

NATIONAL ASSEMBLY

QUESTION: 1610

FOR WRITTEN REPLY

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Mrs M O Clarke (DA) to ask the Minister of Health:

- (1) With reference to his reply to question 1198 on 18 April 2023, what steps has (a) his department and (b) each province taken to address and minimise the deaths of children due to (i) pneumonia, (ii) diarrhoea, (iii) moderate acute malnutrition, (iv) severe acute malnutrition and (v) HIV;
- (2) what are the (a) successes, (b) shortcomings of the interventions and (c) measures taken to overcome the specified shortcomings?

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REPLY:

- (1) The following key actions are undertaken by the National Department of Health and by the nine provincial Departments of Health:
 - Routine implementation of evidence-based interventions across all public health facilities aimed at prevention, early detection, treatment and referral of children with common childhood illnesses including diarrhoea, pneumonia, HIV, tuberculosis (TB) and acute malnutrition.
 - Ongoing capacity building of clinicians on prevention and management of childhood illnesses using face-to-face and online training methodologies.
 - Provision of community-based preventive and promotive maternal and child health services, and strengthening of assessment, referral and follow-up of sick children by community health care workers.
 - Strengthening of health education on prevention of childhood illnesses, malnutrition, HIV and TB through the Side-by-Side Campaign, MomConnect and other platforms which aim to intensify communication of child health promotion messages and encourage demand for immunisation, child health and nutrition services.
 - Improving monitoring and evaluation through routine programme reviews at provincial and district levels, and implementation of standard inpatient paediatric register to improve data quality and the use of data for identifying and responding to deficiencies.
 - Improved clinical governance through monthly death reviews and clinical audits to identify and address modifiable factors at hospital level.
 - Intensifying intersectoral collaboration to address socio-economic factors that contribute towards maternal and child death, including linkages and referral systems to the Department of Social Development and other partners.

- For pneumonia and gastroenteritis we are the first country on the continent to introduce a pneumococcal vaccine and vaccine to stop enteritis among children respectively. Other childhood vaccines like measles, mumps, rubella, diphtheria have dramatically reduced the incidences of such illnesses.

(2) (a) The following successes have been noted:

- Reductions in maternal and child mortality, although these rates remain high for an upper middle-income country
- Increasing coverage to a package of essential health services (predominantly provided by Primary Health Care facilities).
- Governance structures are in place – Ministerial committees advise the Minister on steps required to reduce mortality and morbidity amongst mothers, newborns and children.
- Innovative communication campaigns have increased access to information for mothers during pregnancy and the postnatal period (MomConnect) and provided support to parents and other caregivers regarding the full scope of early childhood development (Side-by-Side)
- Structures in place to ensure collaboration across departments
 - a. Integrated School Health Programme jointly implemented by three departments
 - b. Working with other departments around Early Childhood development
 - c. Collaboration in addressing teenage pregnancy and adolescent health more broadly.

(3) As noted above, whilst mortality rates have declined they remain high for an upper middle income country. In particular, newborn mortality rates and stillbirth rates have showed little decline. Improvements in children’s health and well-being is dependent on addressing the social determinants of health as children are extremely vulnerable to socio-economic stressors, with the increased cost of food likely to result in increased malnutrition and associated mortality. In addition, limited mechanisms are in place for ensuring that services for mothers and children are protected despite the declines on spending on health services due to the current fiscal constraints.

(4) The department continues to focus on building a strong health system that prioritises children and adolescents and on improving the scope, coverage and quality of essential health services for pregnant mothers, children and adolescents. The department also continues to work with other sectors to address social determinants of health and improve the lives of children and adolescents.

END.