

Basic health care services for children

Anthony Westwood (School of Child and Adolescent Health, Faculty of Health Sciences, University of Cape Town),
 Maylene Shung King (DPhil candidate, Department of Social Policy and Social Work, University of Oxford)
 and Lori Lake (Children's Institute)

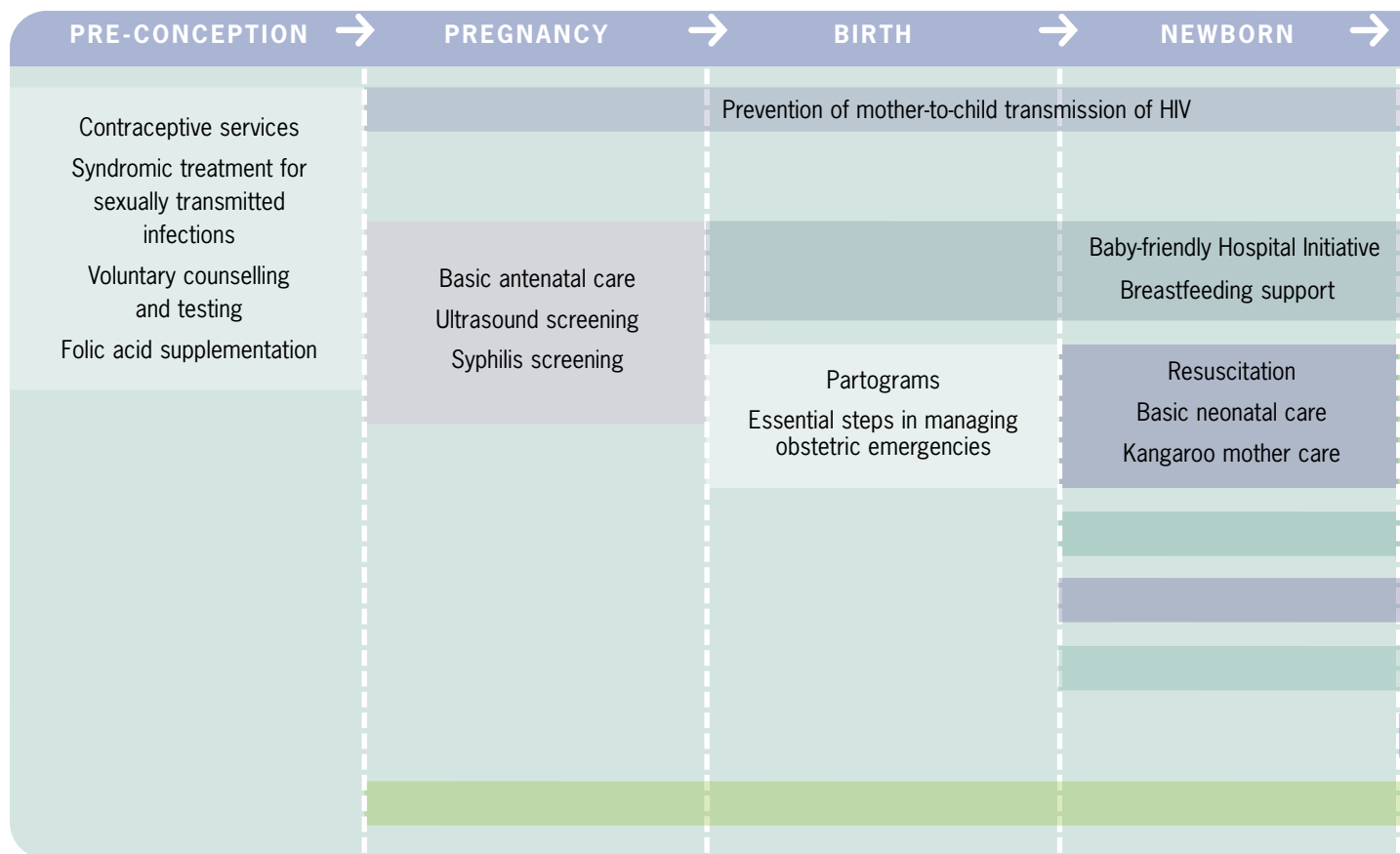
The Constitution¹ guarantees everyone the “right to have access to health care services”. In addition, every child has the right to “basic health care services”. Yet what is meant by ‘basic health care services’ has not been clarified by the courts or Parliament. This essay provides a starting point for defining ‘basic health care services’ for children in order to provide a benchmark to measure South Africa’s progress towards the realisation of this right. It does this by considering four questions:

- What might basic health care services be for children?
- Is South Africa equipped to deliver good quality basic health care services?
- How might these services for children be realised?

Many health problems that afflict children are primarily the result of poverty, hunger and unhealthy living conditions. Although political and community will are needed to address these problems, health care services play a key role in the prevention and treatment of childhood illness.

Traditionally health care covers all interventions and activities that relate to the health of individuals and communities and have significant input from health professionals and health services. While many role-players outside the health care system contribute to the health and well-being of children, this essay concentrates on the potential and actual roles of health care services in this endeavour. Health care covers a continuum of activities that are:

Figure 7: A continuum of care across a child's life



- promotive – to maintain good health;
- preventive – to prevent illness or worsening of disease;
- curative – to cure or ameliorate acute and long-term illness;
- rehabilitative – to improve the functioning of individuals with disability, birth defectsⁱ or chronic illness; and
- palliative – to provide physical and emotional comfort to persons with incurable conditions, including end-of-life care.

What might basic health care services be for children?

The term ‘basic’ as expressed in the Constitution requires interpretation because it is neither defined in the National Health Act,² regulations or policy documents, nor in legal case law. ‘Basic’ can be misconstrued to mean ‘the very minimum, the simplest and the cheapest’. This is unlikely to be the case here, given the right of children to the highest standard of health and medical care as outlined in article 24 of the United Nations Convention on the Rights of the Child,³ and the imperative for the progressive realisation of such a right.

A more accurate term would be ‘essential’ health care services. A comparable example is the essential drugs list for

primary health care services that sets down the basic set of medications and therapies that every primary health care facility in South Africa must carry.⁴ Based on this interpretation, children must receive those health care services that are essential to promote their health and well-being, to protect them from the commonest and greatest threats to their health, and to restore them to health when those threats produce disease or injury.

Basic health care services for children in South Africa should:

- address the key health challenges for children;
- cover the full continuum of care from promotive to palliative services; and
- be supported by an efficient health system that delivers *essential* child health services.

Cover the whole of a child’s life

Basic health care services need to span the whole of the child’s life. Figure 7 outlines a continuum of care from a woman’s health at the moment of conception, through her pregnancy, the child’s birth, infancy and childhood to adolescence, with the emphasis again on the health of the young man or woman who may in turn conceive a child.

ⁱ The term ‘habilitative’ is sometimes used for the processes of improving function of individuals with birth defects.

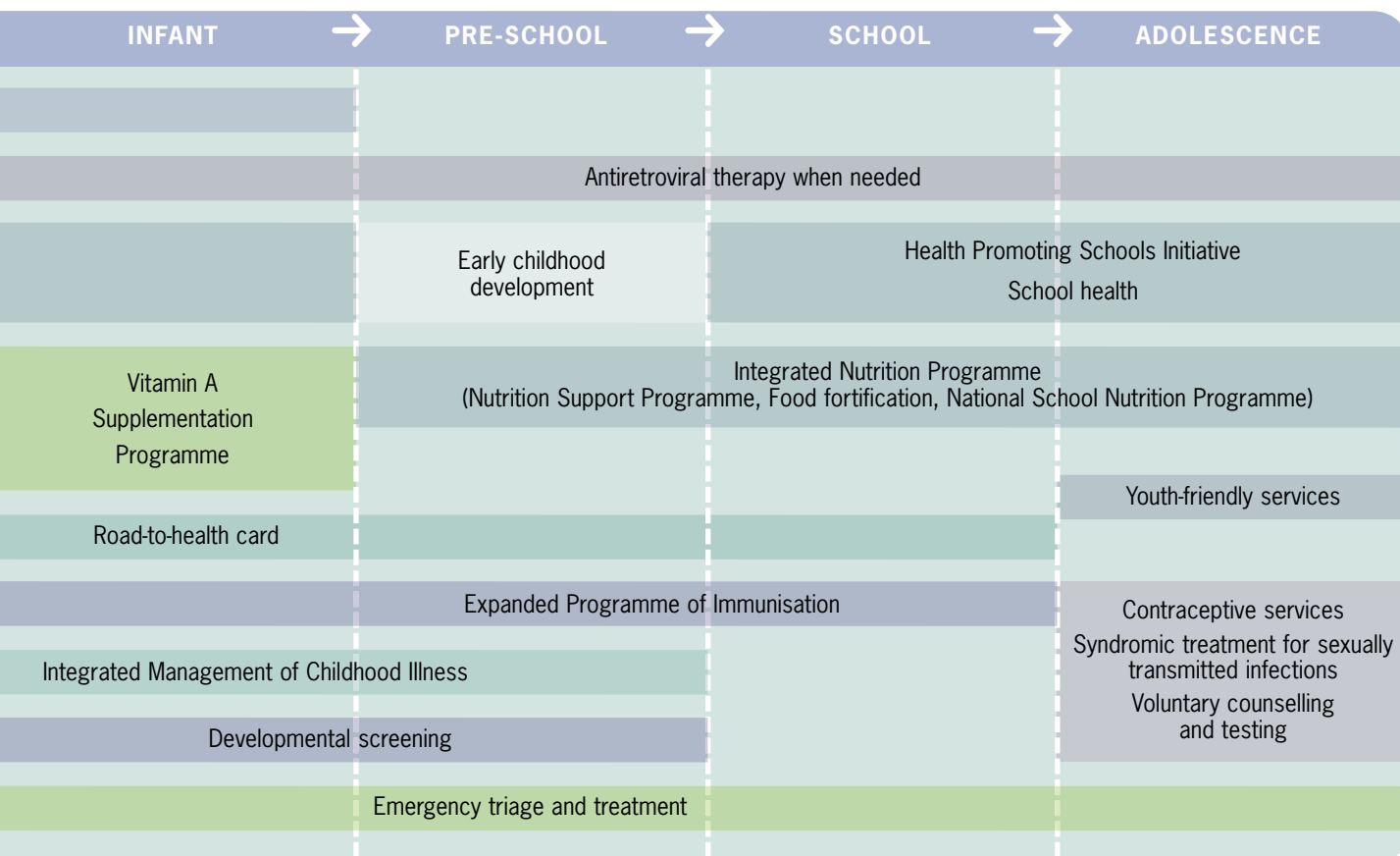


Table 10: As easy as ABC? An A to Z of basic health service interventions for child health

ABBR.	PROGRAMME	DESCRIPTION
ART	Antiretroviral therapy	Drug treatment against HIV/AIDS.
BFS	Breastfeeding support	Support for lactating mothers at community and facility level.
BANC	Basic antenatal care	A simplified pregnancy service at primary level.
BFHI	Baby-Friendly Hospital Initiative	A World Health Organisation initiative that accredits birthing units for breastfeeding promotion and newborn care.
DOTS	Directly observed treatment short course (for tuberculosis)	A programme that promotes completion of TB treatment courses.
ECD	Early childhood development	The orientation of services such as crèches that promote the cognitive and psychological development of pre-school children.
EDL	Essential drugs list	A nationally mandated list of drugs for common diseases that facilities must stock.
EPI	Expanded Programme of Immunisation	A timetable of vaccines (mostly given in early childhood) that protect against severe diseases.
ESMOE	Essential steps in managing obstetric emergencies	A training programme aimed at ensuring safe care for emergencies in pregnancy.
ETAT	Emergency triage and treatment	A programme that allows staff to identify sick children rapidly and initiate life-saving measures.
HPSI	Health Promoting Schools Initiative	A programme to make schools into places that improve and protect the health of learners.
IMCI	Integrated Management of Childhood Illness	A key strategy that brings together promotion, prevention, curative and rehabilitative care for children younger than five years in communities and at health facilities.
INP	Integrated Nutrition Programme	An umbrella programme of nutritional support for vulnerable citizens, especially pregnant women and children, including those with long-term health conditions.
KMC	Kangaroo mother care	Care of very small newborn babies through skin-to-skin contact with their mothers.
NSNP	National School Nutrition Programme	Part of the INP and aimed at children in schools in low income communities.
NSP	Nutrition Support Programme	Part of the INP aimed at malnourished children and pregnant women.
PMTCT	Prevention of mother-to-child transmission of HIV	A multi-faceted longitudinal programme encompassing pregnancy, birth and early infancy aimed at interrupting transfer of HIV from mother to fetus/infant.
RTHC	Road-to-health card	A patient-held record covering the first five years of a child's life.
VCT	Voluntary testing and counselling for HIV	A programme delivered at all points in the health system, encouraging adults and older children to know their HIV status.
Vit A	Administration of vitamin A supplements	A kind of nutritional 'immunisation', vitamin A given regularly in early childhood protects against common diseases such as diarrhoea and pneumonia.
YFS	Youth-Friendly Services	Like the BFHI for newborns, this initiative accredits youth services that meet certain standards.

Integrated across levels of care

Basic health care services for children must be integrated within the current District Health System, which is the delivery vehicle for the majority of child health interventions. This means that a comprehensive and co-ordinated approach across child health interventions is essential.

Basic health care also traverses all levels of care, from primary through to tertiary services, and is not, as is often mistakenly thought, confined to primary level services.ⁱⁱ The referral links between home- and community-based care, primary health care facilities and secondary and tertiary hospitals are essential in addressing a child's illness or disability, as well as dealing with complications and more sophisticated service needs.

Requires an efficient health system

In South Africa, key interventions for the majority of children are delivered through public sector health care facilities that are located in health districts. Child health services are thus an integral part of the District Health System and dependent on the smooth running of the overall system for their effective delivery. Important systemic elements such as staffing and infrastructure, competent management, proper referral systems and good support systems such as transport, procurement, supplies and information determine the ultimate quality, effectiveness and efficiency of child health services. These essential systemic elements must be in place for basic child health services to function optimally.

Includes a set of essential (basic) child health services

Table 10 presents a range of well established interventions designed to maximise children's health that could serve as a starting point for defining a package of basic child health services. This veritable 'alphabet soup' of activities is largely delivered in the health sector. Almost all these activities have proven to be cost-effective and have international standing as means to promote health and prevent or treat disease and disability. Even the relatively silent epidemics of iron deficiency and mild intellectual disability are addressed.

Is South Africa equipped to deliver good quality basic child health services?

Some essential programmes for children are included in the primary health care package for districts and have been in place for at least the past decade. The goal to deliver the package successfully in all districts is still elusive, with dire consequences for the realisation of the right to basic health care services.

Figure 8 on the next page provides estimates of the coverage of key interventions for maternal, infant and child health. That some interventions have achieved excellent coverage is encouraging, but they are in the minority. Coverage of HIV/AIDS interventions shows a decline in the use and delivery of services through pregnancy and child-birth to a low in the postnatal period when support to sustain optimal feeding choices is especially crucial. Coverage is also extremely low for exclusive breastfeeding and vitamin A.⁵ The recent outbreaks of measles, a disease that is preventable through immunisation in early childhood, in all the provinces demonstrate some of the weaknesses that remain.

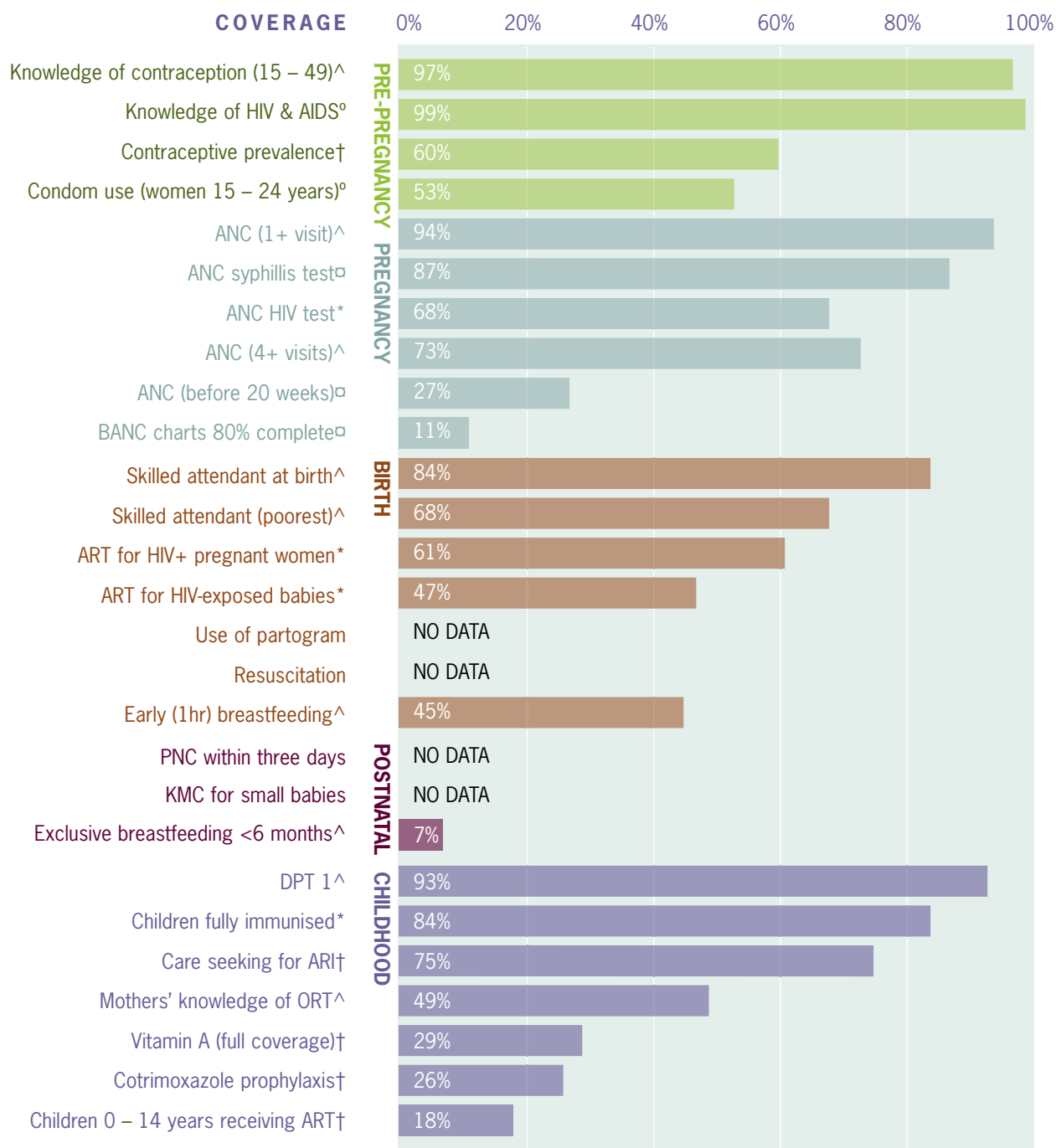
There are significant inequities in access to essential services for children between and within provinces, and between rural and urban areas. For example, some of the deficits shown in figure 8 relate to the patchy implementation and supervision of the Integrated Management of Childhood Illnesses (IMCI), especially the household and community component that deploys community workers to promote the health of children in homes and link them with local primary health care services. The IMCI has the potential to enhance the delivery of many other services such as vitamin A, the Expanded Programme of Immunisation and the case management of newborn and childhood illnesses such as pneumonia. However, provinces have often been slow to implement IMCI or have diluted its effect by using community workers who are also responsible for many other home-based care activities.

Likewise, the quality of health service delivery varies widely. Health worker training and supervision are not standard and comprehensive across the country.

Individuals and groups across the country are using imaginative means to address the extensive gaps illustrated in figure x. For example, the Limpopo Initiative for Neonatal Care has made great strides in improving basic neonatal care through a system of accreditation of neonatal units in health facilities.⁶ Such initiatives are heartening and their most effective elements require mainstreaming into basic health care services.

ii There are three levels of care in South Africa's public health system. Primary health care covers the health services closest to the community (eg clinics and community health centres). Secondary health care offers a greater range of services and some specialist care (eg regional hospitals). Tertiary health care provides an even broader range of specialist services and facilities (eg central hospitals). Patients in need of specialist services should be referred to secondary or tertiary levels.

Figure 8: Coverage of key interventions for maternal, newborn and child health



Abbreviations: ANC = Antenatal care • ARI = Acute respiratory infection • ART = Antiretroviral therapy • BANC = Basic antenatal care
 • DPT-Hib = Vaccination for diphtheria, pertussis, tetanus and haemophilus influenzae B • KMC = Kangaroo mother care

Source: Bradshaw D, Chopra M, Kerber K, Lawn J, Moodley J, Pattinson R, Patrick M, Stephen C & Velaphi S (2008) *Every death counts: Saving the lives of mothers, babies and children in South Africa*. Cape Town: Department of Health, Medical Research Council, University of Pretoria, Save the Children & UNICEF.

Data sources:

- [^] = Department of Health, Medical Research Council & Measure DHS (2002) *South African Demographic & Health Survey 1998*. Calverton, MD: Measure DHS.
- ^o = Department of Health & Measure DHS (2004) *South African Demographic & Health Survey 2003*. Preliminary report. Calverton, MD: ORC Macro.
- [†] = UNICEF (2008) *State of the world's children*. 2008. New York: UNICEF.
- ^{*} = Barron P, Day C & Monticelli F (2007) *The District Health Barometer 2005/06*. Durban: Health Systems Trust.
- ^o = Pattinson RC, Etsane E, Snyman JS, Bezuidenhout C, Sutton V, Ferreria V, Bergh AP, Makin JD (2007) *Report to UNICEF on the scaling-up of the basic antenatal care quality improvement programme in two sub-districts per province in South-Africa* (draft). Pretoria: Medical Research Council & University of Pretoria.

How might basic health care services for children be realised in the country?

While this essay has explored some concepts and practical possibilities related to basic health care services, defining what basic health care services are and which interventions should be part of basic health care services for children in South Africa is not a simple task, but it can be done.

Two recent country examples prove this. Malawi established and began implementing an Essential Health Package for children, which is now reaping benefits.⁷ In Chile, a country with a comparable income level to South Africa, a participatory process that included civil society produced a minimum, non-negotiable and legislated set of health guarantees for Chileans to which everyone has access, regardless of their ability to pay.⁸ A similar approach is required to define which essential child health services must be provided in South Africa. This has to be guided by what society agrees to and is willing to pay for, and the relative costs and benefits of different health care interventions and services.

The following recommendations are essential first steps in fulfilling children's right to basic health care services. They have to be addressed collectively by the Department of Health at national, provincial and district level, Parliament and provincial legislatures, the academic community involved in child health, and relevant organs of civil society:

Define a package of basic health care services

- Initiate a participatory process to define and spell out what basic health care services for children must be. This would involve:
 - defining the required activities along the life-cycle continuum of health care for children, and across levels of health care; and
 - identifying available, cost-effective, proven interventions, and selecting options most suitable to South Africa.

Deliver the package

- Define and quantify what is required to deliver this package.
- Develop a coherent long-term strategy for the provisioning of basic health care services for children in the context of the evolving District Health System and the broader health system. This requires:
 - integration of programmes, services and institutions;
 - a focus by each level on its entire catchment population and not only on those individuals who are able to access the health system;
 - mutual support between, and equitable access to, the different levels of care for ill children; and

- the identification and removal of obstacles to the provisioning of accessible good quality child health services.

Monitor the delivery and efficacy of the services

- Develop a system to monitor and evaluate interventions against changing contexts and health profiles.
- Conduct an annual child death enquiry at the highest government decision-making level, thus promoting inter-sectoral responsibility for mitigating the many 'upstream' factors that impact on child health outcomes. Without this high-level engagement with child mortality, the impact of child health services will be significantly diluted.

Maintain the services

Maintain sound child health management structures at national, provincial and regional levels that are able to respond appropriately and timeously to gaps and challenges.

Conclusion

Much ground must still be covered to ensure the effective delivery of quality basic health care services for children. A number of systemic factors impacting on child health services and the broader health system must be addressed. The Department of Health's strategy to step up the provision of essential health care interventions for mothers and children in 18 of the country's poorest districts is a step in the right direction.

However, providing basic health care services and addressing gaps in health care provisioning for children must be a systematic, sustained and comprehensive effort linked to a strategic long-term vision for child health in South Africa.

References

- 1 Constitution of the Republic of South Africa. Act 108 of 1996, sections 27 and 28(1)(c).
- 2 National Health Act 61 of 2003.
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- 8 Gacitúa-Marió E, Norton A & Georgieva SV (eds) (2009) *Building equality and opportunities through social guarantees. New approaches to public policy and the realization of rights*. Washington, DC: World Bank.