

Quo vadis child health in South Africa?

The World Health Organization's definition of health as a state of physical, mental and social well-being implies for children the opportunity to grow and develop to a state of optimal functioning in adulthood. It is clear that this is not possible under circumstances of poverty, deprivation of access to resources of food, housing and education, existential insecurity, natural disasters and human conflict.

The recent improvements in child and infant mortality rates seen in South Africa since the implementation of the new policy on prevention of mother-to-child transmission of HIV are hopeful signs, but do not yet allow any conclusions about improvements of child health or health care. As a country, we subscribe to the United Nations Convention on the Rights of the Child,^[1] and it is time to give real effect to the clauses of that document. 'First call for children' means that children have a right to adequate nutrition, to the best quality medical care we can afford, to a good education, to be loved and protected from harm, and to receive special care for special needs.

This issue of *SAJCH* carries a report on the recent 4th Child Health Priorities Conference^[2] and an article describing the first year of a District Clinical Specialist Team,^[3] one of the cornerstones of the re-engineered primary healthcare system. Both indicate the great need for advocacy for child health and attitudinal shifts towards responsible care in order to achieve 'a better life for all'. Child health and excellent healthcare still remain an unfulfilled hope.

A number of research papers in this issue call attention to factors affecting child health. Ambient air pollution results in an increased risk of respiratory ailments, as shown in the study from Durban by Naidoo *et al.*^[4] Benyera and Hyera^[5] show that the case fatality rate of patients with severe malnutrition remains depressingly high in Swaziland. Bassingthwaight and Ballot^[6] report that neonatal outcome is worse for babies born before arrival to a tertiary hospital in Johannesburg than for inborn babies. Studies on the withdrawal policy of methylxanthines in the management of apnoea of prematurity^[7] and on the dosage of surfactant in respiratory distress syndrome^[8] add to the evidence base of these conditions. We complete our offering with surveys and reports on a number of varied conditions.

Many of the proven interventions that have the biggest impact on child survival are those of low-cost basic primary care: breastfeeding, immunisation, oral rehydration. Such interventions are of low

commercial interest, and therefore do not generate much advertising or sponsorship revenue. This in turn leads to low profitability of journals such as *SAJCH*, and sadly means for us, as for similar journals elsewhere in the world, that our continued existence is threatened by commercial considerations, and that 'Quo vadis?' ('Where to?') is becoming an existential question.

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Warmest good wishes to the South African Child Health Priorities Association.

The *SAJCH* gratefully acknowledges the generous support of our peer reviewers during the past year. As Editor, I wish there was the capacity to list those who graciously carved several hours out of busy career and family lives to undertake this important task. We appeal to senior colleagues actively involved in research to serve as peer reviewers and to encourage their juniors to sign up by registering online (www.sajch.org.za) or express their interest via email (publishing@hmpg.co.za).

The editorial staff joins me in wishing you all a refreshing and happy holiday season.

Sincerely,
Janet Seggie