



Child and adolescent health

Leave no one behind

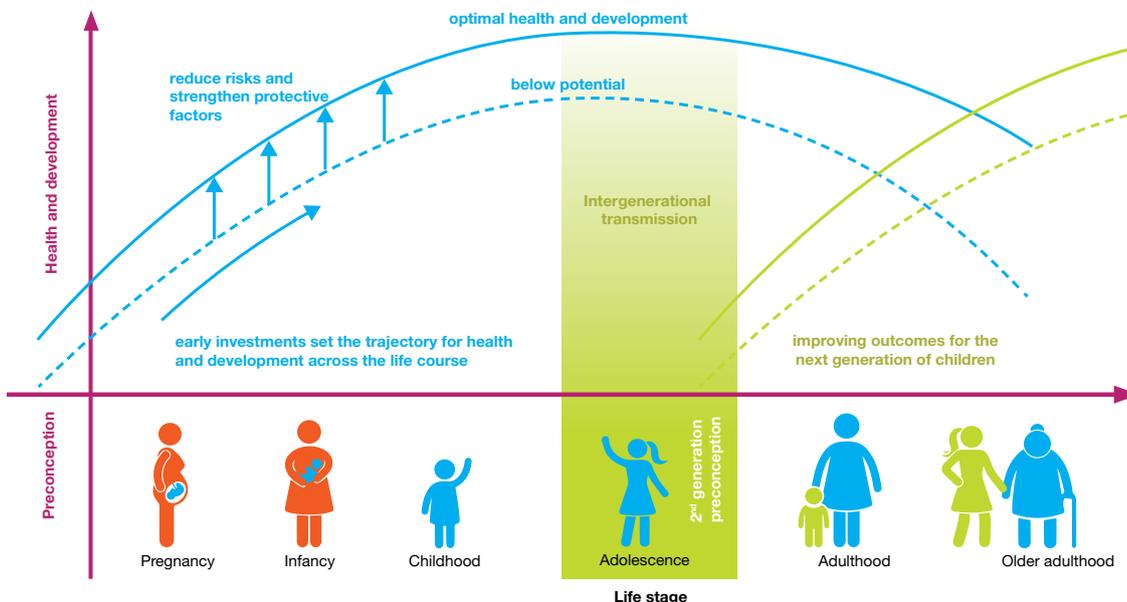
About The South African Child Gauge

The South African Child Gauge is an annual publication of the Children's Institute, University of Cape Town that tracks progress for South Africa's children. It aims to make the latest research accessible to decision-makers in order to inform evidence-based policies and programmes for children. This policy brief presents the key findings of the 2019 Child Gauge which focuses on child and adolescent health.

Why invest in child and adolescent health?

- Child and adolescent health matters – not just for children today, but because it sets the foundation for their lifelong health and development.
- Adverse experiences – such as poverty, malnutrition, violence and/or neglect – get in “under the skin” shaping the expression of the genes and the circuitry of the developing brain in ways that can become increasingly hardwired and difficult to change. For example, chronic malnutrition (or stunting) compromises children’s cognitive development, education and employment prospects, and increases their risk of becoming obese and developing adult NCDs such as diabetes and cardiovascular disease.¹
- In the same way, positive early interventions offer long-term benefits. For example, exclusive breastfeeding for the first six months of life provides optimal nutrition, improves IQ and reduces the long-term risk of obesity and NCDs.
- The science is clear. If we want to break the intergenerational cycles of poverty, violence and ill-health, then we need to invest early – starting in the first 1,000 days of a child’s life and continuing into adolescence – as investments during these two sensitive periods of development yield the greatest returns.
- These findings require a fundamental shift in thinking and practice. We need to put children and adolescents at the heart of the health care system, and develop an essential package of care that promotes their optimal health and development from conception through to adolescence.
- These investments in child and adolescent health services must be coupled with intersectoral action to address the social and environmental determinants of health, with a strong focus on equity to ensure that no child is left behind.

A strong foundation for lifelong health and development



<p>Child- and adolescent-centred health systems and services Health promotion, prevention, early intervention, treatment, rehabilitation and palliative care Universal health coverage, primary health care, child- and adolescent-friendly services</p>
<p>Social and environmental determinants of health Children's living conditions, care arrangements, access to services, Sociocultural norms, laws, policies, economics, environment and climate change</p>
<p>Guiding principles Children's rights, best interests, participation, equity, sustainable development</p>

Adapted from: Norris S et al (2019) Child health matters: A life course perspective. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, UCT; and Kuruvilla et al (2018) A life-course approach to health: synergy with sustainable development goals. *Bulletin of the World Health Organization*, 96: 42-50.

What is the current status of child and adolescent health in South Africa?

Survival, health and development

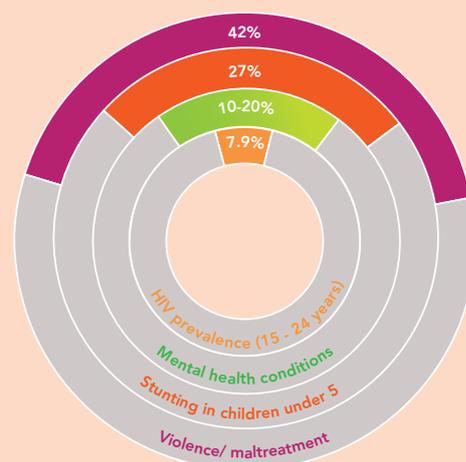
South Africa has made extraordinary progress in reducing under-five mortality from a high of 79 deaths per 1,000 live births in 2004² down to 32 deaths per 1,000 in 2018³ – driven primarily by the prevention of mother-to-child transmission of HIV.

Yet South Africa's under-five mortality rate remains about three times higher than other middle-income countries – with one in every 31 children dying before their fifth birthday.

Young children continue to die of preventable causes such as neonatal conditions e.g. prematurity, birth asphyxia and infections; diarrhoea; pneumonia and injuries² and greater effort will be needed to reach the SDG target of 25 deaths per 1,000 births in 2030.

As mortality rates decline, South Africa needs to intensify efforts to promote children's optimal health, growth and development, and address the burden of HIV, violence, mental health conditions and malnutrition:

- 27% of young children are stunted – a sign of chronic malnutrition;⁴
- 42% of children have experienced some form of physical, sexual or emotional abuse;⁵
- young people aged 15 – 24 continue to be at highest risk of HIV, accounting for 38% of new infections in 2017;⁶ and
- mental health problems affect 10 – 20% of children and adolescents in lower- and middle-income countries⁷.



Under-five mortality rate (deaths/1,000 live births)

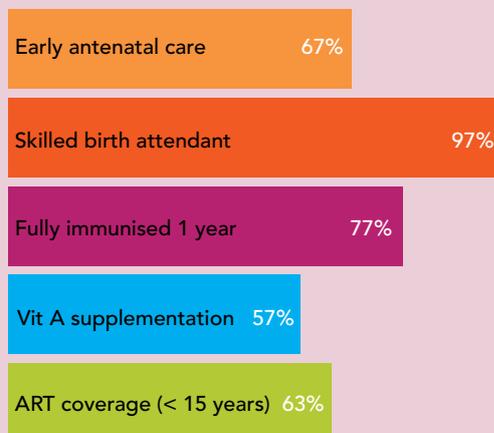
Access and quality of care

Access to essential health care services has improved, yet greater effort is needed to close the the remaining gaps in coverage and quality of care: In 2018, 20% of children still travelled far to reach health care services⁸ and immunisation coverage < 1 year stood at 77%⁹ – well below the national target of 87% – with significant disparities between provinces and districts.

Stark inequalities persist between rural and urban areas and between private and public health care. Fifty-two percent of all health care spending is concentrated on the private sector which serves the richest 16% of the population.¹⁰ The majority of South Africans are dependent on the public health system where resources are increasingly thinly stretched.

The quality of care is also a concern – as budget cuts and poor leadership and governance contribute to staff shortages, stockouts of essential medicines and equipment, with a “lack of positive and caring attitudes” undermining the uptake of antenatal care and adolescent health services.

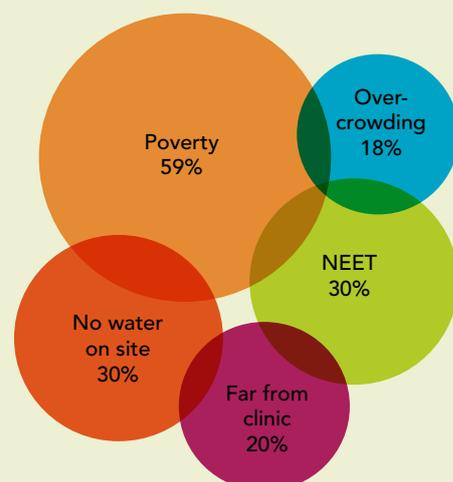
Greater effort is therefore needed to close the gaps and promote not just universal health coverage but universal health care to ensure no child is left behind.



Social and environmental determinants of health

Improving child health outcomes also requires greater investment in the social and environmental determinants of health, as reductions in poverty and improvements in access to clean water and quality education accounted for more than 50% of the reduction in under-five mortality in 144 lower- and middle-income countries between 1990 and 2010.¹¹

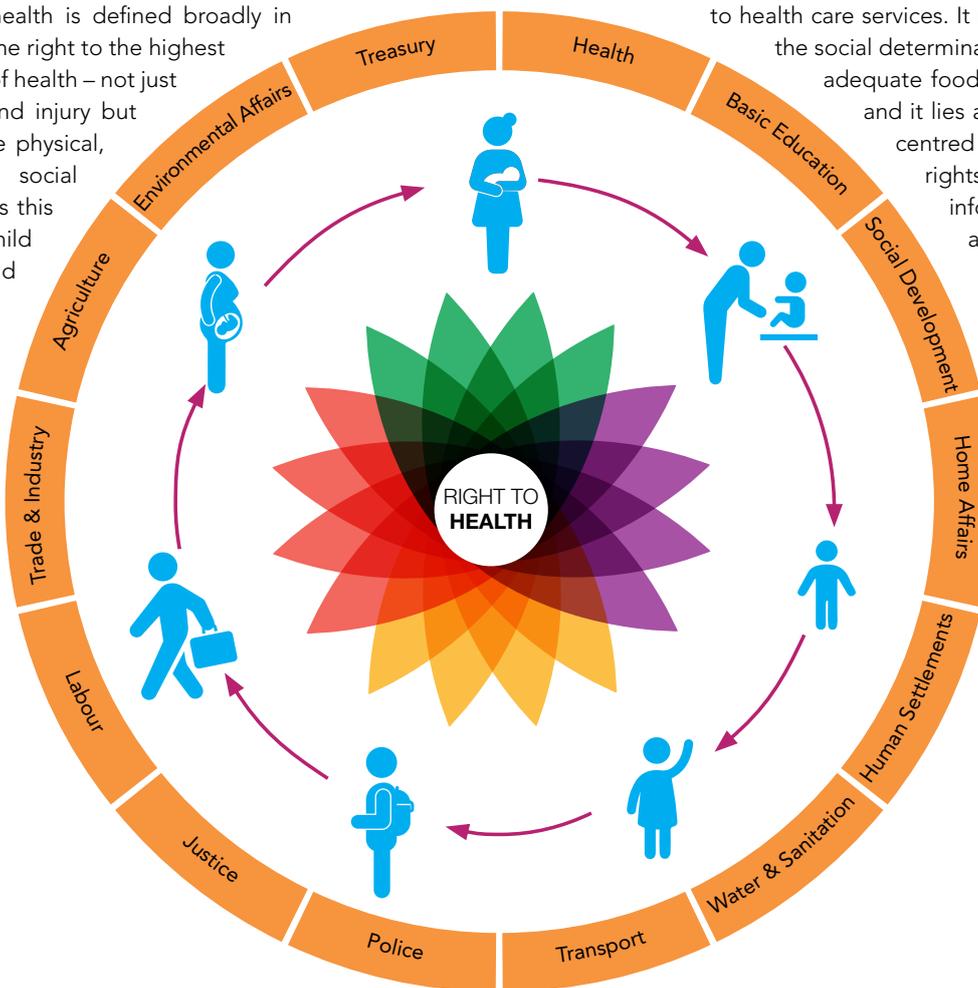
Over the past 10 years, South Africa has made good progress in improving access to services and reducing child poverty. Yet nearly 60% of children in South Africa still live below the upper-bound poverty line in households with a monthly income of less than R1,183 per person:⁸ and many of these children experience multiple deprivations that cause cumulative damage over time. Despite high school attendance (98%) 30% of young people (15 – 24 years old) are not in employment, education or training⁹. This equates to a tremendous loss of potential that impacts on the life chances of young people today and the next generation of children.



Realising children's right to health

The chapters in the 2019 *Child Gauge* focus on current and emerging challenges and explore how to realise children's right to health in different contexts – from the first 1,000 days through to adolescence.

Children's right to health is defined broadly in international law as the right to the highest attainable standard of health – not just absence of illness and injury but a “state of complete physical, emotional and social wellbeing” – and it is this broad vision of child health that should guide our attempts to ensure that children not only survive but thrive.



The South African Constitution guarantees children's right to basic health care services, and these services should be available, accessible, acceptable and of good quality.

Children's right to health also extends beyond their right to health care services. It includes their rights to the social determinants of health – such as adequate food, water and housing – and it lies at the heart of patient-centred care where children's rights to dignity, privacy and information support their active participation in health care and decision-making.

Addressing current and emerging challenges

Environmental health and climate change¹⁵

- Children are especially vulnerable to environmental hazards. This includes exposure to a wide range of hazardous chemicals used in agriculture, cleaning products, furniture and toys, yet most caregivers and children are not informed or aware of the dangers.
- Exposure to environmental hazards such as air pollution, hazardous chemicals, and inadequate access to water and sanitation are associated with an increased risk of diarrhoea, malnutrition, respiratory infections, cardiovascular disease, cancers and birth defects, neurodevelopment disorders, and attention deficit hyperactivity disorder (ADHD).
- These adverse effects are being amplified by climate change as higher temperatures fuel increased levels of violence, and extreme weather events undermine food and water security.
- Section 24(a) of the Constitution guarantees everyone's right to an environment that is not harmful to health, and Section 24(b) requires the state to put legislative and other measures in place to preserve the environment for the benefit of present and future generations.
- Yet, despite these obligations, a series of critical laws and policies have failed to put child-sensitive measures in place to protect children's health. This includes the Air Quality Act, the Climate Change Bill and draft National Climate Change Adaptation Strategy.
- These laws, policies and strategies need to be urgently reviewed, amended and implemented to protect children from air pollution, toxic chemicals and climate change, ensure that they have access to water and sanitation, and that their needs are prioritised in disaster settings.

¹ Norris S, Lake L & Draper C (2019) Child health matters: A life course perspective. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ² Nannan N, Groenewald P, Pillay-van Wyk V, Nicol E, Msemburi W, Dorrington RE & Bradshaw D (2019) Child mortality trends and causes of death in South Africa, 1997 – 2012, and the importance of a national burden of disease study. *South African Medical Journal*, 109(7): 480-485. ³ Dorrington RE, Bradshaw D, Laubscher R & Nannan, N (2019) *Rapid Mortality Surveillance Report 2017*. Cape Town: South African Medical Research Council. ⁴ Department of Health, Statistics South Africa, South African Medical Research Council and ICF (2017) *South Africa Demographic and Health Survey 2016: Key Indicators*. Pretoria and Rockville, Maryland: DOH, Stats SA, SAMRC & ICF. ⁵ Burton P, Ward CL, Artz L & Leoschut L (2016) *The Optimus Study on Child Abuse, Violence and Neglect in South Africa (Research Report)*. Cape Town: Centre for Justice and Crime Prevention, UCT. ⁶ Simbayi LC, Zuma K, Zungu N, Moyo S, Marinda E, Jooste S, Mabaso M, Ramlagan S, North A, van Zyl J, Mohlabane N, Dietrich C, Naidoo I and the SABSSM V Team (2019) *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017*. Cape Town: HSRC Press. ⁷ World Health Organization (2018) *Adolescent mental health. Key facts*. Viewed 25 September 2018: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> ⁸ Statistics South Africa

The first 1,000 days¹²

- All children need nurturing care in order to thrive and reach their full potential. This includes good health, adequate nutrition, protection from harm, opportunities to learn and caregivers who are responsive to their children's needs.
- This broader understanding of child health and development requires a reorientation of the health care system. The new Road to Health book introduces an expanded package of services including a focus on maternal mental health, positive parenting, and children's health, nutrition, safety and early stimulation. This is supported by the Side-by-Side campaign that recognises the central role of families and encourages health workers to respect and actively support the efforts of mothers and caregivers.
- Community health workers have the potential to play a central role in promoting early antenatal care, supporting breastfeeding, screening for perinatal depression and malnutrition, and referring children in need of extra care and support. And efforts to optimise their contribution to maternal and child health must be intensified.
- Intersectoral collaboration is also needed to address poverty and malnutrition – with Health playing a more proactive role in ensuring that births are registered and eligible children receive the Child Support Grant.

Adolescent health¹³

- Adolescence is a period of rapid physical, cognitive and psychosocial growth when young people establish patterns of behaviour – related to diet, exercise, substance use and sexual activity – that can either protect or threaten their health and the health of others around them.
- Support for adolescent health needs to extend beyond a focus on HIV and sexual and reproductive health services to embrace a 'whole of society approach' to address the impact of poverty and violence on adolescents' health and risk-taking behaviour. This includes investments in health, education, skills development, social protection and psychosocial support to equip young people with the knowledge, skills confidence and opportunities to make a successful transition to adulthood.
- Key interventions include adolescent- and youth-friendly health services; safe schools and comprehensive sexuality education; youth development programmes that build self-esteem, promote healthy relationships, and enable access to education, training and employment; and social protection measures such as the child support grant, no-fee schools and support for job seekers.
- Integrated approaches yield the greatest returns. For example, combining parenting support with safe schools and cash transfers improves mental health, adherence to treatment and school progression, and decreases violence and sexual risk-taking behaviour. It is also essential to work in collaboration with adolescents to design programmes and services that are attuned to adolescents' needs and delivered with care and respect.

Malnutrition¹⁴

- South Africa faces a triple burden of malnutrition including high levels of stunting, obesity and micronutrient deficiencies. Stunting, a sign of chronic undernutrition, has remained stubbornly unchanged for 20 years affecting 27% of young children.⁴ Overweight and obesity affects 13% of children under five increasing to 40% of adolescent girls and two thirds of adult women,⁴ driving a rapidly growing burden of adult NCDs; and while micronutrient deficiencies (vitamin A, iron and zinc, for instance) continue to silently compromise children's health and development.
- Health professionals need to play a proactive role in promoting optimal nutrition, supporting breastfeeding, monitoring growth, responding to signs of growth faltering, implementing programmes to address micronutrient deficiencies, and managing moderate and severe acute malnutrition. But it is equally important to interrogate the role of the global food system in shaping the local food environment and individual food choices.
- Aggressive marketing by transnational companies, together with a growing network of supermarkets, informal traders and fast food outlets have led to a rapid increase in the consumption of ultra-processed foods and sugar-sweetened beverages which is driving the rise in overweight and obesity
- It is therefore vital that the state plays a more proactive role in promoting healthy food choices and regulating the marketing of unhealthy foods through legislation and taxation; building on and strengthening existing measures such as Regulation 991, VAT exemptions and the tax on sugary beverages.
- In the context of high unemployment and food insecurity, it also essential to strengthen social protection measures – by increasing the value of the Child Support Grant and ECD subsidy and strengthening the National School Nutrition Programme.

(2019) *General Household Survey 2018*. Pretoria: Stats SA ⁹ Massyn N, Pillay Y & Padarath A (eds) *District Health Barometer 2017/18*. Durban: Health Systems Trust. ¹⁰ McIntyre D, Doherty J & Ataguba J (2014) *Universal Health Coverage Assessment: South Africa*. Global Network for Health Equity ¹¹ Kuruvilla S et al on behalf of the Success Factors for Women's and Children's Health study groups (2014) Success factors for reducing maternal and child mortality. *Bulletin of the World Health Organization*, 92: 533-544 ¹² Bamford L (2019) The first 1,000 days: Ensuring mothers and young children thrive. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ¹³ Toska E, Hodes R, Cluver L, Atujuna M & Laurenzi C (2019) Thriving in the second decade: Bridging childhood and adulthood for South Africa's adolescents. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ¹⁴ Sanders D, Hendricks M, Kroll F, Puaone T, Ramokolo V, Swart R & Tsolekile L (2019) The triple burden of malnutrition in childhood: Causes, policy implementation and recommendations. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ¹⁵ Rother H, Wijesekera S & Ward F (2019) The impact of environment on South Africa's children: An overlooked health risk. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ¹⁶ Van Niekerk A & Mathews S (2019) Violence, injury and child safety: The new challenge for child health. In: Shung-King M, Lake L, Sanders D &

Violence and injury¹⁶

- The leading causes of child injury deaths in South Africa are road traffic injuries (36.0%), homicide (28.2%), other unintentional injuries such as burns and drowning (27.3%), and suicide (8.5%).¹⁷
- But these injury deaths are just the tip of the iceberg. Violence against children is pervasive: 99% of children in Soweto-Johannesburg have either experienced or witnessed some form of violence, with 36% of children in the Birth to 20 Study reporting multiple exposures to violence in their homes, schools and communities.¹⁸
- Violence and injury are often considered in isolation, yet they share common risk factors including poverty; substance use; cramped and overcrowded living conditions; stress and impaired supervision. The circumstances in which an injury occurred should be investigated to distinguish between intentional and unintentional injuries. Cases of abuse and neglect must be reported, and measures must be put in place to protect children from further harm. In addition to medical treatment, children need access to psychosocial support and therapeutic services to help them recover from trauma, violence and injury.
- Violence against women and children co-occur in the same households and share common risk factors and social norms. It is, therefore, essential to ensure the safety of children in cases of domestic violence and to intervene early in childhood to break the intergenerational cycle of violence.
- Parent and caregiver support (including cash transfers, parenting programmes and family strengthening) have the potential to enhance safety and supervision and promote positive discipline within the home, helping to break the cycle of violence and reducing long-term harm.
- A national child violence and injury prevention strategy is needed to address cross-cutting risk factors and to coordinate an intersectoral response from health, social development, education, housing, urban upgrading, transport, energy and community policing.

Mental health¹⁹

- The mental health of children and adolescents is a growing concern, as 50% of mental health problems are established by the age of 14 years. Prevalence data is limited in South Africa, yet globally, it is estimated that 10 – 20% of adolescents experience mental health conditions such as depression, anxiety and alcohol use disorders, and suicide is the third leading cause of death in older adolescents (15 – 19 years old).⁷
- Yet child and adolescent health services are limited in South Africa: Children under 18 account for only 7% of mental health admissions and only three provinces have a child psychiatrist working in the public sector.²⁰
- Innovative measures are therefore needed to integrate mental health care into mainstream health services – including screening and task shifting to enable caregivers, children and adolescents to access support at primary level, with an emphasis on primary prevention and early intervention to reduce the need for more specialised services.
- It is also essential to create safer, more connected and supportive communities, and to intervene at strategic points across the life course to address the broader social determinants of mental health. For example, early antenatal care, parenting programmes, quality ECD programmes and quality education can help improve mental health by promoting responsive caregiving, preventing violence, improving learning outcomes, and reducing school dropout and teen pregnancy.

Children with long term health conditions²¹

- A life course approach also requires paying greater attention to the complex needs of one in five children who have a disability or a long term health condition. Here, early identification and intervention are essential to prevent further complications and ensure optimal health, functioning and participation in family, school and community life.
- While some of these children need highly specialised services, all require routine care which should be available close to home. Multidisciplinary teams, strong referral systems and effective communication and coordination are essential to ensure continuity of care from clinics and schools through to tertiary hospitals.
- National Health Insurance provides an opportunity to strengthen screening, early intervention, rehabilitation services and palliative care at district level but only if the needs of children with long term health conditions are explicitly addressed in the proposed baskets of care and the reengineering of the primary health care system.

Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ¹⁷ Matzopoulos R, Prinsloo M, Bradshaw D, Pillay-van Wyk V, Gwebushe N, Mathews S, Martin L, Laubscher R, Lombard C & Abrahams N (2013) *The Injury Mortality Survey: A national study of injury mortality levels and causes in South Africa in 2009. Report for the national and provincial Departments of Health*. South African Medical Research Council. ¹⁸ Richter LM, Mathews S, Kagura J & Nonterah E (2018) A longitudinal perspective on violence in the lives of South African children from the Birth to Twenty Plus cohort study in Johannesburg-Soweto. *South African Medical Journal*, 108(3), 181–186. ¹⁹ Hunt X, Skeen S, Honikman S, Bantjes J, Mabaso K, Docrat S & Tomlinson M (2019) Maternal, child and adolescent mental health: An ecological life course perspective. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town. ²⁰ Docrat S, Besada D, Cleary S, Daviaud E & Lund C (2019) Mental health system costs, resources and constraints in South Africa: A national survey. *Health Policy and Planning*, 34(9): 706-719. ²¹ Westwood A & Slemming W (2019) Long term health conditions in children: Towards comprehensive care. In: Shung-King M, Lake L, Sanders D & Hendricks M (eds) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town.

How can we put children at the heart of the health care system?

1. Provide child- and adolescent-friendly services

At the heart of a child-centred health care system are health workers who treat children, adolescents and their families with dignity and respect, who listen to young people and take them seriously, and who work in partnership with young people to ensure child- and youth-friendly services are attuned to children's needs and evolving capacities. This requires a 'whole system' approach, meaning that all aspects of the health system are orientated towards meeting the health needs of children and adolescents. It requires the alignment of programmes and services, and child-centred financing and human resources to ensure that nurses, doctors, community health workers, facility managers and all other clinical and support service staff put the needs of children at the centre of their plans.

2. Define and deliver an essential package of care

Twenty years since the Constitution first guaranteed children's right to "basic health care services", it is still not clear what services children are entitled to. It is, therefore, vital to define an essential package of care that promotes children's optimal health and development from conception to adolescence. This should cover the full continuum of care – from health promotion, prevention and early intervention to rehabilitation and palliative care – and address the complex care needs of children with disabilities and long term health conditions. This essential package of care must be accompanied by clear norms and standards and supported by a dedicated workforce for child and adolescent health. And it must be prioritised in the design and delivery of National Health Insurance to ensure that this vision translates into equitable access and quality care for children.

3. Build a workforce for child health

Greater investment is needed in community health workers, school health and rehabilitation teams who play a central role in identifying and supporting vulnerable children and ensuring they can access care close to home. Strong leadership for child health is also needed at district and provincial levels in order to champion child health, strengthen systems and drive quality improvement, and intersectoral collaboration.

4. Adopt a whole of society approach

Child health is everybody's business. Investments in health care services need to be accompanied by strong intersectoral collaboration at national, provincial and district levels, and a "whole of society" approach to address the underlying social determinants of health. Health workers need to find out more about the contexts in which children live and actively engage the support of other sectors to address threats to children's health and development and build safer, healthier and more resilient communities.

5. Integrate child and adolescent health in all policies

Children and adolescents' rights and best interests should be explicitly addressed and prioritised in all laws, policies, programmes and budget allocations. This needs to extend beyond Health, Education and Social Development to ensure that policies introduced by other departments such as Agriculture, Labour, Trade and Industry put measures in place to protect and promote the health and safety of children.

6. Protect children and adolescents from harmful business practices

The state needs to play a more proactive role in protecting children from harmful or predatory business practices. These include laws, policies and standards to protect children from the predatory marketing practices of the food, alcohol and tobacco industries, and from exposure to chemicals, environmental pollution and climate change. Monitoring and enforcement is key, through the joint efforts of civil society and regulatory bodies that have the power and resources to investigate complaints and enforce remedies when children's rights are violated.

7. Leave no one behind

Investments in child and adolescent health are a great equaliser and can disrupt the intergenerational transmission of poverty and violence, but only if we prioritise those children most at risk of exclusion and discrimination. These include children living in poverty, children in informal settlements and deep rural areas, children with disabilities, and long term health conditions, foreign children and pregnant teenagers.

Child-centred data are needed to make children visible including the ways in which they are disproportionately affected by poverty, violence and climate change. These data then need to be further disaggregated to identify the most vulnerable children, target support and track progress to ensure no child is left behind.

8. Build leadership for child and adolescent health

Strong leadership and active intervention are also essential to protect children from shocks such as climate change, economic recession and COVID-19 which are threatening to erode recent gains and intensify existing inequalities. Champions for children are needed at the highest level of government and at grassroots level where doctors, nurses, community health workers and young people have a critical role to play in advocating for child health.

The challenges are pressing and urgent. In the words of Nobel Prize winning poet, Gabriela Mistral:

Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow,' his name is Today.

Lake L, Shung-King M & Hendricks M (2020) *Prioritise child and adolescent health: Leave no one behind*. Cape Town: Children's Institute, University of Cape Town. [policy brief]

This brief draws directly on the work and expertise of the authors who contributed to the *Child Gauge 2019*. See: Shung-King M, Lake L, Sanders D & Hendricks M (2019) *South African Child Gauge 2019. Child and adolescent health: Leave no one behind*. Cape Town, Children's Institute, University of Cape Town. The full set of chapters and statistical tables are available at www.ci.uct.ac.za.

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