

The 5th South African Child Health **Priorities Conference**

The 5th South African (SA) Child Health Priorities Conference was convened by the SA Child Health Priorities Association at the University of the Free

State in Bloemfontein from 3 to 5 December 2014. The conference theme was 'Closing the Gaps - Beyond Child Survival'.

A well-constructed conference programme encouraged participants to move away from traditional notions focused on child survival and the absence of disease towards reflecting on how best to promote the wellbeing, resilience and capability of the country's children. In the course of the conference, three subthemes emerged: taking stock of child survival in SA and enhancing local initiatives to improve this; the potential of early childhood development (ECD) activities to close existing gaps; and a long-overdue appreciation of the importance of social, adolescent and mental health.

The conference opening addresses from Dr Bhardwaj (from UNICEF) and Dr Matela (Free State Provincial Paediatrician), reviewed both global and local progress in child survival as the Millennium Development Goals (MDGs) 2015 endpoint nears. Despite a doubling in the rate of reduction of under-five mortality in countdown countries between 2000 and 2012 compared with 1990-2000, and a halving of child deaths since 1990, more than half of the 62 countdown countries, including SA, are unlikely to achieve their MDG child mortality targets. A decline in the under-five and infant mortality rates continues in SA, albeit at a slower pace, but the neonatal mortality rate is unchanged and fluctuates around 12 per 1 000 births. Dr Bhardwaj emphasised that maintaining the current momentum requires ruthless prioritisation of quality delivery at full scale for a small number of interventions that address the major causes of child deaths. Fortunately, early drafts of the next global step, the Sustainable Development Goals (SDGs), retain the healthrelated MDGs as a subset of their proposed health-related goals.

Drs Bhardwaj and Saloojee provided feedback on an independent mid-term review commissioned by the national Department of Health, of the department's Maternal, Newborn, Child and Women's Health and Nutrition (MNCWH&N) 2012-2016 strategic plan. The evaluation found limited progress in health system functional effectiveness, with, for example, lengthy and cumbersome procurement and human resources processes resulting in stock-outs of medicines and supplies, and shortages of critical staff. Swifter decentralisation of responsibility was identified as a key response. Some progress was noted in organisational and political effectiveness. Improved

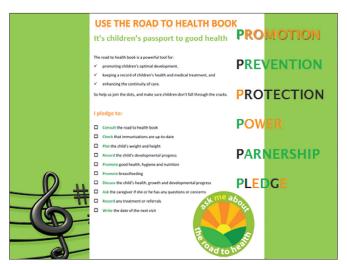


Fig. 1. Western Cape Department of Health pledge whereby signatories undertake to support and promote the Road to Health Book as a children's passport to good health.

communication of key messages to staff and the public was another activity identified as requiring substantial attention. The review's recommendations focus on the need for all health workers to know their own issues, track responses, be accountable, foster teamwork and get the basics right while actively connecting components of the health system (through activities such as facilitating effective transport and referrals).

ECD, first introduced as a theme at the 2012 conference, was once again a focus at this conference. Ms Slemming reviewed the background, development and future of the ECD policy and plans for the country. She emphasised the central role of ECD in the realisation of the national development plan goal to reduce poverty and inequality in the country, and highlighted the five priority areas of the ECD plan: family, home and centre-based support; nutrition; early learning opportunities; support for children with disabilities; and improved public communication. Cabinet was considering adopting a national ECD policy. (Update: A draft ECD policy was gazetted by government in March 2015). A presentation on how best to reduce a key ECD target - stunting in SA - emphasised that nutrition-specific interventions alone are almost certainly insufficient, and nutrition-sensitive development needs to be fostered. Lessons learnt from the KwaZulu-Natal experience in introducing an infant and child feeding policy were also presented.

The third subtheme of the conference introduced participants to issues related to social, mental and adolescent health. A moving case report from Universitas Hospital highlighted the value of palliative care in the holistic care of children with malignancies. Prof. Nicol and Ms Mabizela, respectively, considered the predisposing factors, context and spectrum of childhood mental disorders and an approach to addressing these within the Free State health service. Dr Rabie used her experience in an adolescent HIV clinic to highlight the complexities, challenges and rewards of caring for adolescent patients.

The role of child health screening in the SA context was debated, and despite well-considered arguments from advocates of specific child screening programmes, it was evident that these cannot be justified merely because there is a problem or a suitable test available. The potential for a functional system has to be present to ensure that the benefits of screening outweigh the costs. Few screening procedures meet this criterion in the local context.

A conference highlight for many was a session where adolescents with two chronic diseases - diabetes mellitus and HIV - reflected on the effect of the illness on their lives and offered frank and insightful answers to questions from the audience.

On a lighter note, this was possibly the first conference where participants had to sing to retain their seats when Prof. Westwood introduced the Western Cape's approach to promoting the use of the Road to Health Book as a child's passport to health. Conference participants boisterously sang the initiative's pledge song to the tune of Paul McCartney's frog song, We All Stand Together.

The SA Child Health Priorities Association is a child health advocacy group, providing for interaction of child health professionals from a variety of fields (such as health, social development and law). The next Child Health Priorities conference is scheduled for Pietermaritzburg in December 2015, with Cape Town being the likely venue in 2016. Visit the Association's website http:// childhealthpriorities.co.za for details, and to view PowerPoint presentations from the 2014 conference.

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