

The 4th South African Child Health Priorities Conference

The 4th South African (SA) Child Health Priorities Conference was convened by the SA Child Health Priorities Association at Wits Medical School in Johannesburg on 31 October - 2 November 2013. Its aim was to review progress in child health in South Africa, reflect on recent achievements, and set priorities for the forthcoming year.

The opening addresses from Drs Susan Kasedde and Sanjana Bhardwaj of UNICEF re-emphasised that global child-related Millennium Development Goals (MDGs) set for 2015 are unlikely to be achieved, unless the trajectory of child mortality is altered by systematically focusing on the major causes of mortality and on interventions with the biggest sustained impact.

Drs Natasha Rhoda and Neil McKerrow, chairpersons of ministerial commissions on perinatal and child mortality respectively, and Dr Nonhlanhla Dlamini from the national Department of Health, reflected on SA's child mortality trends. Recent decreases in under-5 and infant mortality rates have been encouraging. In contrast, neonatal mortality rates remain stubbornly high, posing a critical barrier to achieving MDG 4 (Fig. 1).

The conference theme was 'Getting back to basics: Child health in 2013'. The combination of poverty and inequity in wealth and access to basic healthcare remains the key determinant of poor health outcomes for SA children. Participants deliberated on the health workforce crisis, identified key training and retention strategies, and debated how policies and plans could best be transformed into on-the-ground activities.

Two 'hot topics' were offered for discussion. The prioritising of early childhood development (ECD) by the National Planning Commission and development of a new national ECD policy and programme plan were described by Dr David Harrison. High-intensity focus on the first 1 000 days of the child's life (from conception to the 2nd birthday) will emphasise nutrition, parental support, and child care involving play, stimulation and safety. In the second hot topic discussion, Ms Lynn Moeng from the Department of Health and UNICEF's Chantell Witten lamented the limited attention to child nutrition in current health service activities and examined a possible future roadmap. Greater attention to moderate malnutrition (including stunting) and food supplementation are immediate priorities.

The current status of primary healthcare re-engineering was explored. Thirty-two of the country's 52 districts now have a District

Clinical Specialist Team. Almost 10 000 community health workers have completed the first of three phases of training, and 60 general practitioners have been contracted to support National Health Insurance pilot sites.

Participants were inspired by a session highlighting the excellent contributions of Isibindi, the Soul Buddyz clubs for schoolchildren, Sisonke health district in KwaZulu-Natal, the Phekolong district hospital in the Free State and Malamulele Onward (servicing rural children with cerebral palsy). The contribution of World Vision SA was also highlighted.

Paediatricians Baljit Cheema and Chris Sutton tackled each other in a lively debate on the level and target audience for child Emergency Triage Assessment and Treatment (ETAT), a South African adaptation of the original Malawian programme. The consensus was that it should be taught to nurses and doctors as teams with intubation and chest compressions added, and that the triage option should include physical signs as in the current South African Triage Signs (SATS).

Professor Tony Westwood presented a framework for an essential package of healthcare for South African children, outlining its scope and how it is being developed. Dr Maylene Shung King offered her perspective on the integrated school health package, indicating that its success depended on collaboration between the departments of education, health and social development, and matching available skills to what is required.

The importance of access to care, strong accountability mechanisms and patient advocacy in ensuring children's right to basic health was discussed in three stimulating presentations. Dr Mark Patrick argued that denial of children's access to essential care was largely the consequence of the calibre of the people manning the service. Professor Alex van den Heever attributed poor accountability in health systems to deficiencies in transparency, oversight, verifiable performance parameters and appropriate sanctions and rewards. Section 27 director Mark Heywood used an example from the Eastern Cape to motivate how through advocacy and activism positive changes were possible even in a dysfunctional system.

In summary: conference participants were able to engage and debate key issues in a highly interactive manner, in a stimulating environment, and with input from leading experts.

The South African Child Health Priorities Association is a child health advocacy group, facilitating the translation of child health knowledge into practice, disseminating skills and knowledge, developing strategies to promote child health, promoting quality-of-care norms, and providing fora for interaction of child health professionals from a variety of fields. Its goals for the next year include reviewing the training of paediatricians and other child health workers, advocating for more efficient and effective inclusion of different cadres of staff into child health care provision, and exploring the formation of a southern African collaborative child health network.

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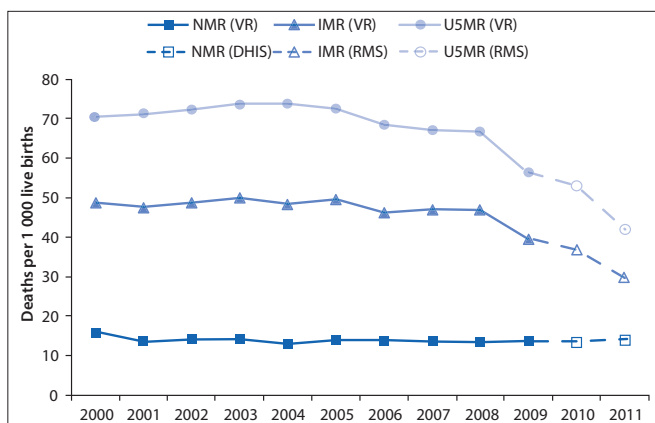


Fig. 1. Actual and projected childhood mortality rates in South Africa, 2000 - 2011 (NMR = neonatal mortality rate; VR = vital registration; IMR = infant mortality rate; U5MR = under-5 mortality rate; DHIS = District Health Information System; RMS = Rapid Mortality Surveillance).^[1]

The 5th South African Child Health Priorities Conference is scheduled for Bloemfontein in November 2014, and Cape Town is the likely venue in 2015. Visit <http://childhealthpriorities.co.za> for more detail, and to view video and PowerPoint presentations of key 2013 conference activities.