# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 3852**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 23 OCTOBER 2015**

**(INTERNAL QUESTION PAPER NO. 42)**

**Mr A F Mahlalela (ANC) to ask the Minister of Health:**

(1) Whether, in light of the finding by the District Health Barometer, which has been published by the Health Systems Trust that there are provinces and/or areas in provinces where children under the age of five years are dying in hospitals due to severe malnutrition, pneumonia and diarrhea, he can provide detailed information with regard to (a)(i) specified provinces and (ii) hospitals, (b) the causes for the specified medical conditions and (c) measures that his department has implemented to reverse the specified situation; if not, why not; if so, what are the relevant details;

(2) whether other departments and/or stakeholders played any role in this regard; if so, what role in each case?

###### NW4662E

**REPLY:**

1. (a) The 2014/15 District Health Barometer provides information regarding deaths from diarrhoea, pneumonia and Severe Acute Malnutrition (SAM) amongst children under five years of age. (see below) is taken from the District Health Barometer. The table shows that the number of deaths due to these conditions, as well as the associated case fatality rates (the proportion of children who are admitted to hospital who die during that admission), have declined substantially since 2009/10.

Table 1: Deaths and case fatality rates from diarrhoea, pneumonia and SAM in children under five years of age, 2009/10 – 2014/15[[1]](#footnote-1)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Diarrhoea** | **Pneumonia** | **SAM** |
| No. of deaths | Case Fatality Rate | No. of deaths | Case Fatality Rates | No. of deaths | Case Fatality Rates |
| 2009/10 | 3 008 | 7.1% | 2 769 | 6.6% | 2 345 | 19.3% |
| 2010/11 | 2 558 | 7.0% | 2 287 | 5.8% | 2 114 | 16.4% |
| 2011/12 | 1 550 | 4.6% | 1 796 | 4.2% | 1 605 | 13.3% |
| 2012/13 | 1 526 | 4.3% | 1 395 | 3.8% | 1 642 | 12.7% |
| 2013/14 | 1 775 | 3.9% | 1 532 | 3.5% | 1 672 | 11.3% |
| 2014/15 | 1 513 | 3.3% | 1 411 | 2.9% | 1 852 | 11.6% |

1. All public sector hospitals report on the number of deaths from these conditions amongst children under five years of age on a monthly basis. The Department uses these numbers to identify provinces, districts and hospitals with a high number of deaths or high case fatality rates, so that remedial action can be taken.

Deaths from these conditions were from all provinces during 2013/14 and 2014/15 are shown in . Deaths from diarrhoea declined in all provinces except Limpopo and Mpumalanga, and deaths from pneumonia declined in all provinces except Gauteng. Deaths from SAM increased in a number of provinces, and in the country as a whole. As noted in the District Health Barometer, this may reflect better identification of cases, but needs to be carefully monitored. The Department is currently implementing strategies to reduce the number of deaths from SAM.

Table 2: Deaths in children under-five years from diarrhoea, pneumonia and SAM by province for 2013/14 and 2014/15[[2]](#footnote-2)

|  |  |
| --- | --- |
|  | **Deaths as a result of:** |
| **Diarrhoea** | **Pneumonia** | **SAM** |
| **2013/14** | **2014/15** | **2013/14** | **2014/15** | **2013/14** | **2014/15** |
| Eastern Cape | 542 | 351 | 322 | 274 | 356 | 339 |
| Free State | 111 | 100 | 84 | 80 | 132 | 148 |
| Gauteng | 109 | 108 | 138 | 151 | 82 | 126 |
| KwaZulu-Natal | 387 | 347 | 305 | 300 | 337 | 405 |
| Limpopo | 239 | 246 | 283 | 232 | 288 | 291 |
| Mpumalanga | 163 | 189 | 201 | 198 | 144 | 233 |
| Northern Cape | 61 | 55 | 46 | 41 | 68 | 67 |
| North West | 151 | 105 | 126 | 103 | 251 | 225 |
| Western Cape | 12 | 12 | 27 | 18 | 14 | 32 |
| **South Africa** | **1 775** | **1 513** | **1 532** | **1 411** | **1 762** | **1 852** |

1. The numbers of child deaths by category of hospital during 2014/15 are shown in . The majority of deaths occur in district hospitals (which account for the majority of hospitals). Departmental interventions to improve quality of care therefore focus predominantly on these hospitals.

Table 3: Deaths in children under five years of age from diarrhoea, pneumonia and SAM by category of hospital for 2014/15[[3]](#footnote-3)

|  |  |
| --- | --- |
|  | **Deaths as a result of:** |
|  | **Diarrhoea** | **Pneumonia** | **SAM** |
| National Central Hospitals | 53 | 116 | 25 |
| Provincial Tertiary Hospitals | 115 | 93 | 96 |
| Regional Hospitals | 343 | 404 | 513 |
| District Hospitals | 987 | 789 | 1 202 |
| **Totala** | **1 498** | **1 402** | **1 836** |

a Totals are slightly lower than in Table 2 as a small number of deaths are reported from Primary Health Care facilities

1. Diarrhoea and pneumonia result from infections. Children with weakened immune systems (due to undernutrition or other conditions such as HIV infection) are more likely to acquire these infections, which are in turn more likely to be severe (and result in hospitalisation and/or death). Children whose nutritional intake is less than their nutritional requirements are at risk of developing severe acute malnutrition; this often results from a combination of poor food intake (due to unavailability of food and/or poor feeding) and repeated infections.
2. The reduction in the number of deaths in children due to diarrhoea, pneumonia and SAM can be attributed to implementation of the following child survival interventions:
* Prevention of Mother to Child Transmission (PMTCT) of HIV.
* Inclusion of pneumococcal and rotavirus vaccines in the routine immunisation programme. In 2014/15, 89.8% of children under one year of age had received all the recommended immunisations.
* Promotion of breastfeeding as outlined in the Tshwane Declaration which commits the country to promoting breastfeeding, especially exclusive breastfeeding for the first six months of life. In 2014/15, 45.1% of children were reported to be exclusively breastfed at 14 weeks of age. This represents a substantial improvement, but further improvements are required.
* Provision of micronutrients through food fortification and Vitamin A supplementation. In 2014/15, 52.2% of children aged 1 – 5 years received the recommended two doses of supplementary Vitamin A.
* Monitoring of the growth of children using the Road-to-Health booklet and ensuring that children with growth faltering and mild or moderate malnutrition receive nutritional supplements.
* Correct management of children with diarrhoea, pneumonia and SAM at all levels of the health system. District Clinical Specialist Teams have been appointed in all districts. One of their key functions is to ensure the quality of clinical care provided in health facilities.
* Promotion of hand washing: the Health Promotion Directorate is currently implementing a hand-washing campaign.
1. Many other departments and stakeholders are involved in efforts to improve child survival and health.

Two of the most important departments are the Departments of Social Development (DSD) and the Department of Water and Sanitation (DWS). DSD has led the development of the Early Childhood Development policy, and also ensures that vulnerable children receive child support grants. The DWS plays a critical role in improving access to clean water and sanitation for children and their families.

The Department also works with a range of partners. These include United Nations Agencies (e.g. the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO)), other technical assistance partners (e.g. Save the Children, PATH, FH360), academic and research institutions (e.g. the Medical Research Council) and private sector partners (e.g. Discovery Health).

END.

1. Massyn N, Peer N, Padarath A, Barron P, Day C, editors. District Health Barometer 2014/15. Durban: Health Systems Trust; October 2015. [↑](#footnote-ref-1)
2. Massyn N, Peer N, Padarath A, Barron P, Day C, editors. District Health Barometer 2014/15. Durban: Health Systems Trust; October 2015. [↑](#footnote-ref-2)
3. District Health Information. Extracted 4th November 2015. [↑](#footnote-ref-3)