practitioners concerned about child health know that South Africa's health care system is faced with appallingly poor health service management and delivery, appalling health manpower maldistribution, and appalling health care outcomes. In comparison with other countries of similar development and with similar *per capita* incomes, our health care indicators are lagging far behind. Even in the private sector, spiralling health cost inflation and a shrinking spectrum of funded services are placing huge pressures on under-insured members such as families with young children. Approximately 60% of specialist paediatricians work in the private sector and cannot have a significant impact on community child health, even though most would undoubtedly be willing and able to contribute. Health care reform is necessary everywhere, but nowhere easy.

Government hopes that a re-engineered health care system, paid for by a compulsory national health insurance, will indeed result in greater equity, cost-effectiveness and improved outcomes. Professor Saloojee's thought-provoking analysis describes why hope must be tempered with realism. System re-engineering will be in vain if it is not accompanied by improved individual health professional performance at all levels, from managers and support staff to clinicians. Service delivery requires people: in adequate numbers, and with motivation, training, supervision and support. Re-engineering of attitudes and behaviour is much more difficult, and where only the funding model is changed without re-introducing an attitude of *care* into health care, we should not be surprised if buildings, facilities and resources continue to be under-used or squandered and that hopes for a better life are dashed. Of all marginalised people, children in poverty are the most marginalised and the most likely to be forgotten or ignored. They bear the brunt of excessive burdens of malnutrition, disease and early death. Saloojee makes the point that any re-engineering of the health system will require a deliberate focus on children. Child health advocacy will still be required if the hoped-for benefits of NHI are to be realised.

Two articles in this issue deal with the environment of poverty and deprivation impacting on child health. Iversen and colleagues reviewed literature and studies relating to childhood nutrition in

post-1994 South Africa and came to the depressing conclusion that under-nutrition and hunger due to social deprivation and poverty remain far too common, while at the same time there is an increasing trend to obesity. Roy and colleagues found that 70% of their cohort of Bangladeshi children were infested with soil-transmitted helminths by age 2 years, and describe the environmental and behavioural factors associated with a high rate of infestation and re-infection.

This issue features the abstracts for the upcoming conference of the Allergy Society and the Paediatric Management Group. The increasing prevalence of allergic disorders reflects the evolving risks of our immune interaction with the environment and the influence of the environment on the type of disease we are likely to suffer, extending even to auto-immunity.

We carry a number of other articles and case reports, which we hope will stimulate discussion and research.

One year ago, the editorial in this journal pointed out the real hope for improved child outcomes in the new South African National PMTCT policy. This hope is being realised. An early evaluation of the new programme has indeed shown much improved effectiveness at 6 weeks after delivery, compared with the previous situation. Now that is really good news!



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Editor

Warm South African congratulations to Ameena Goga and the MRC Health Systems Research Unit for the early evaluation of the National PMTCT Programme.