



# Child Health in South Africa: Current status and future prospects

PROF HAROON SALOOJEE

# What I offer today



A critical examination of the current state of child health in South Africa and future directions through examination of five key child health indicators.



# What is the under 5 mortality rate in SA?

(in 2022)

|    |   |             |
|----|---|-------------|
| 15 | ● | \$1 Million |
| 14 | ● | \$500,000   |
| 13 | ● | \$250,000   |
| 12 | ● | \$125,000   |
| 11 | ● | \$64,000    |
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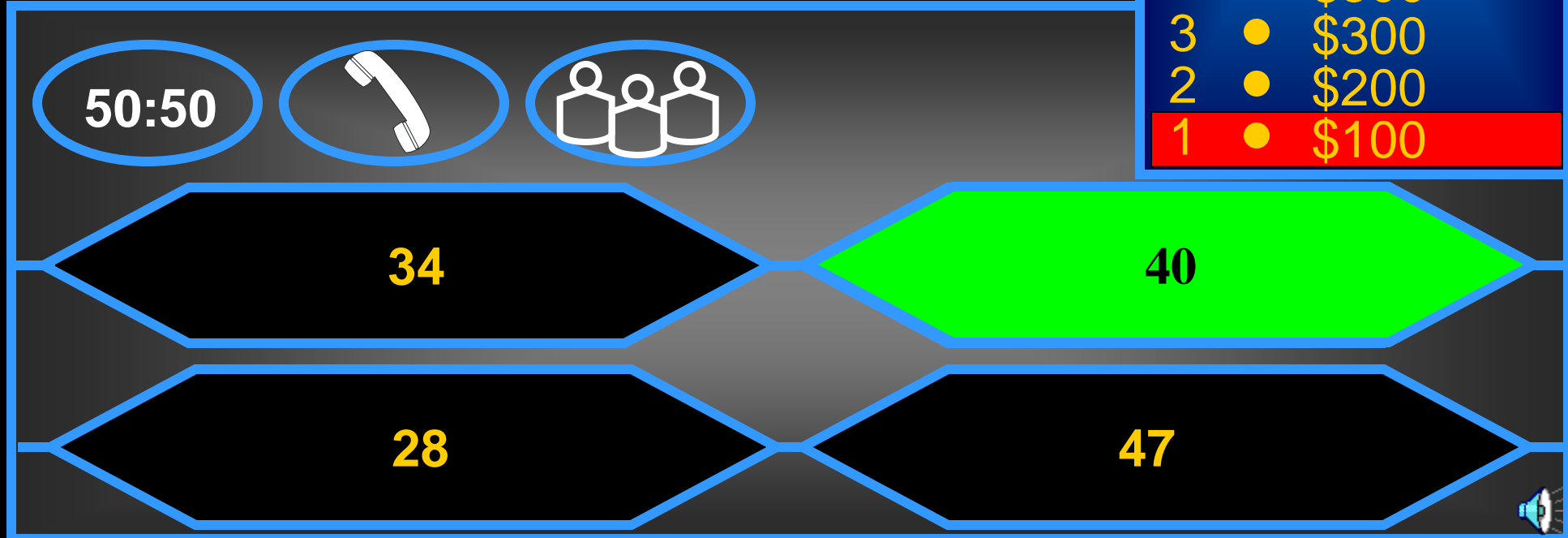
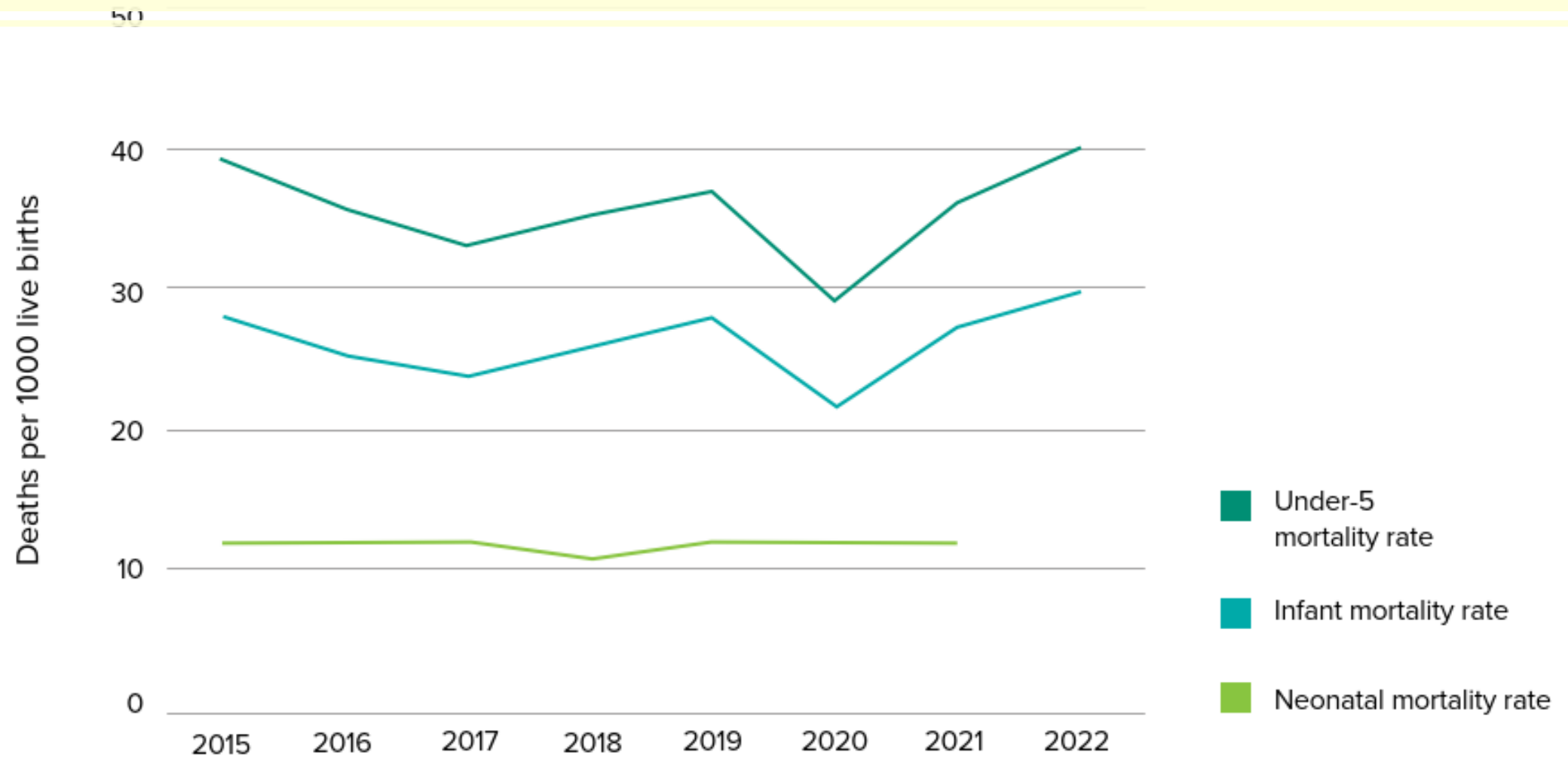


FIGURE 10: CHILD MORTALITY RATES

# South African Child Mortality





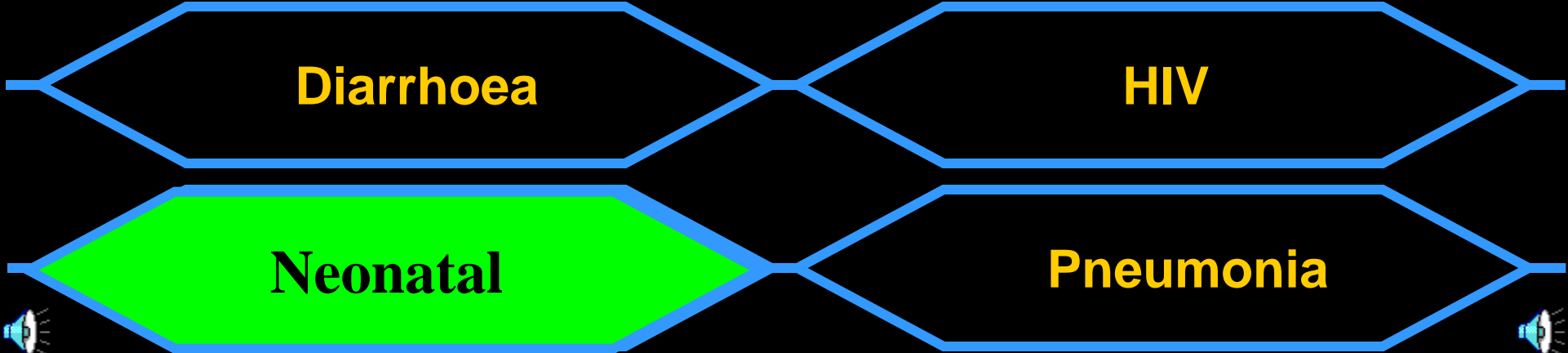
The death of a child is not an inevitable fact of life, but rather is often the result of discriminatory laws, practices and attitudes, as well as institutional arrangements that compound poverty, disempowerment and injustice.

Report of the United Nations High Commissioner for Human Rights, July 2016

# What is the main cause of death of under 5s in SA?

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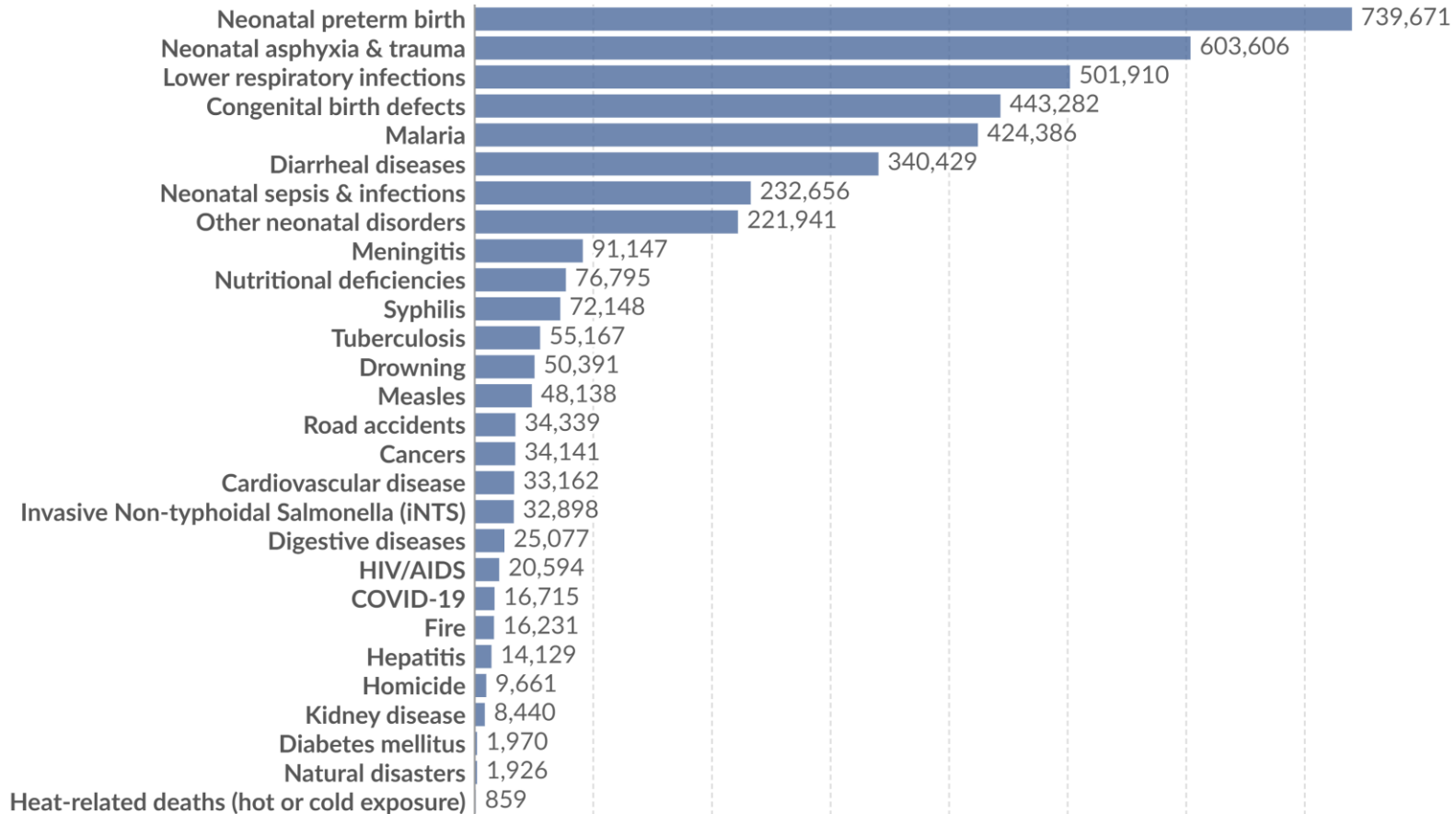
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# Causes of death in children under five, World, 2021

The estimated annual number of deaths from each cause. Estimates come with wide uncertainties especially for countries with poor vital registration<sup>1</sup>.



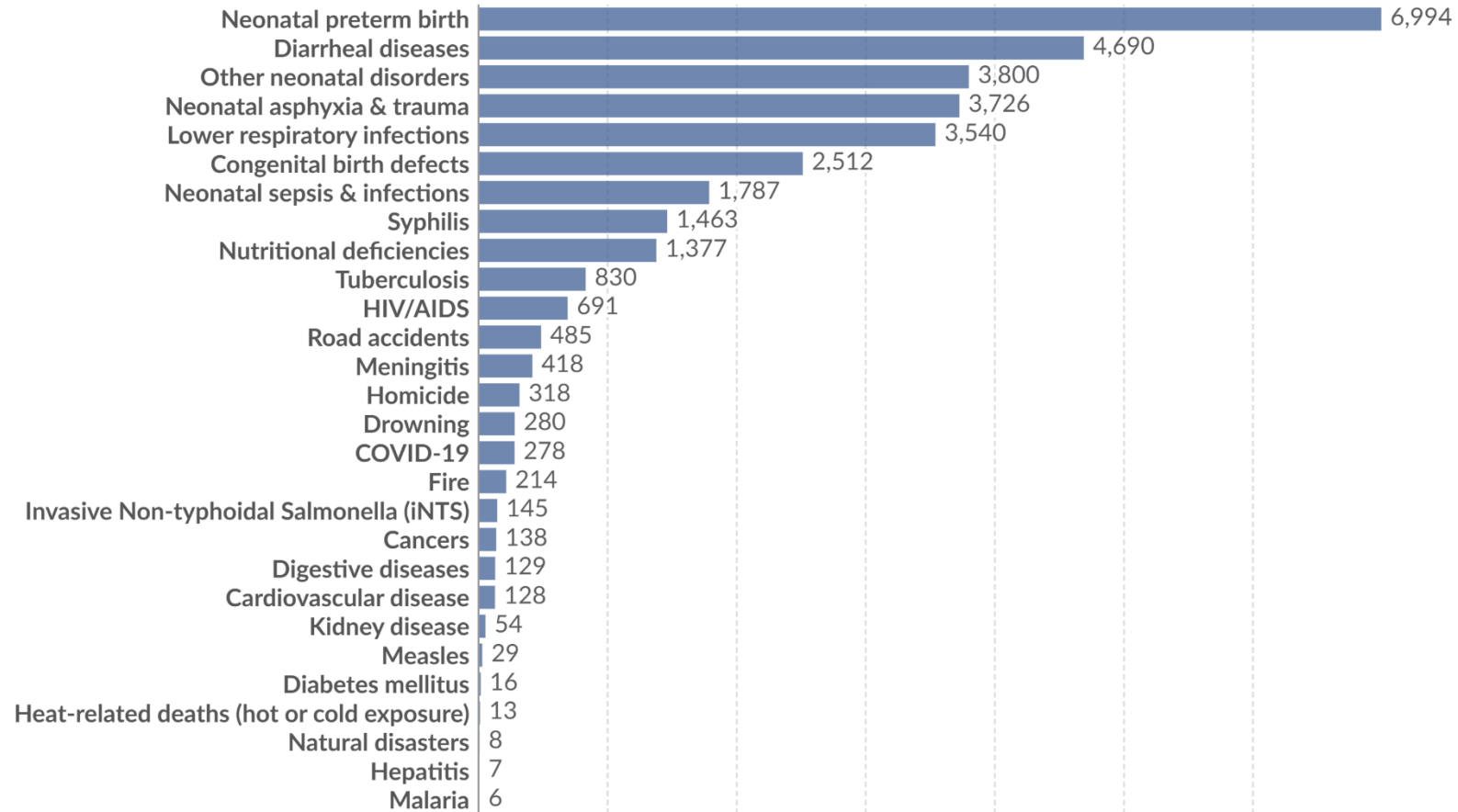
Data source: IHME, Global Burden of Disease (2024)

OurWorldInData.org/causes-of-death | CC BY

# Causes of death in children under five, South Africa, 2021



The estimated annual number of deaths from each cause. Estimates come with wide uncertainties especially for countries with poor vital registration<sup>1</sup>.



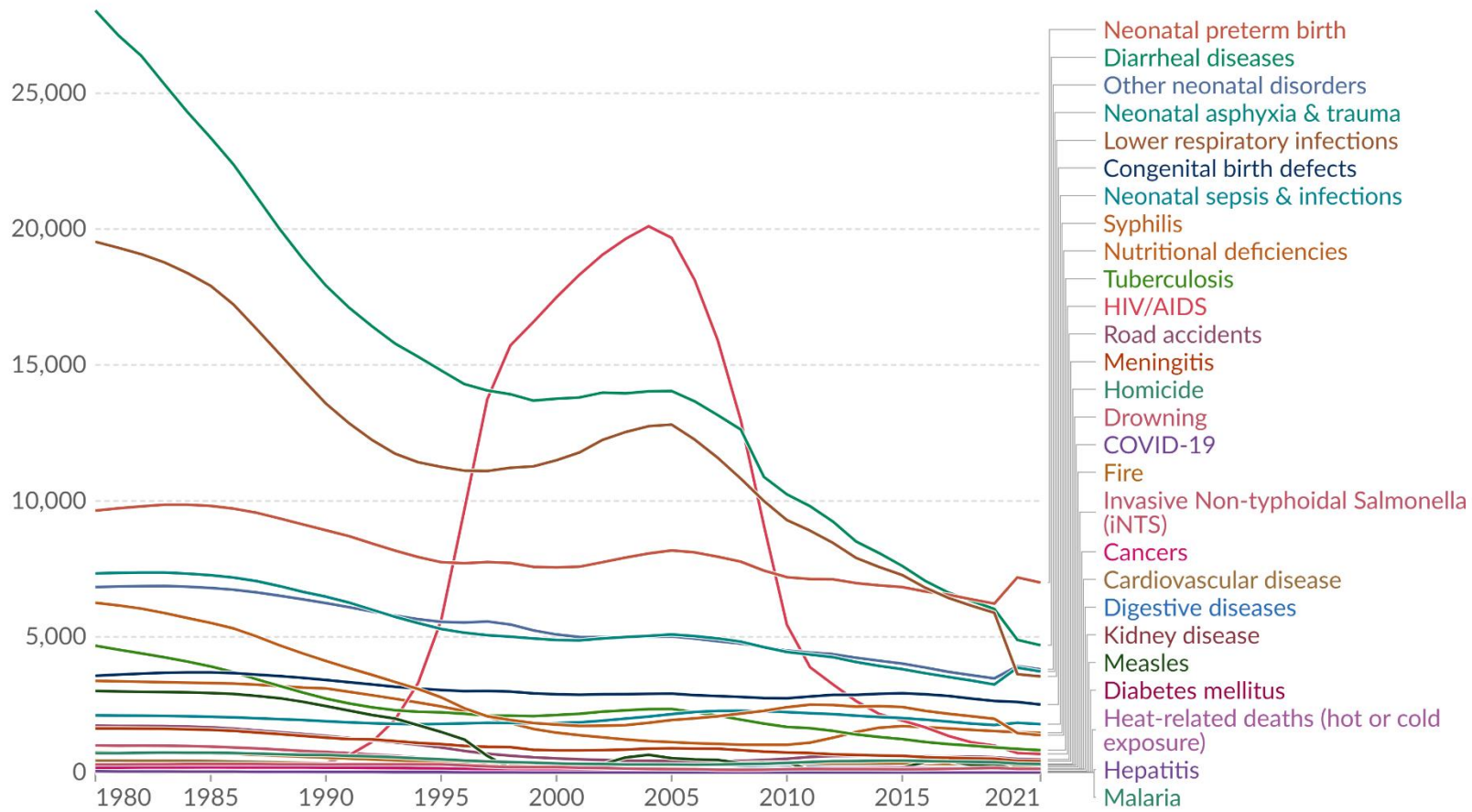
Data source: IHME, Global Burden of Disease (2024)

OurWorldInData.org/causes-of-death | CC BY

# Causes of death in children under five, South Africa, 1980 to 2021



The estimated annual number of deaths from each cause. Estimates come with wide uncertainties especially for countries with poor vital registration.

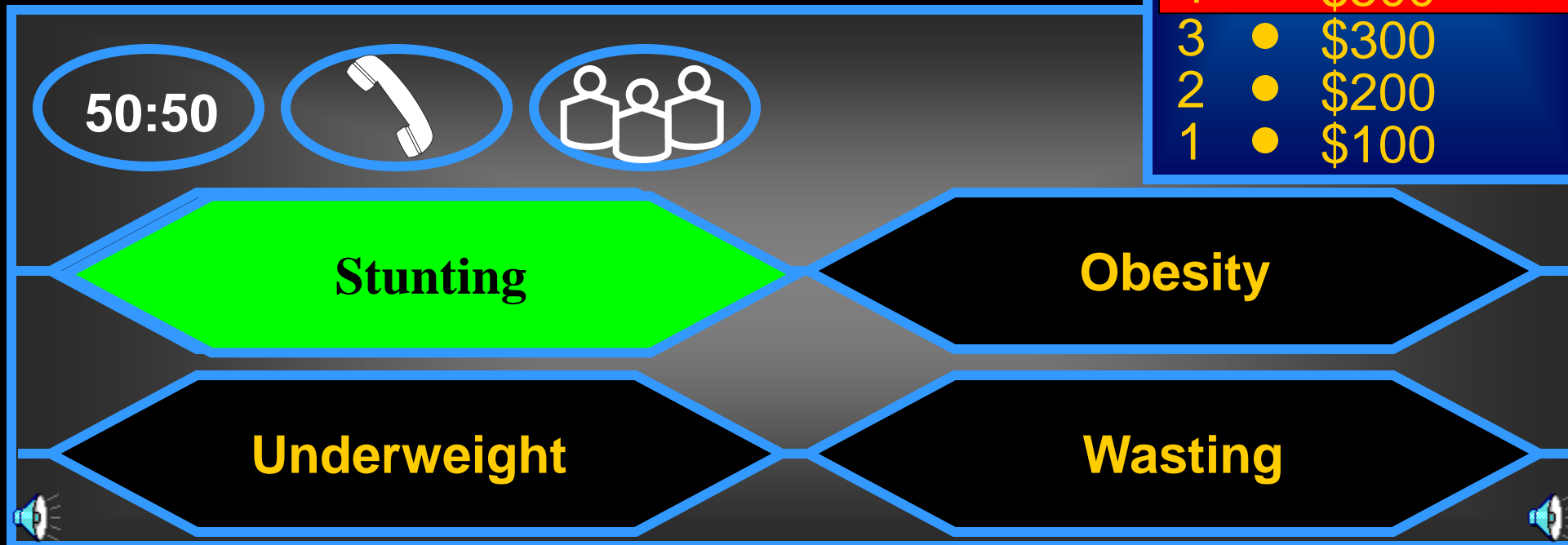


Data source: IHME, Global Burden of Disease (2024)

OurWorldInData.org/causes-of-death | CC BY

# What is the commonest form of malnutrition in SA?

|    |   |             |
|----|---|-------------|
| 15 | ● | \$1 Million |
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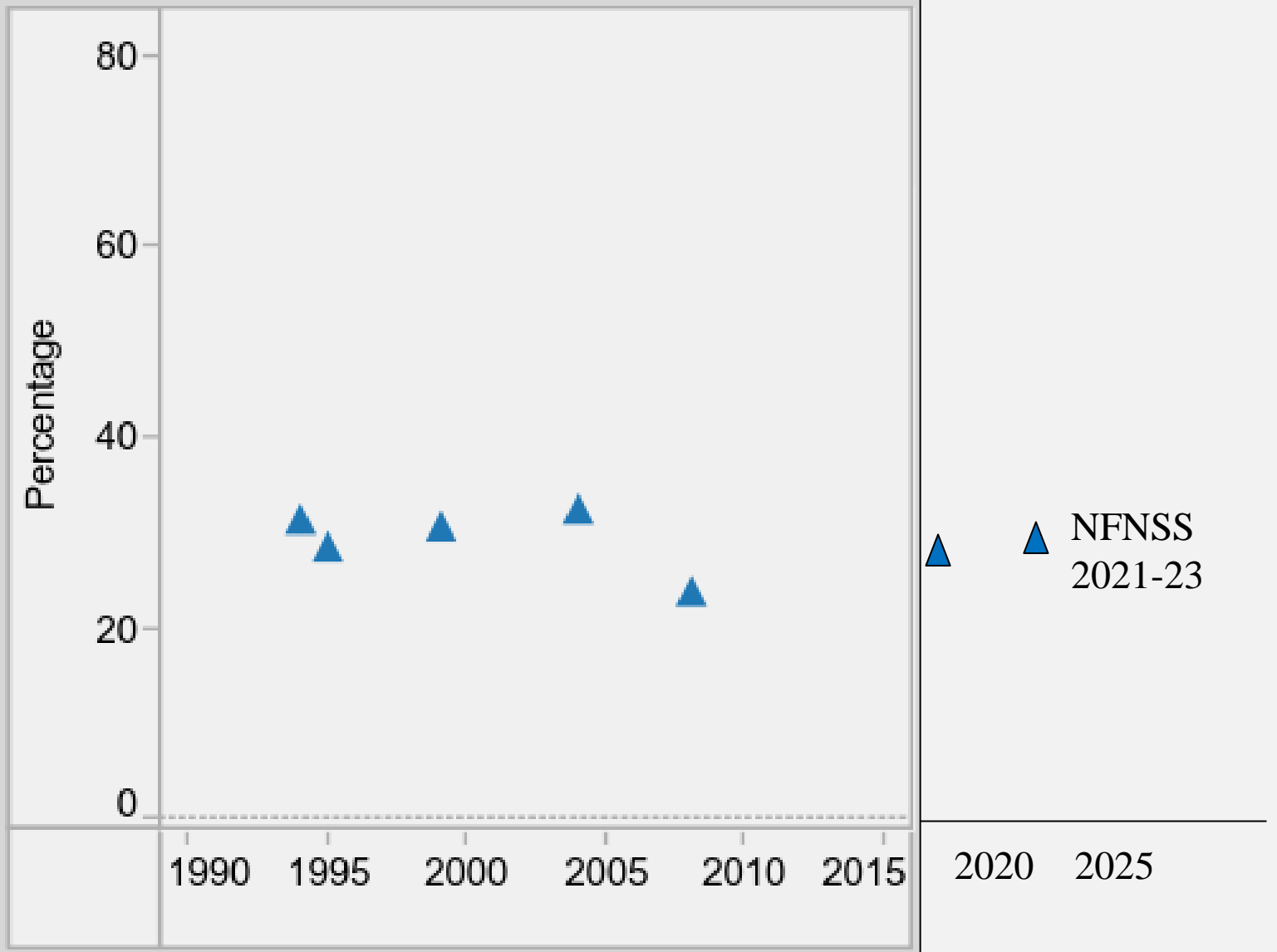


**Table 44.3** Malnutrition among children (0 to 5 years) – % of population

|                         | <b>Global<br/>2019a</b> | <b>Southern<br/>Africa 2019a</b> | <b>South Africa<br/>2016b</b> | <b>South Africa<br/>2005c<br/>(1–9 years)</b> |
|-------------------------|-------------------------|----------------------------------|-------------------------------|---|
| <b>Stunting</b>         | 21.3                    | 29.0                             | 27.4                          | 23.4 (1–3 y)                                  |
| <b>Underweight</b>      |                         |                                  | 5.9                           | 9.3   |
| <b>Wasting</b>          | 6.9                     | 3.3                              | 2.5                           | 4.5   |
| <b>Low birth weight</b> | 14.6                    | 14.2                             | 14.2                          |   |
| <b>Overweight</b>       | 5.6                     | 12.7                             | 13.3                          | 10.6  |

**Sources:** (a) UNICEF, WHO, World Bank Group joint malnutrition estimates, 2020 edition. (b) South African Demographic Household Survey 2016. (c) NFCSTB: National Food Consumption Survey – Fortification Baseline 2005

# Children aged under-5 stunted



# THE LIFETIME COST OF STUNTING

## CHILD MORTALITY

Stunted children are

**4X**  
more  
likely  
to die



than children  
who are not.

## IQ SCORES

Stunting can



reduce IQ as  
much as 11pts

## INCOME

Adults who are  
stunted earn



**22%**  
less

## ECONOMY

Stunting contributes  
to losses in GDP  
**AS HIGH AS 16%**



# Stunting reduction interventions



**Table 44.4** Success of interventions to prevent or reduce stunting (or linear growth) at a population scale

| Little or no evidence   | Some (mixed) evidence   | Good evidence (examples)   |
|---|---|--|
| <p>Exclusive breastfeeding</p> <p>Macronutrient supplementation</p> <p>Micronutrient supplementation</p> <p>Food fortification</p> <p>Water, sanitation and hygiene promotion (WASH)</p> <p>Environmental enteric dysfunction therapy (e.g. probiotics, antibiotics, anti-helminthics, and nutritional supplements)</p> <p>Agricultural interventions</p> | <p>Complementary feeding support</p> <p>Educational interventions to improve complementary feeding practices</p> <p>Community-based interventions at scale</p> <p>Nutrition systems strengthening interventions</p> | <p>Implementation of IMCI (Tanzania)</p> <p>Anthelmintic treatment in high endemic areas</p> <p>Case management of infections, increased frequency of complementary feeding and possibly improved dietary quality (Bangladesh)</p> <p>Socio-economic development coupled with equity-oriented public policies (Brazil)</p> <p>Farmer funding, agricultural help and direct nutritional supplementation (Feed the Future, USAID).</p> |





# Which country has the greatest wealth inequality in the world?

- 15 ● \$1 Million
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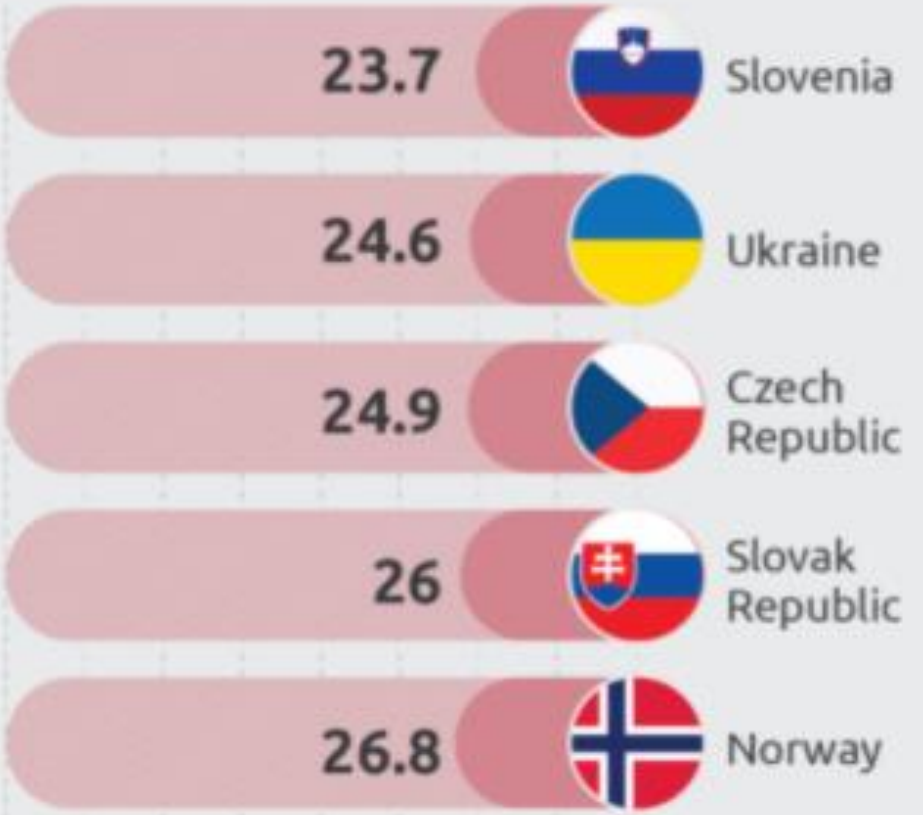
Central African Republic      Slovenia

South Africa      United States

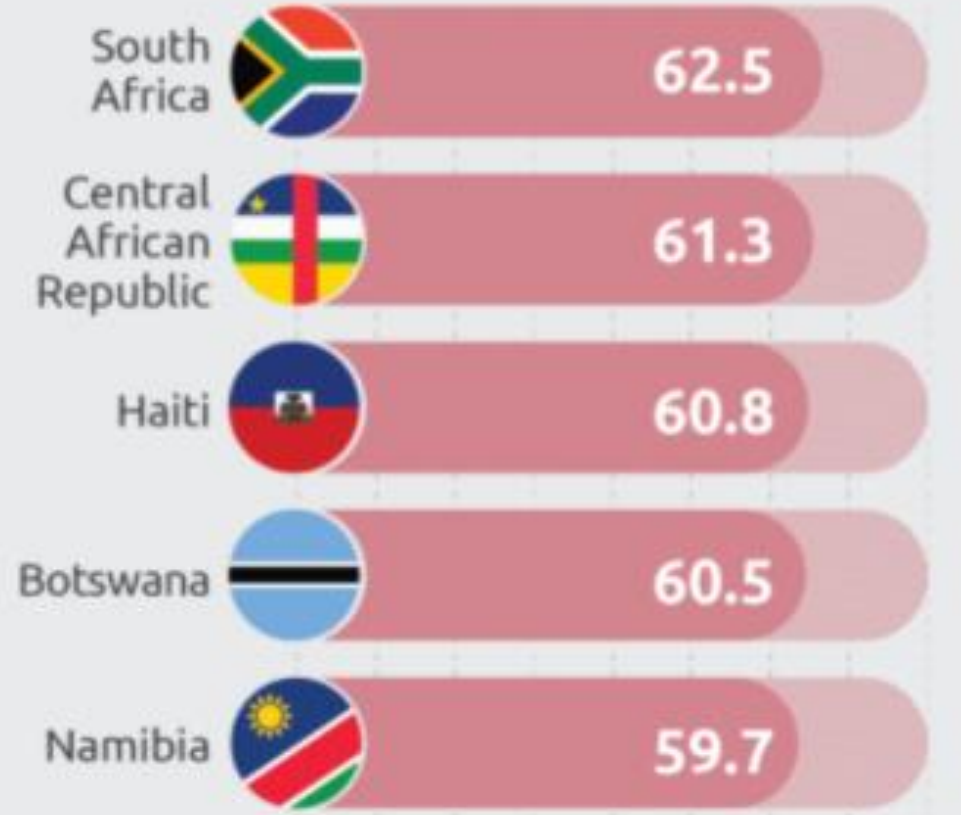
 

# The Current Top and Bottom Five Countries According to the Gini Index 2017

## MOST EVENLY DISTRIBUTED



## MOST UNEVENLY DISTRIBUTED



GINI

USA 45

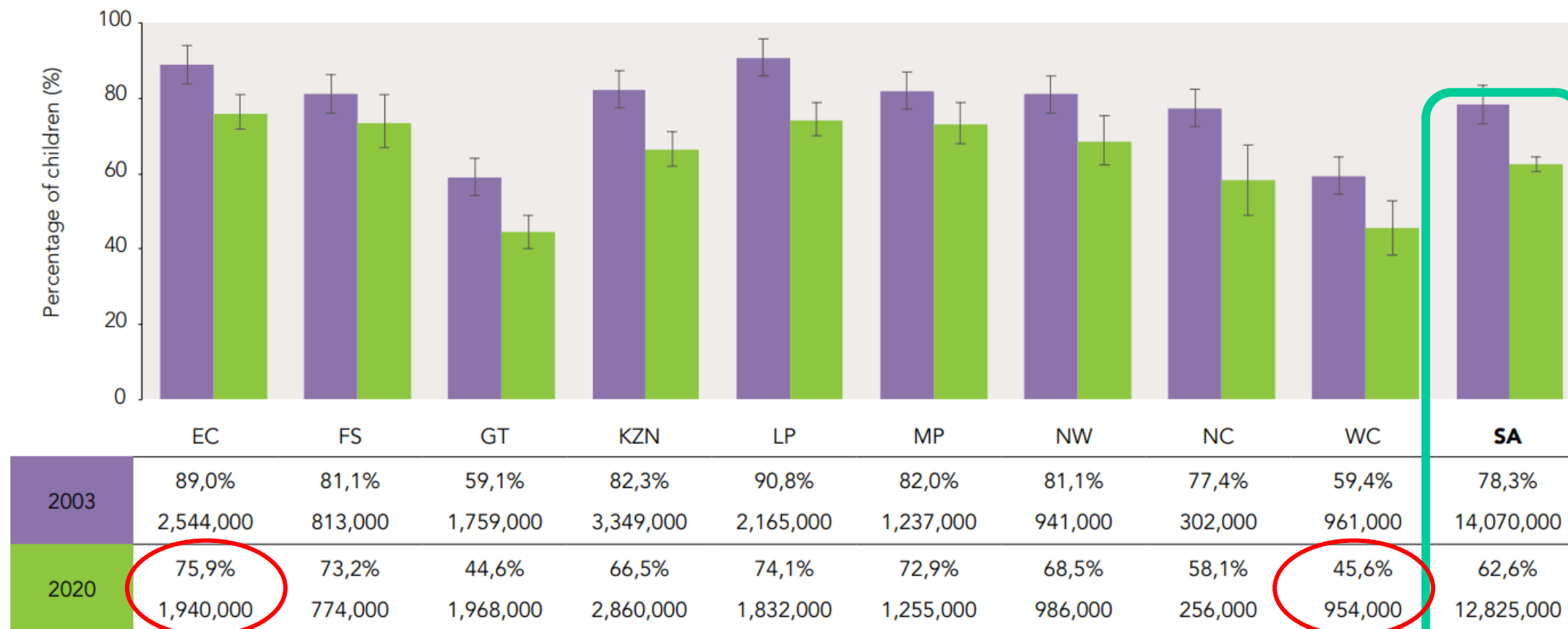
80 70 60 50 40 30 20 10 0

0 10 20 30 40 50 60 70 80

# Children living in poverty

**Figure 2a: Children living in income poverty, by province, 2003 & 2020**

(Upper-bound poverty line: Households with monthly per capita income less than R1,268, in 2018 rands)

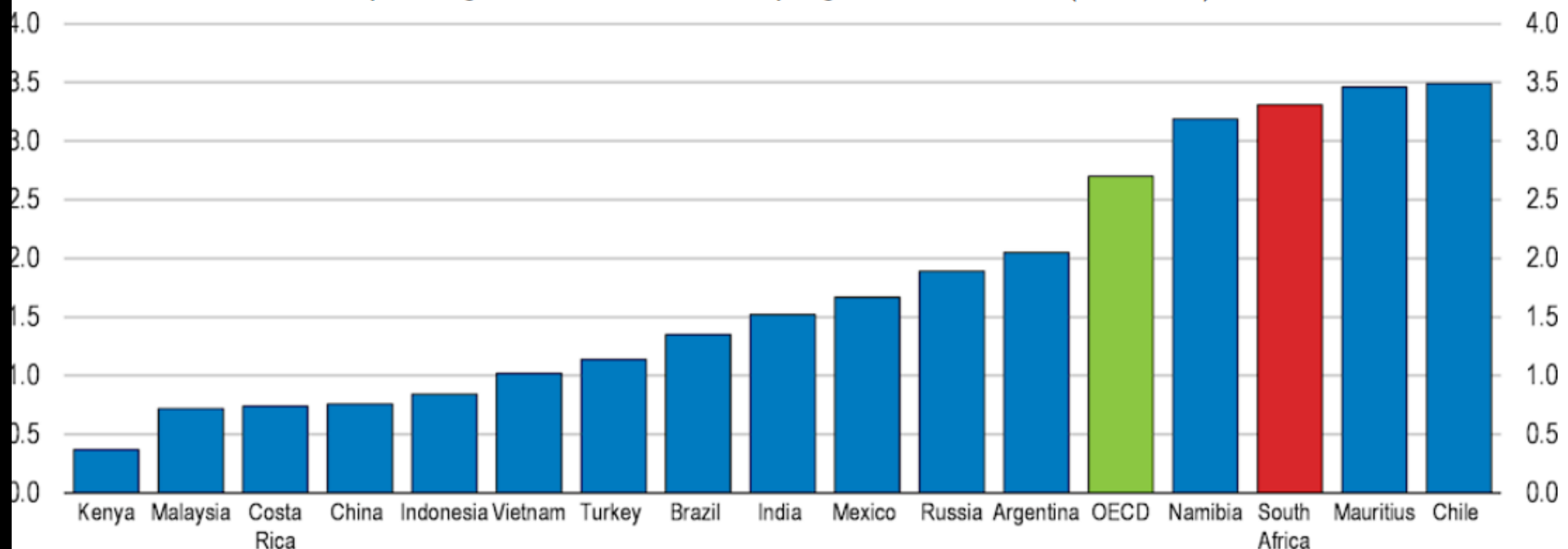


Source: Statistics South Africa (2003; 2021) *General Household Survey 2002*; *General Household Survey 2020*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.

# Spending on social transfers

Figure 2.3. **Spending on social transfers is high**

Spending on social assistance programmes in 2015 (% of GDP)

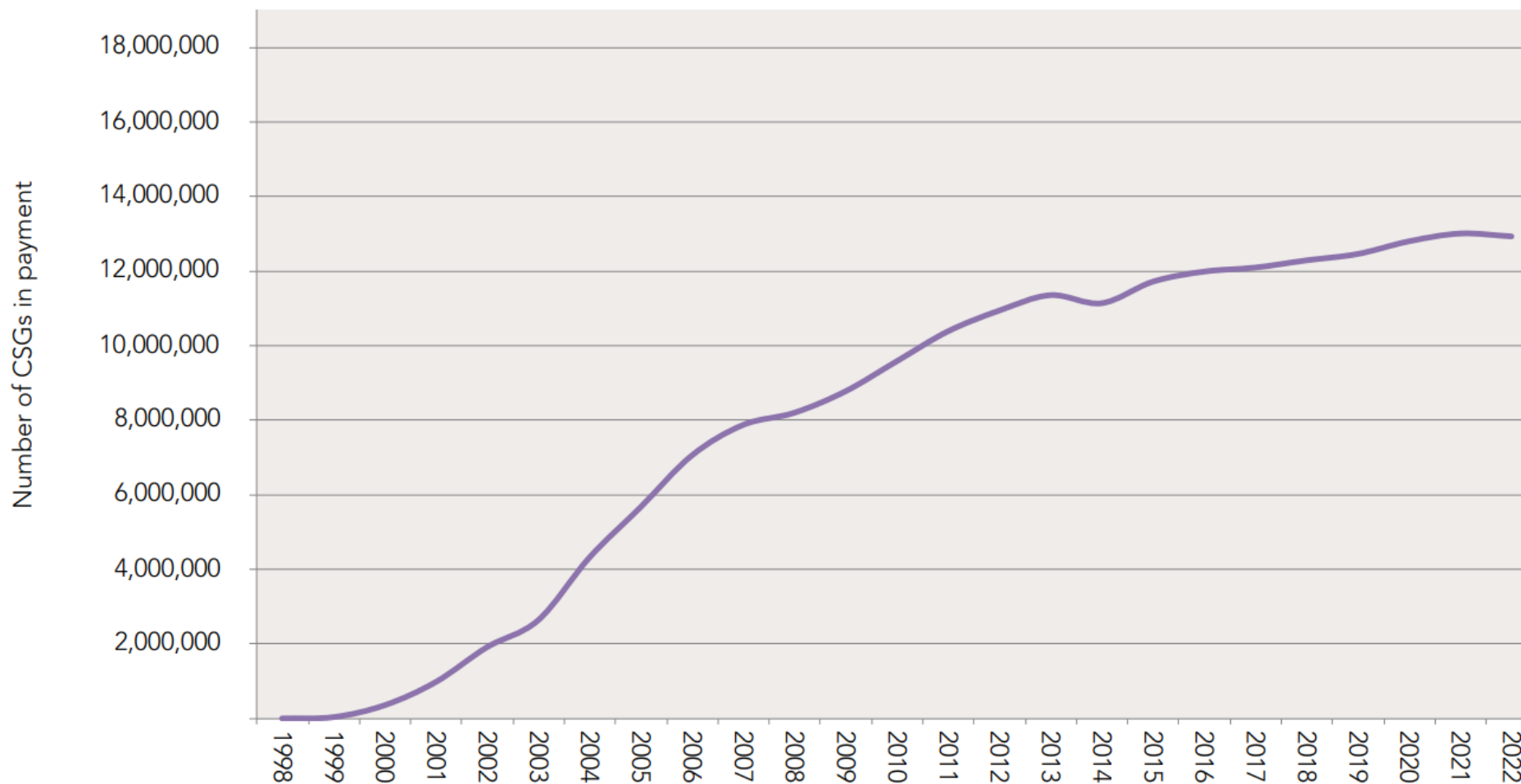


Note: Malaysia, Costa Rica, Turkey refer to 2013; China and Namibia refer to 2014; Kenya and India refer to 2016. Social assistance programmes are defined as non-contributory interventions designed to help individuals and households cope with chronic poverty, destitution, and vulnerability. Examples include unconditional and conditional cash transfers, non-contributory social pensions, food and in-kind transfers, school feeding programmes and public works (World Bank, 2018b).

Source: World Bank ASPIRE database, 2018.

# Child support grants

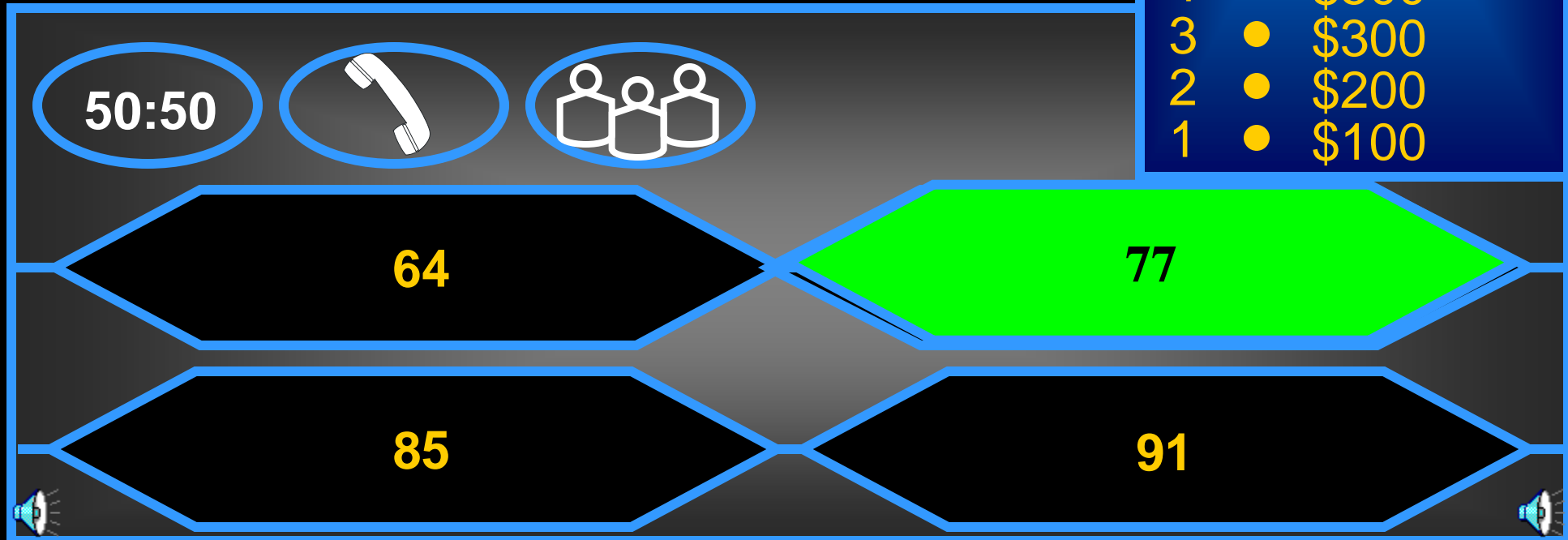
Figure 2d: Children receiving the Child Support Grant, 1998 – 2022



# What percent of South African children are fully immunised?

(18 months - 2019)

|    |   |             |
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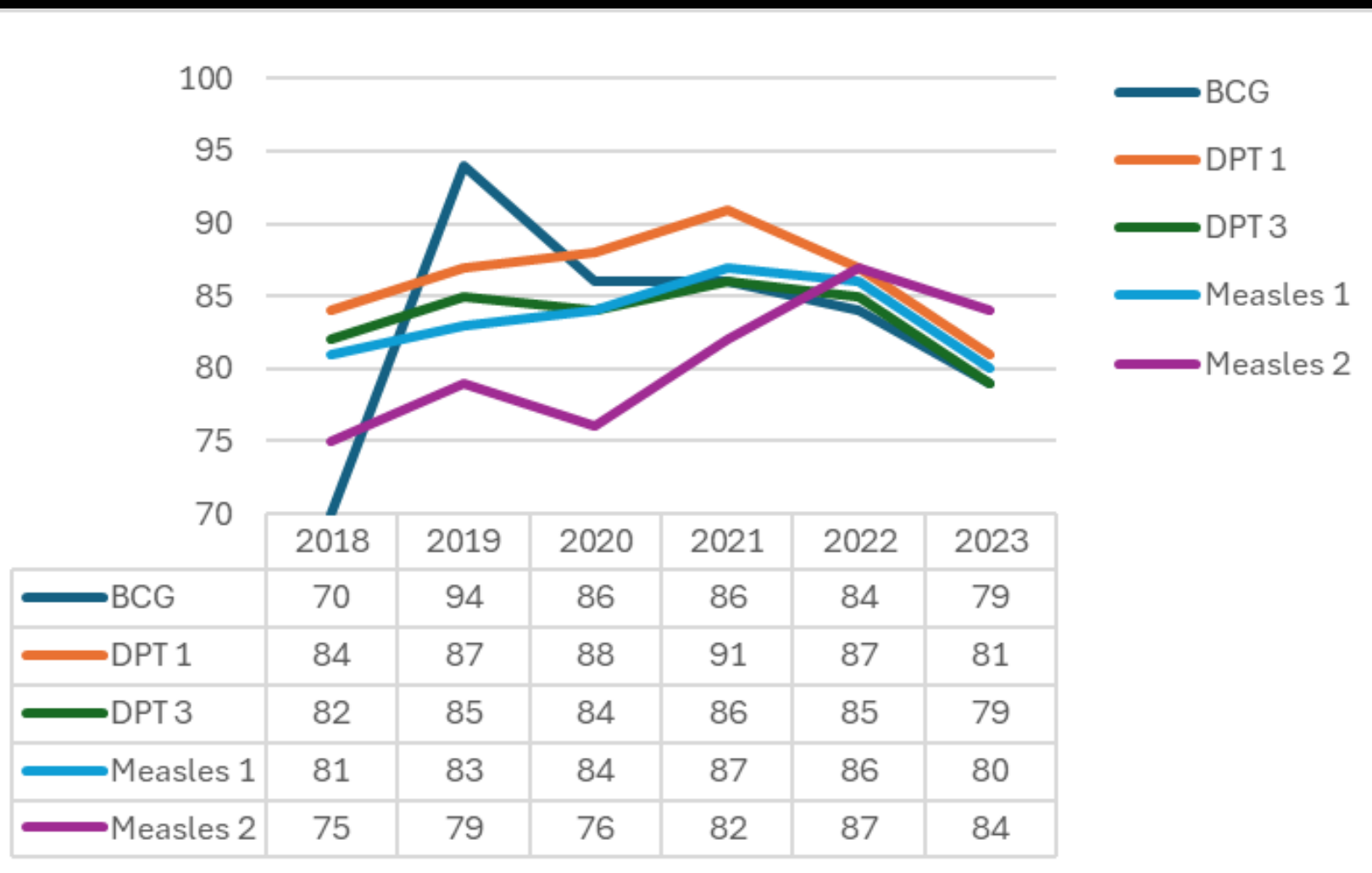
# Immunisation indicators

**Table 34.2** Key immunisation indicators, EPI National Coverage Survey (EPI-NCS), 2019

| Indicator  | %  |
|--|----|
| Child received all basic vaccinations up to age 1 year, i.e. up to measles 1               | 84 |
| Child vaccinated with doses scheduled up to 12 months, i.e. up to measles 2                | 81 |
| Child fully vaccinated (received all age-appropriate vaccinations from birth to 18 months) | 77 |
| Unvaccinated (never vaccinated)  | 4  |
| Possession of Road to Health booklet   | 82 |

*Source: EPI-NCS 2019*

# Vaccine coverage (2018-23)





# Who is this?



- 12 ● \$ 1 Million
- 10 ● \$32,000
- 9 ● \$16,000
- 8 ● \$8,000
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- 6 ● \$2,000
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- 4 ● \$500
- 3 ● \$300
- 2 ● \$200
- 1 ●

50:50



Greta Thunberg

Malala Yousafzai

Nkosi Johnson

Michael Komape



**D** Michael Komape drowned in the most undignified way – in a pit toilet at his school in Chebeng Village in Polokwane. He was five years old. To most people, our government particularly, Michael Komape was a nobody-son of other nobodies in a nowhere village. By MARK HEYWOOD.

IW



The death of a child is not an inevitable fact of life, but rather is often the result of discriminatory laws, practices and attitudes, as well as institutional arrangements that compound poverty, disempowerment and injustice.

Report of the United Nations High Commissioner for Human Rights, July 2016

# How well did you score?

- 0 In which country do you live? Slovenia?
- 1-2 You are sentenced to 2 weeks of community paediatric service
- 3-4 Good going. You are on the ball.
- 5 Wow! That's impressive.
- 6 You're a star!!! ★ Take the day off.

# Reflection

- ▶ High, stagnating under 5 mortality rate
- ▶ Ongoing burden of infectious diseases
- ▶ Stunting pervasive and persistent
- ▶ Crippling poverty and inequity
- ▶ Primary health care service provision floundering
- ▶ Social determinants of health remain prominent

Current Paediatrics (2005) 15, 429–436



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Current  
PAEDIATRICS

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[www.elsevier.com/locate/cupe](http://www.elsevier.com/locate/cupe)

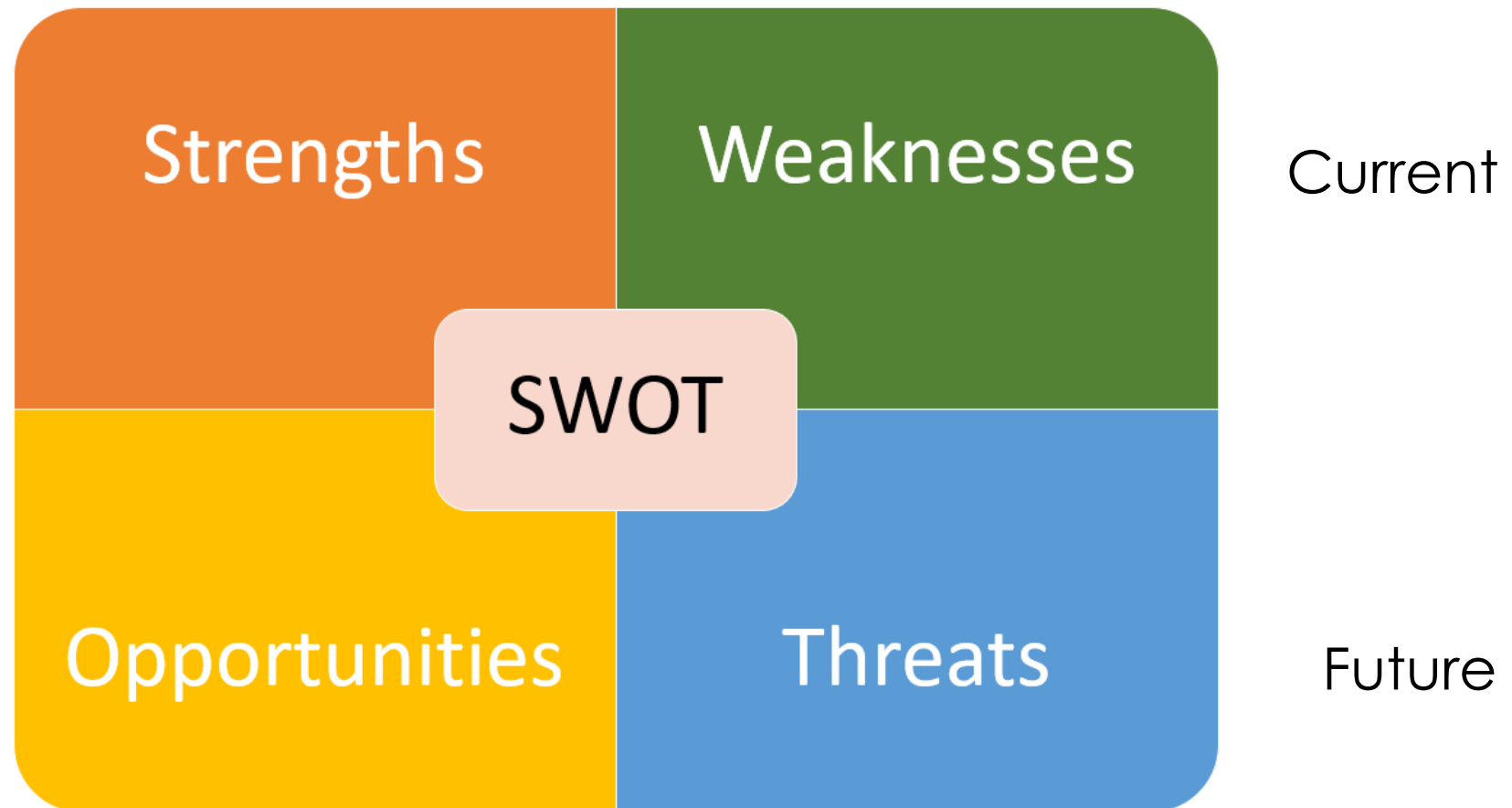
## **International child health: 10 years of democracy in South Africa; the challenges facing children today**

**Haroon Saloojee<sup>a,\*</sup>, John Morley Pettifor<sup>b</sup>**

# Child Health in South Africa in 2030



# The state of South African child health





# What is the greatest strength (resource) we have for ensuring children stay healthy in SA?

- a) A Constitution that guarantees and protects child rights
- b) Free health care for all children
- c) A functional primary health care service
- d) The quality of health care available
- e) The quality of child health care practitioners
- f) Social support grants
- g) Another

# What is the greatest weakness in child health care delivery in SA?

- a) Inadequate spending on children
- b) Maladministration of allocated budgets
- c) Shortage of equipment and medicines
- d) Human resource (staff) shortages
- e) Incompetent or unskilled staff
- f) Poor leadership and management
- g) Weak policy implementation
- h) Inferior data information systems
- i) Inequity in access to care, resources and staffing
- j) Another

# What is the greatest threat to children's health in SA?

- a) Corruption
- b) Climate change
- c) A hospi-centric approach with an acute care ('survival') focus
- d) Incompetent governance
- e) Food insecurity
- f) Poverty and inequity
- g) Pandemics
- h) Violence and abuse
- i) Worsening government fiscus (money available for spending)
- j) Another

# What is the greatest opportunity for child health in SA?

- a) Using the Constitution to extract more child rights
- b) The National Development Plan 2030
- c) National Health Insurance (NHI)
- d) Decentralised decision-making (e.g. staff appointments, use of funds)
- e) An essential package of child health services
- f) Early Childhood Development policy implementation
- g) Further re-engineering of primary health care
- h) Community based health care
- i) Technological advances (e.g. in health care delivery, data management)
- j) Another (e.g. SDGs, GNU)

# We Pledge our Oath – by Chat GPT

In a land where hope and dreams unite,  
Children's health shines, a beacon of light.  
With rights enshrined in our Constitution's embrace,  
Free healthcare ensures every child's grace.

Though challenges persist, we stand strong,  
Against poverty, inequity, and wrong.  
With dedicated care and social support,  
We build a future where health is sought.

From stunting's shadow to vibrant growth,  
South Africa's children, we pledge our oath.  
For a brighter tomorrow, we strive and fight,  
Ensuring every child's future is bright

