Providing HEU care through routine child health services: the South African perspective

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5th Workshop on Children and Adolescents who are HIV Exposed and Uninfected
Mexico City, 21 July 2019
• No conflicts to declare
CONTENTS

• South African Context
  – Child survival and well-being
  – Epidemiology of HIV and HEU
  – Structure of the health services

• Efforts to strengthen mother-baby services during first 1000 days

• What about CHEU?
  – What is the package of care?
    • Within routine health services
    • Additional requirements
  – Avoiding stigmatization

• Next steps
Child mortality has reduced substantially, but remains high for a middle-income country.
Deaths per 1,000 live births

- Neonatal Mortality Rate: UN
- Infant Mortality Rate: UN
- U5 Mortality Rate: UN
• Child mortality has reduced substantially, but remains high for a middle-income country

• High HIV prevalence + low transmission rates
  ➢ Very high number of CHEU (1:3 or 4)

• Stunting rates are high and school-readiness rates are low
  – Focus on Early Childhood Development to address this
  – Contribution of HEU has not been quantified

• Systems for tracking CHEU are weak (non-existent)

• Need: A strong message to HCWs and caregivers that HIV-free survival is the end point of PMTCT
<table>
<thead>
<tr>
<th>Level of facility</th>
<th>No. of facilities</th>
<th>Who is responsible for clinical care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC facilities</td>
<td>3 500</td>
<td>Nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some doctors</td>
</tr>
<tr>
<td>District Hospitals</td>
<td>243</td>
<td>Generalist doctors</td>
</tr>
<tr>
<td>Regional Hospitals</td>
<td>44</td>
<td>Specialists</td>
</tr>
<tr>
<td>Tertiary/Central Hospitals</td>
<td>23</td>
<td>Sub-specialists</td>
</tr>
</tbody>
</table>

Number of visits by Children under 5 years to PHC facilities in 2018 = 20.2 million
## HEALTH SERVICE CONTEXT

<table>
<thead>
<tr>
<th>Maternal Health</th>
<th>Child Health</th>
<th>Neuro-developmental care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Health Care Facilities</strong></td>
<td><strong>Antenatal (including PMTCT)</strong></td>
<td><strong>Perinatal (Delivery and newborn care)</strong></td>
</tr>
<tr>
<td>Majority</td>
<td>Few (16%)</td>
<td>Majority (visits 3-6 days and 6 weeks)</td>
</tr>
<tr>
<td><strong>District Hospitals</strong></td>
<td>Only High Risk Cases</td>
<td>Only High Risk Cases</td>
</tr>
<tr>
<td><strong>Regional Hospitals</strong></td>
<td>High risk and complicated cases Neonatal ICU (14%)</td>
<td>High risk and complicated cases Neonatal ICU (14%)</td>
</tr>
<tr>
<td><strong>Tertiary/ Central Hospitals</strong></td>
<td></td>
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CHALLENGES

• Whilst risk associated with HEU is becoming better quantified, the appropriate response is not clear
  – Service response (health and other sectors)
  – Messaging for caregivers

• Complicated by:
  – Large numbers of CHEU
  – Limited service delivery capacity especially at frontline level within the health and other sectors
  – Inability to track CHEU beyond immediate postnatal period
  – Risk of ongoing stigmatization
Side-by-Side describes the **supportive relationship** between a child and their caregiver, as well as relationship between all those who help and advise the caregiver.

Side-by-Side conveys **partnership and togetherness**, reminding us that it takes a village to raise a child.

Side-by-Side speaks to the child-rearing **journey** that caregivers embark on with their children, and all those who help them. The journey on the Road to Health is shared.
GOAL
Children receive nurturing care and protection to enable them to reach their full health, educational and earning potential – **optimum child development**

OBJECTIVES
1. Improve **primary caregivers’** understanding of the full scope of care required for ECD, and their role in early childhood care and education
2. Shift **healthcare workers’** focus from ‘survive’ to ‘survive and thrive’
3. Increase uptake of the new **Road to Health book** among primary caregivers and healthcare workers (HCWs)
4. Increase **conversation and collaboration** among HCWs and primary caregivers
5. **Mobilise communities** to identify, support and demand quality ECD
THE SIDE-BY-SIDE PILLARS:
WHAT CHILDREN NEED TO GROW AND DEVELOP

**NUTRITION** Good nutrition is important for you and your child to grow and be healthy. It starts with breastfeeding.

**LOVE** Your child learns from looking at you when you hold them close to you and love, play and talk to them.

**PROTECTION** Your child can be protected from disease and injury by getting immunised and by playing in safe places.

**HEALTHCARE** Your child needs help from you or a health worker when they are sick or injured.

**EXTRA CARE** Your child may need special care or support and knowing what to do and where to go will help both of you.
## OVERALL CAMPAIGN STRATEGY

<table>
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<tr>
<th>Demand side</th>
<th>Current progress and activities</th>
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| Mass communication               | • Radio drama and Q&A sessions broadcast on 11 SABC radio stations in 10 official languages  
• MomConnect messages  
• Side-by-Side Facebook page and website  
• Printed material                                                                                   |
| Community mobilisation           | • Child Health Days which bring together a range of service providers  
• Engagement with community groups                                                                     |

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<tr>
<th>Supply Side</th>
<th>Current progress and activities</th>
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| Providing comprehensive ECD services at Primary Health Care facilities | • Defining an integrated Mother-Baby package of health care for the first 1000 days  
• Defining childhood development services at PHC, as well as referral networks and co-ordination mechanisms                                                                                     |
| Ensuring that Community Health Workers (CHWs) play a key role in providing comprehensive ECD services | • CHW scope of work has been aligned with the five RtHB pillars                                                                                                          |
Road to Health

IMPORTANT: Always bring this book when you visit any clinic, doctor, or hospital.

Child’s name:

Date of birth:

Gender:

Ungamkhulisa njani umntwana ngethlabo
WHAT ABOUT CHEU?

- A dedicated service is unfeasible and undesirable
- Efforts to strengthen ‘First 1000 Day package of care’ benefits CHEU by:
  - Strengthening the continuum of care (mothers and babies seen together)
  - Providing a platform to promote nurturing care, and address stunting and neurodevelopment/learning
  - More explicit linking to other sectors (Birth registration, CSG)
- ? Risk Stratification at PHC level
- Tracking of outcomes
• Entrance and exit criteria
  – Need to identify these without overwhelming the system
    • Psychosocial problems (extreme poverty, maternal depression)
    • High risk infants (VLBW, malnutrition, disability)
    • HEU - ?Combined with other risk factors

• Need to define the enhanced package of care
  – Needs to be meaningful, but deliverable
• Relatively robust system for collecting aggregated data (sequential cross-sectional data)
• Laboratory data on HIV testing on infants is available & used
• Piloting linking data from a number of existing sources (including lab data) to track infants
• Limited by lack of unique identifier
  – Single national database is being developed
  – Newborns not registered at birth/no link between mother and baby
  – Once this is established linkages with education and social services databases will be possible
Further research and understanding: SA HEU Interest Group
  - Defining high risk factors
  - Implication for other sectors

CHEU to be considered in efforts to improve ECD outcomes
  - What is the package of care?
  - Risk stratification

Strengthen ability to track outcomes of CHEU

Messaging for health care workers and others
• Thank you