

Policy and planning, implementation and outcome

In 1978 the Alma Ata Conference on Primary Health Care¹ formulated many of the policies that form the cornerstone of public health programmes in numerous countries, including South Africa. In his 'Hot Topics' commentary on the proposed National Health Insurance (NHI) that was announced approximately 18 months ago, Saloojee² stated that existing excellent child health policies had not been successfully transformed into measurable actions and outcomes so far. Despite much evidence of outstanding individual care for children able to access the health service, our national child health indicators remain appallingly poor in comparison with countries with equivalent resources.

In announcing the proposed National Health Insurance, the Minister placed emphasis on re-engineered primary health care in an attempt to improve access and support. This includes the establishment of district-based clinical specialist support teams, now starting to be operative in a number of districts. Saloojee's commentary listed a number of potential roles for these pivotal positions.²

In this month's 'Hot Topics' contribution, Bateman reports on the most recent issue of the *South African Child Gauge* (2012), published annually by the University of Cape Town, and describes how the overarching child health determinants of poverty, deprivation and inequity of access to resources and health care remain stark and unresolved. While these findings are not new, the widening gaps in respect of health outcomes between rural and urban children, and between impoverished and affluent ones, serve to reinforce the need for and support the National Department of Health's plans. However, Saloojee's enjoinder needs to be taken seriously: 'managers, health professionals and health workers will need to change attitudes and mind-sets about much of what they do and how they operate'.²

This includes critically analysing our policies and changing them; or changing the way we approach our problems or even our own behaviour in clinical situations. This issue of the *Journal* carries a few articles that illustrate this point. Ethical considerations must underpin even the action of taking a clinical photograph, as described by Snyman. Boshoff and Tooke worry that differential policies in private and public health care in respect of rubella vaccination may actually increase the risk of congenital rubella infection. Teaching hygiene promotion is not as successful as teaching plus providing resources, although Cole *et al.* do not attempt to answer the question of long-term behaviour change in their study. Roy and co-workers found interesting differences in compliance with referrals for doctor visits depending on whether the children's carers had previously identified the problem of otitis media. They suggest increased

efforts to instruct the community about this common condition and its complications. Similarly, Nuhu *et al.* point out the damaging effects on cognitive function of epilepsy that is diagnosed late, is uncontrolled or leads to frequent absence from school, and also plead for increased community understanding of this condition.

We are approaching the holiday season and the coming of the New Year. Reflections on the past and planning for active implementation of identified tasks and projects may help us to focus on new challenges and opportunities for the future. After all, beyond the quality of our policies, the excellence of our programmes, the implementation and monitoring, what counts in the final analysis are the health outcomes for the children of our country.



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1. Alma Ata Conference on Primary Health Care. WHO Chronicle 1978;32(11):409-430.
2. Saloojee H. National Health Insurance and health system restructuring – does it offer anything to children? South African Journal of Child Health 2011;5(3):67-70.

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We wish all readers a happy festive season, restful holidays, safe travelling and a confident beginning to the New Year 2013.