

MEDIA RELEASE
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Parents, guardians urged to take advantage of child health week

KwaZulu-Natal MEC for Health Dr Sibongiseni Dhlomo has called on all parents and guardians of children in province to take advantage of Child Health Week, which begins on Monday (20 April 2015) and runs until Friday.

During Child Health Week, mothers and care givers are urged to bring their children to Clinics, Mobile Clinics, Phila Mntwana Centres, and other temporary points for screening and health services for children. All of the Department's 11 Health Districts have created temporary service points which will be active throughout this period. (More information can be obtained from the respective [health Districts](#)).

Dr Dhlomo has expressed concern at the high mortality rates due to the main causes of child deaths such as Diarrhoea, Pneumonia, Malnutrition, TB and HIV-related infections. The MEC says the department is determined to accelerate Child Health Services drastically in order to save more lives of children aged 5 and younger, before the evaluation of the Millennium Development Goals at the end of 2015.

KwaZulu-Natal has the country's highest population of children aged under 5 (1 281 412), and contributes 22% to the national figure of children in this age bracket. This means that an improvement in the reduction of child mortality in KZN will contribute to the improvement of the National Child Mortality figures.

“Currently, one in 20 children die before their 5th birthday in KZN. And out of these, 38% die outside the health service. About 55% deaths are associated with HIV, and 33% have underlying malnutrition. Malnutrition remains one of the leading causes of morbidity for children under 5 years in KZN. Although there was a slight decline in the incidence of malnutrition in 2010/2011 and 2011/2012, from 7/1000 to 6.7/1000, the decline was not enough,” says Dr Dhlomo.

In his 2015 State of the Province speech, Kwa-Zulu Natal Premier Mr Senzo Mchunu highlighted KZN's provincial government focus for the next 5 years with maternal, neonatal and child mortality featuring high on his priority list. He further highlighted the importance of accelerating the Phila Mntwana centres campaign at community level in order to reach those children under 5 years, and to upscale TB screening and linkage to care in this age group in order to prevent child mortality.

The Department has a three-pronged approach aimed at preventing childhood deaths, namely:

- At community level through Phila Mntwana Centers - which is in line with Operation Sukuma Sakhe;
- At a Primary Health Care Level - Fixed Clinics, Mobiles, Gateways; and
- At District Regional and Tertiary Hospital Level.

The fight to save these young lives is gradually being won.

“The rate of Mother To Child Transmission of HIV has declined from 20,9% in 2005 to 1,5% currently. But we are saying that even that 1,5% is avoidable, if mothers and guardians can co-operate with us,”

says Dr Dhlomo.

“Government, under the leadership of our Honourable President Jacob Zuma, has adopted a new outcomes-based approach to accelerate attainment of the objectives outlined in the Negotiated Service Delivery Agreement for the Health Sector. The main outputs include:

- Increase in life expectancy,
- Reduction in maternal and child mortality rates,
- Combating HIV and AIDS and decreasing the burden of diseases from TB;
- As well as strengthening health system effectiveness.

“On the 1st December 2009, on World AIDS Day, the Honourable President Jacob Zuma announced new key interventions to improve antiretroviral treatment (ART) access to special groups (all HIV-infected infants, and pregnant women and people with TB and HIV at CD4 less or equal to 350/mm³), in order to decrease the disease burden, to address maternal and child mortality and to improve life expectancy. This resulted in more than 2, 6 million people being initiated on ARV's by mid-2014.”

“On 23 July 2014, the Minister of Health, Dr Aaron Motsoaledi announced that the threshold for initiation of ART will rise to $\leq 500/\text{mm}^3$ and that the Prevention of Mother-To-Child Transmission programme will now adopt the B+ approach, which entitles every pregnant and breastfeeding woman to lifelong ART regardless of CD4 count or clinical staging. This has been implemented from January 2015.

Dr Dhlomo says that in terms of this new approach in the provision of Anti-Retroviral Treatment (ART), all pregnant and breastfeeding women who are living with HIV, and those who are within 1 year post-partum, are being immediately initiated on of lifelong ART, regardless of CD4 count. This category include clients that had miscarriage.

“We are conducting viral load testing for women on ART ≥ 3 months at confirmation of pregnancy to direct management. We are also conducting repeat HIV testing for HIV negative women three-monthly during pregnancy, at labour/delivery, at the 6 week EPI visit and at intervals of three months throughout breastfeeding. We are providing birth HIV PCR for all HIV exposed neonates (KZN Protocol).”

For Infants and early adolescents, the Department is:

- Conducting Birth PCR testing for all HIV exposed infants
- Provision of ART for all children under 5 years, regardless of CD4 count or clinical staging
- ART initiation for children ≥ 5 years now starts at CD4 count ≤ 500 cells/mm³ regardless of clinical staging.

“All these interventions are key and will assist us a great deal to ensure that our children are disease-free so that they can flourish and live long and productive lives as the leaders of tomorrow,” says Dr Dhlomo.

ENDS

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