The 6th South African Child Health Priorities Conference: 'Walking the Talk'

The 6th Child Health Priorities Conference was convened by the South African Child Health Priorities Association at the University of KwaZulu-Natal in Pietermaritzburg from 3 to 5 December 2015. The theme of the conference, 'Walking the Talk,' tackled the challenges of implementing the recommendations from the reports of two child health-related ministerial committees.

The conference opening address by Prof. Saloojee (University of the Witwatersrand) summarised progress in the child health arena in 2015. He argued that the intervening year had been an exciting one during which ‘the talk’ continued but ‘the walk’ remained ‘underwhelming.’ The year 2015 saw the completion of the Millennium Development Goals (MDGs) era and the dawn of the Sustainable Development Goals (SDGs) era. Although the MDGs precipitated a global decline in the level of poverty, incidence of HIV infections and stunting rates, with a concomitant increase in primary school enrolment, the overall rate of progress was disappointing and inequality remains a reality. Only 62 countries met their MDG4 target of a two-thirds reduction in under-5 mortality, although a further 74 managed to reduce the rate by at least half. The new SDGs are more ambitious, with 17 goals, 169 targets and 304 indicators, but allow countries an opportunity to complete unfinished business from the MDGs.

The year also saw the release of two important reports – a mid-term review of the national Strategic Plan for Maternal, Newborn, Child and Women’s Health (MNCWH) and Nutrition in South Africa, 2012 - 2016, and a review of the District Clinical Specialist Team programme. Both reports identified some successes, but major implementation gaps remain. Two initiatives matured legally with the gazetting of an Early Childhood Development Policy and recognition of a qualification for Community Paediatrics and Child Health. The road-to-health booklet (RtHB) was the focus of two circulars: one promoting easier access and replacement and the other supporting the withholding of HIV status disclosure by caregivers (through tearing out of the RtHB pages). The latter created some disquiet and requires urgent reversal. President Zuma introduced Operation Phakisa as a tool for the ongoing rapid review of public programmes and policies, the ‘Ideal Clinic’ initiative being one such activity. The non-event of the year was considered to be the failure to release the national health insurance (NHI) white paper.

The latest data from the perinatal (NaPeMMCo) and child (CoMMiC) mortality ministerial committees were considered. These highlighted the stagnation in the reduction of neonatal and child mortality across the country. The neonatal mortality rate remains just above 10 per 1 000 live births, while the recent rapid decline in under-5 mortality has plateaued and this now remains unchanged at around 40 per 1 000 live births. Both committee reports emphasised the need to strengthen the quality and coverage of existing programmes rather than to search for new initiatives. Prof. Saunders (University of the Western Cape) discussed the complex context of child wellbeing and emphasised the role of upstream factors, social determinants and behaviour on childhood illness. He illustrated how the greatest and most cost-effective impact on child survival can be achieved at source and presented a strong case for supporting midlevel healthcare workers operating at the community level.

The first themed plenary session explored an essential package of care (EPaC) for children, a recommendation emanating from CoMMiC. As the EPaC is the cornerstone of the NHI for children, this session reviewed the philosophy behind the NHI, the current status of NHI implementation in one pilot site, the role of the Office of Standards Compliance in supporting NHI as well as the EPaC for children. The lack of any specific provision for children in the NHI or the core standards was evident, which strengthened the case for an EPaC to ensure that a future health service can meet the needs of children. The components of an EPaC are currently being debated by child health practitioners.

One conference session focused on the preventive pathway throughout the life-cycle. The session started by reviewing the challenges of creating adolescent-friendly services and ensuring responsible teenage sexual behaviour. Insights were provided into how KwaZulu-Natal increased exclusive breastfeeding rates from 7.4% to 45.1%. The value of the RtHB was revisited and participants were introduced to upcoming initiatives from the National Department of Health to optimise its use in supporting child wellbeing. Suggestions were provided on strengthening the use of existing tools for the recognition of acutely ill children at all levels in the health system, and an update was provided on the implementation of the integrated school health programme – six provinces have achieved their target number of school health teams.

The South African Child Health Priorities Association is a child health advocacy group providing forums for interaction of child health professionals from a variety of fields (such as health, social development and law). The next Child Health Priorities Conference will be held in Cape Town from 1 to 3 December 2016. Visit the association’s website http://childhealthpriorities.co.za for more detail, and to view conference presentations.

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