



Suffer little children

'Suffer [let] little children, to come unto me, for theirs is the kingdom of heaven' are lyrics of a Stephen Foster song, and of much older song versions that echo the text in the Bible.¹

Pope Benedict XVI expressed that he was deeply disturbed and distressed over the tales of abuse of children in Ireland. The Murphy Report, an Independent Commission of Investigation, examined more than 300 abuse claims in the Archdiocese of Dublin between 1975 and 2004. It reported that instead of being concerned for the victims of the abuse, the Church was more concerned about 'the maintenance of secrecy, the avoidance of scandal, the protection of the reputation of the church and the preservation of its assets'.²

Reports on the health of South African children, who are our future, reflect health care systems in dire need of urgent remedial attention. An equal concern is that the current discussion around the freedom of the media to report and attempts by the state to determine what may be reported is akin to the Catholic Church's attempts to stem bad news by suppressing it. However, good practice requires the truth to make an adequate diagnosis and to formulate appropriate treatment of the condition. Good management does not fear the truth, but is rather determined to find and acknowledge the facts in order to plan how best to manage the situation. Truth that is hidden or denied is likely to be discovered and undermine trust, that important human value without which no society can function optimally.

The status of the health of South African children was starkly highlighted at the recent launch of this year's South African Child Gauge.³ Extracts of figures from the report follow.

Children are paying the price for South Africa's failure to progress towards the Millennium Development Goals. South Africa is one of only 12 countries that have failed to reduce child mortality since 1990. According to modelled estimates, the under-5 mortality rate has risen from 66 per 1 000 live births in 1990 to 73 in 2006.

Leading causes of under-5 mortality are HIV/AIDS, neonatal causes and childhood infections (including diarrhoea and lower respiratory tract infections). Of children who died in hospital in 2005 - 2007, 60% were underweight. Malnutrition is a key contributing factor. Stunting, the strongest predictor of childhood mortality in under-5s, affected 18% of 1 - 9-year-old children in 2005. Only 26% of infants (0 - 6 months) were exclusively breastfed in 2008 - one of the lowest rates of breastfeeding in the world. In 2005, 9% of children 1 - 9 years old in South Africa were underweight. Children need sufficient nutritious food to grow and develop their full potential, and caregivers' ability to provide adequate nutrition is affected by their socio-economic status.

Poverty results in poor living conditions. Lack of access to safe water and sanitation leads to the spread of diseases. Over 7 million children rely on inadequate sanitation (unventilated pit latrines, buckets or open veld); more than a third of children did not have access to piped drinking water on site; 30% of children live in overcrowded conditions.

HIV/AIDS is the leading driver of under-5 mortality. If prevention of mother-to-child transmission services reached all eligible women,

paediatric HIV could be nearly eliminated. Of women who were tested in 2008, 29% were HIV positive.

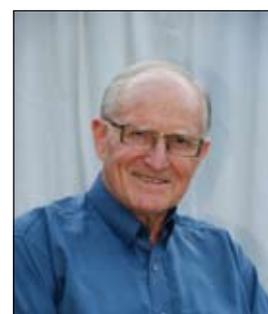
Public health services are free for children under 6, pregnant women, people with disabilities and social grant beneficiaries. Primary health care is free for all. However, transport costs are high and compromise access to these services by the poor. Health care staff shortages compromise the quality of health services: 36% of health professional posts in the public sector were vacant in 2008. The coverage of essential preventive services is low: 60% for contraception, 27% for early antenatal care, 29% for vitamin A supplementation, and 26% for exclusive breastfeeding for 6 months.

The recent public service strikes have further jeopardised the health of our children and their schooling, and further challenge our global competitiveness. Of 139 countries, the World Economic Forum ranked South Africa 129 for health care and primary education, and 132 for co-operation in labour-employee relations.⁴

To improve the lot of our children (indeed of all our society), Professor Haroon Saloojee, at the presentation of the Child Gauge report, recommended adoption of the approaches that made the recent 2010 FIFA World Cup in South Africa such a resounding success. Political will to succeed and bold leadership are the first requirements. Secondly, there must be clear delivery targets with appropriate funding. Capacity to organise and deliver appropriate standards of delivery must be developed. Accountability, as was demanded by FIFA, is essential. Citizens too have an important role as consumers and activists for appropriate health care services in their regions.

The Minister of Health, Dr Aaron Motsoaledi, provides encouraging leadership in his contribution in the Child Gauge 'vision for child health in South Africa'.³ However, this is a massive task that requires all South Africans to pull together to ensure healthy and well-educated children. This will be an important contribution to a robust future economy that is able to sustain all our citizens and play a meaningful role in the world

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1. The Bible. Matthew 19:14.
2. <http://www.counterpunch.org/brauchli12172009.html> (accessed 15 September 2010).
3. South African Child Gauge 2009/2010. Cape Town: University of Cape Town Children's Institute. www.ci.org.za (accessed 16 September 2010).
4. <http://www.moneyweb.co.za/mw/view/mw/en/page292676?oid=506247&sn=2009+Detail&pid=287226> (accessed 16 September 2010).