Where are the children in NHI?

A call to strengthen maternal, neonatal, child and adolescent health in NHI

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Motivation

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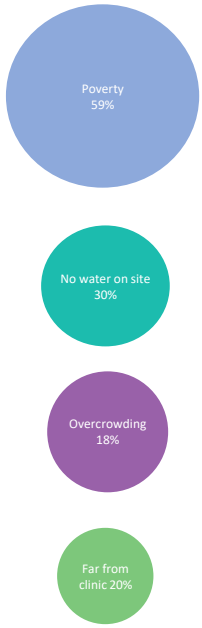
The challenge of poverty and inequality



- **Children in South Africa are disproportionately affected by poverty**, and more likely than adults to be living in poor households..
- Many children experience **multiple deprivations** that accumulate over time creating long-lasting developmental setbacks,[2] and children in former 'homeland' areas and informal settlements continue to experience the highest levels of deprivation
- Nearly 60% of children live below the **poverty** line. 1 in 5 children live in **overcrowded** households, 1 in 3 are **without water on site**, and 1 in 5 are **without basic sanitation**. (General Household Survey 2018)
- In addition, 1 in 5 children still **travel more than 30 minutes** to reach a health care facility. Transport costs and safety concerns lead **to life-threatening delays** in accessing treatment, and **a lack of "positive and caring attitudes"**[6] undermines uptake of both adolescent health services[7] and antenatal care[8].
- It is therefore unsurprising that **diseases of poverty** such as diarrhoea and lower respiratory infections account for 21% and 18% of under-five mortality, or that 50% of child deaths in hospital were associated with malnutrition.

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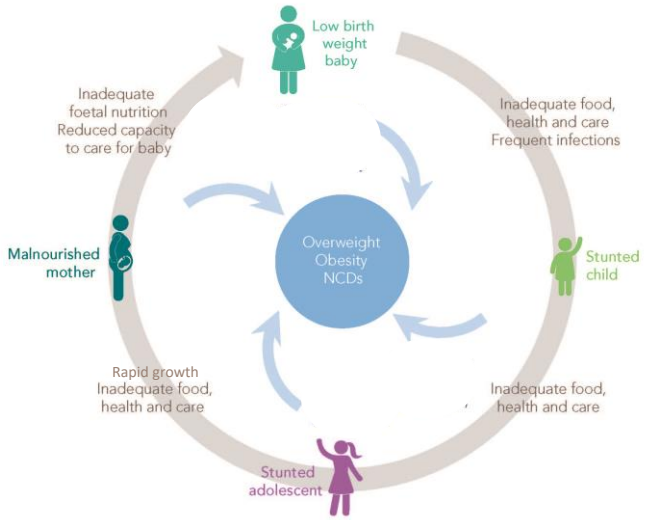
Early investment = key to lifelong health

- While South Africa has made good progress in reducing under-five mortality, there is growing concern around **children's failure to thrive**.
- For example, **the slow violence of malnutrition** is undermining children's health and development, and fuelling a rapidly growing epidemic of obesity and adult NCDs.
- There is strong evidence that **early intervention –** starting in the antenatal period and extending into adolescence **- is critical and cost-effective -** in breaking the intergenerational cycle of ill health and promoting health and development across the life course.



Adapted from: Branca F, Piwoz E, Schultink W, Sullivan LM. Nutrition and health in women, children, and adolescent girls *British Medical Journal,* 2015; 351: h4173

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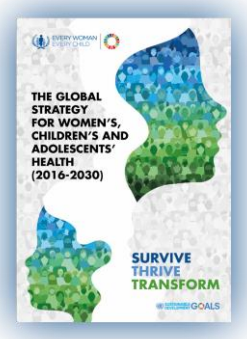
SA's international commitments

- **Sustainable Development Goals** have a strong focus on equality and call on states to *prioritize the most vulnerable* members of society to ensure that *no one is left behind*.
- **Global Strategy for Women's Children's and Adolescents' Health** aims to end preventable deaths and ensure that children not only *survive but thrive* and reach their full potential. It recognizes how *maternal health* is a powerful predicator of child and adolescent health and it includes a commitment to achieving *universal health coverage* and financial risk protection for the poor.



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A child rights imperative

- Section 28 of the Constitution guarantees children's right to "basic health care services".
- This right is **not subject to progressive realization** nor limited by the state's available resources
- Therefore, **an essential package of health care services** for children and adolescents must be prioritised within the NHI baskets of care.

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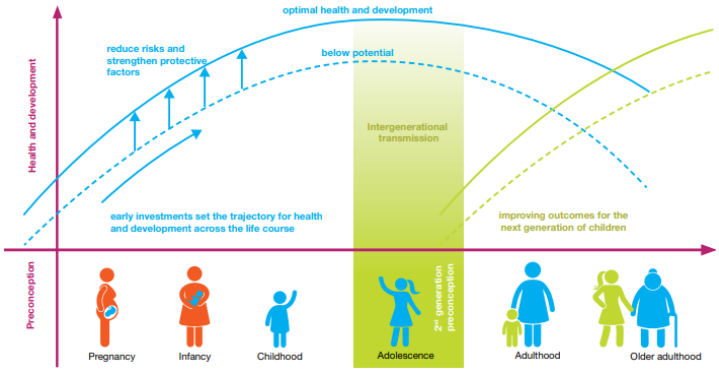
This essential package should:

- promote children and adolescent's ***survival and optimal health and development***
- **extend beyond treatment** to include early intervention, prevention, rehabilitation and palliative care for children with long term health conditions and disabilities
- adopt **a life course approach** that extends from antenatal care through to adolescence.
- And ensure no child is left behind.



A strong foundation for life long health and development

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3. Specific concerns

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1. The rights of foreign children

We pleased to see that the **Bill upholds the constitutional right of all children to basic health care services** as provided for in section 28 (1)(c) of the Constitution - including children of asylum seekers or illegal migrants.

- Yet children of asylum seekers and illegal immigrants will not have the formal **identity documents** needed to register as users. *Clarity is therefore needed on how these children will gain access*.
- Some children with long term health conditions or complex care needs enjoy a range **of additional essential services** in the public sector that may fall outside the basic package of care. *It is therefore important to clarify if the NHI Fund will cover these benefits for children of asylum seekers and illegal migrants*.
- **Antenatal and obstetric care** are key determinant of child health and survival and are recognised as an essential component of children's right to health by the *UN Committee on the Rights of the Child.*
  We therefore call on the State to extend antenatal and obstetric services to asylum seekers and illegal foreigners.

Office of the High Commissioner of Human Rights (1989) *Convention on the Rights of the Child, UN General Assembly resolution 44/25.* Geneva: UN.

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2. Equitable access to health care

If NHI is genuinely committed to promoting universal health coverage (UHC), and promoting health equity, then **it is vital to revise the current accreditation and registration requirements so they do not prejudice those children most in need**.

Registration of users

- In order to access health goods and services under NHI, people must have **proof of registration.**
- **Registration can only be done at an accredited provider or health establishment**.
- Children born to users are regarded as having been **registered automatically at birth**.
- **Children already born** will need to be **registered by their parents** or can register themselves from age 12 onwards.
- **An original identity card, birth certificate or refugee identity card will be required for registration**.

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Three concerns

Barriers for undocumented children

Barriers for children living with relatives or on the move

Barriers for children in poor communities where health facilities are not accredited.

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a) Barriers for undocumented children

- There were just over 1 million children were born in 2018 in South Africa. (Statistics SA, P0305 - Recorded live births, 2019)
- Birth registration has been steadily improving, yet only 87% of births in 2018 were registered within the first 30 days of birth, and less than half of births were registered in time in the more rural districts of KwaZulu-Natal. (Statistics SA, P0305 - Recorded live births, 2018)
- There are approximately 500 000 children in South Africa who do not have birth certificates. Of these, around 80% are South African citizens. (Hall K, 2019)

Recommendation: Consider drawing on the **alternative forms of identification** specified in Section 11(1) of the 2008 Regulations of the Social Assistance Act of 2004 to ensure that gaps in the birth registration system do not compromise children's access to health care.

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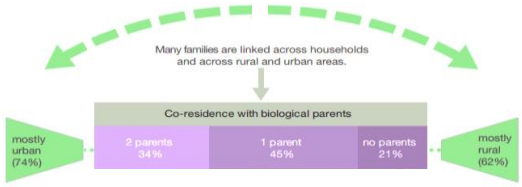
b) Barriers for children living with relatives

- Many families in South Africa are fluid and stretched across the rural-urban divide, as families seek to balance the need for work, education, childcare and protection.
  (South African Child Gauge 2018)
- In 2018, 20% of South Africa's children did not live their biological parents – and this increases to 29% of African children, and 33% of children in the Eastern Cape.
  (General Household Survey 2018)

Recommendation: Ensure that **children's de facto caregivers can register them** as users on the NHI, and that **the benefit follows the child** in the same way as the Child Support Grant.



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c) Accreditation of health facilities

The NHI aims to promote UHC and **leave no one behind.** Yet the accreditation of health care facilities has the potential to increase inequalities in access to health care.

- After two decades of public sector austerity, many **public health care facilities are understaffed, under-equipped, and unlikely to qualify for NHI accreditation**.
- The most recent 2016/17 report of the Office of Health Standards Compliance found that **that only 1% public health facilities met the norms and standards required for certification**
- Hospitals and private facilities are more likely to get accredited than clinics and community health centres - **increasing urban-rural and private-public inequality**

Recommendation: Put measures in place to **ensure that these accreditation requirements do not discriminate a**gainst the most vulnerable people - children, the elderly, people with disabilities and those living in rural areas - who are dependent on local facilities and need to access to care close to home.

Office of Health Standards Compliance (2018) *Annual Inspection Report 2016/17.* Pretoria: OHSC.

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3. Representation for child and adolescent health

The Bill enjoins the minister to appoint advisory committees:

- The **Benefits Advisory Committee** to determine the health care service benefits and types of services that the fund will pay for at each level of care from primary to tertiary hospitals. Its members must have *technical expertise* in medicine, public health, health economics, epidemiology, and the rights of patients.
- The **Health Benefits Pricing Committee**, which must recommend the prices of health service benefits. Members must have *expertise in actuarial science, medicines, epidemiology, health management, health economics, health financing, labour and rights of patients*. A member must represent the Minister. This is the only advisory committee with a defined number of members: "not less than 16 and not more than 24".
- A **Stakeholder Advisory Committee,** comprising *representatives from the statutory health professions councils, "health public entities, organised labour, civil society organisations, associations of health professionals and providers as well as patient advocacy groups* "in such a manner as may be prescribed".

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Representation for child and adolescent health

- We note with concern that **none of these advisory committees have representation from child health specialists or the children's sector**. This raises concerns that children and adolescents specific needs are unlikely to be adequately addressed and prioritised.
- For example, **there is little to no consideration of children in the National Core Standards outside of neonatal and paediatric wards**, despite the vulnerability of neonates and children in EMS settings, and adolescents when they move from paediatric to adult services.

Recommendation: Ensure strong representation for child and adolescent health on all three NHI structures to ensure that both the basket of care and formulary do justice to children's health care needs, and that there is a strong advocacy voice for children.

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