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To: Ms Vuyokazi Majalamba
Portfolio Committee on Health
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From: Ms Patricia Martin
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Re: Submission to The Portfolio Committee on Health - National Public Health Institute of South Africa Bill [B16 – 2017]

1. About SACSoWACH

The South African Civil Society Coalition for Women's, Adolescents' and Children's Health (SACSoWACH) is made up of 23 civil society organisations which coordinate their efforts and collaborate in their advocacy for a strong and effective health system that promotes the health, well-being and development, and prevents poor health outcomes for women, children and adolescents.

The objectives of the coalition are to:

- Facilitate and strengthen civil society's participation in the development of health policies, laws and strategies
- Develop an information platform to ensure civil society organisations are up-to-date on relevant decisions and development in the health sector
- Create platforms for shared advocacy and behaviour change campaigns
- Increase awareness of health rights and demand for maternal, women, children and adolescent health services.

SACSoWACH's priority areas for 2017 are:

- Nutrition, with a focus on breastfeeding and stunting
- Early child development, with a focus on ensuring that all children health, growth and development promotive services through the health system
- Sexual and reproductive health rights
- Effective public communications for health.

Working groups have been established in respect of each of the priority areas to ensure the development of strong promotive, preventative and therapeutic health systems and services.

2. General Comments

- 2.1 Our submission is responding to the National Health Insurance Policy and the establishment of the National Public Health Institute of South Africa structure as provided for in the policy and to be enacted through the Bill B16-2017.
- 2.2 As a representative civil society coalition, we would welcome the opportunity to present an oral submission to the Portfolio Committee in August.
- 2.3 A development approach to health is important in achieving universal health access and promoting a healthy population.
- 2.4 In line with the National Health Insurance Policy's commitment to understand and address the social determinants of health (chapter 3.1), SACSoWACH proposes that this commitment is reflected in the composition of the board proposed in the National Public Health Institute of South Africa (NAPHISA) Bill.
- 2.5 Section 44 of the NHI Policy acknowledges that there are high levels of maternal, neonatal and child mortality and morbidity rates. This acknowledgement should be addressed through selecting board members to the NAPHISA Board that have relevant expertise.
- 2.6 SACSoWACH proposes the addition of a women, child and adolescent health expert to join the composition of the NAPHISA board.

3. Universal Health Coverage

- 3.1 The NHI policy recognises and is grounded in universal health care as an enabler for inclusive social protection systems and inclusive human development. It is about equity and is fundamental to providing social protection for health.
- 3.2 SACSoWACH recognises that the current health system is marked by deep inequities in terms of access to quality services. The poorest and most marginalised women, children and adolescents do not access quality services, and that this contributes significantly to the very high levels of poverty and inequality in the country.
- 3.3 Lack of access to health services, notably for young children and women, keeps the poorest and most marginalised people trapped in an inter-generational cycle of poverty and has arrested the country's development.
- 3.4 SACSoWACH supports the establishment of a National Health Insurance (NHI) scheme and a unified health system as a vehicle for equalizing the opportunities of all, to access universal, quality promotive, preventative, palliative and therapeutic health care.
- 3.5 We are concerned that the conceptualisation of the NHI and associated policy proposals are not adequately focused, and capable of ensuring that women, children and adolescents' unique health needs, which are particularly linked to the country's poor health and development outcomes.

4. Early Childhood Development

- 4.1 The recently adopted National Integrated Early Childhood Development (ECD) Policy places a duty on the health sector to secure universal availability and equitable access to, not only child survival, but development services too.
- 4.2 The NHI policy does not expound that inclusive human development is wholly dependent on early development – before children reach the age of 2 years – and that the only sustainable public mechanisms for addressing the development risks in these years, is the health system
- 4.3 In the case of children, the focus remains on child survival, and the prevention of child and maternal mortality. There is no dispute that these are critical issues, but if they are focused on in the absence of issues of child development, the broader development and equalizing foundations of the NHI will remain frustrated.
- 4.4 International evidence suggests that by providing access to preventative and treatment interventions two thirds of under- five deaths can be avoided. South Africa has developed a health tool, the Road to Health Booklet, which is issued to all children at birth to promote and monitor their healthy development. This is reaffirmed in the Primary Health Care Package (2000), which places emphasis on child health and early screenings.
- 4.5 Once children reach 5 years of age, they will hopefully, be captured by the Integration of School Health Programme (ISHP), as expanded on in section 145 of the NHI Policy, which is rolled out to all school-going children.
- 4.6 The ISHP includes a range of screenings, including vision, to ensure optimal learning by the child. Research has shown that 80% of learning and development in the first years of life happens through vision.
- 4.7 Investments must be made in securing comprehensive child development services in the earliest years during pregnancy and in the first two years.
- 4.8 To guarantee a child-centred approach to health it is essential that there is the inclusion of a child health expert at the decision-making level of the National Public Health Institute.

5. Social Determinants of Health

- 5.1 The NHI should emphasize that the individual's lifelong health and development is influenced hugely by the environment into which he or she is born as a child.
- 5.2 Where a child is born into adversity and exposed to social and economic development risks, health services must mitigate these as early as possible through the provision of a comprehensive suite of maternal, child and adolescent health and development services.
- 5.3 The NHI policy recognises that the National Development Plan (NDP) calls for addressing the social determinants, but omits to recognise and action the NDP's requirement, including those of the ECD policy, that these determinants be addressed early through comprehensive ECD services delivered through the health system. These services include access to good nutrition, parenting support and early cognitive development.

6. Conclusion

- 6.1 The NHI policy states that the “implementation of the NHI will provide an opportunity for significant economic and social benefits to South Africa.” And “could contribute significantly to improved life expectancy ... and child mortality” (paragraph 91).
- 6.2 The NHI could contribute to so much more than improving child mortality and life expectancy. With an implementation focus on early childhood, that is not limited to survival, but equally on the provision of early development services, it could significantly contribute to equalizing the development opportunities and health and education outcomes of the majority of children born into poverty and other adversities.
- 6.3 NHI implementation should therefore be undertaken through the early child development and nutrition lens with a clear policy directive to prioritise an appropriate suite of maternal, women, young child and adolescent health, nutrition and development services at Primary Health Care levels.

7. Recommendations

- 7.1 To ensure that universal health coverage is achieved, and that all living in South Africa can access quality healthcare services that are delivered equitably, affordably, efficiently, effectively and appropriately, there needs to be a holistic approach to health services.
- 7.2 Early child development should be identified and defined under the NHI principles.
- 7.3 SACSoWACH proposes the addition of a women, child and adolescent health expert to join the composition of the NAPHISA board. The addition of a specific expert on adolescent, child and women’s health is cross-cutting in nature and will ensure the holistic delivery of health services.