



# 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



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

- No conflicts to declare

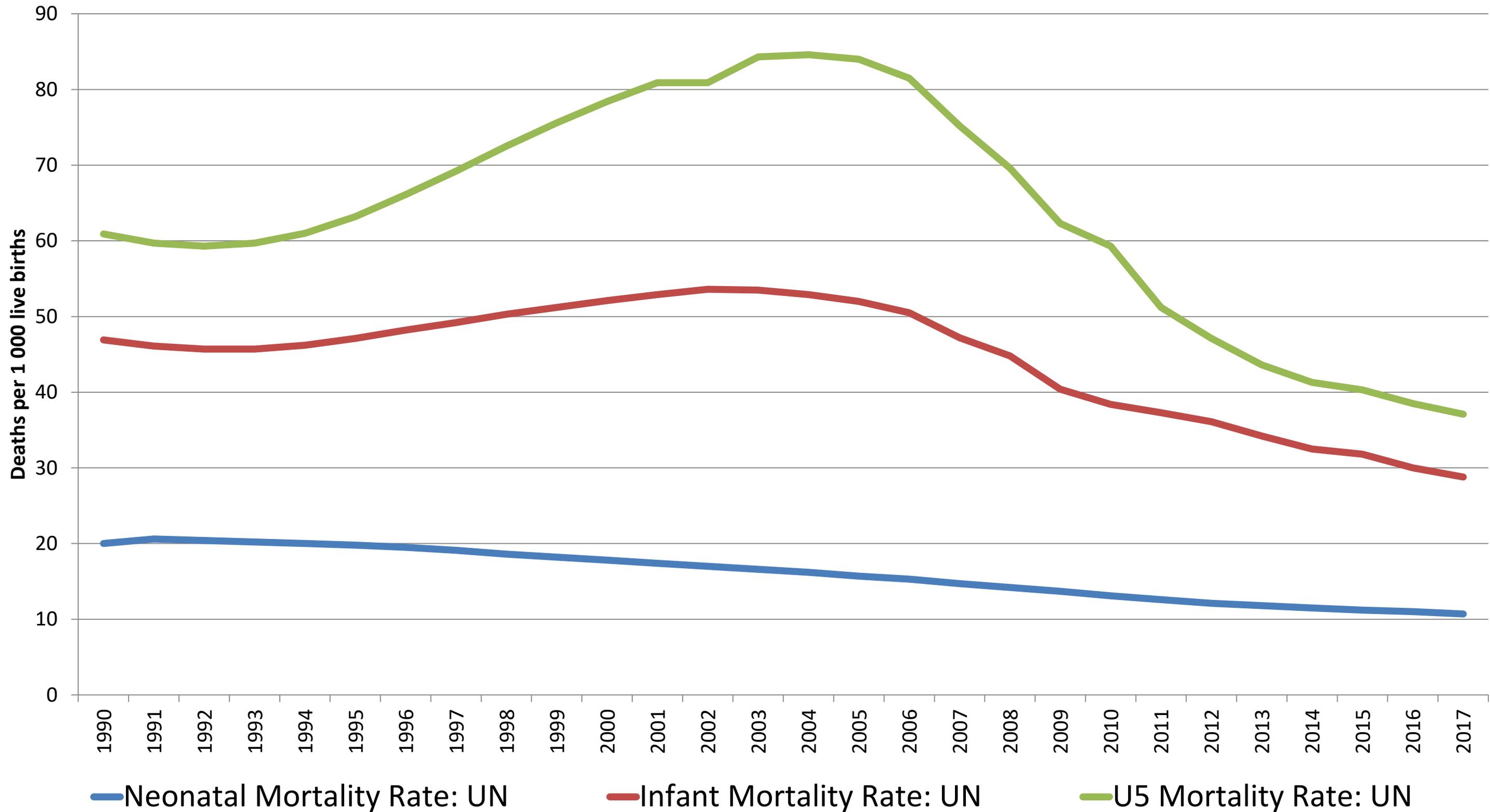
# CONTENTS

- 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



# SOUTH AFRICAN CONTEXT

- Child mortality has reduced substantially, but remains high for a middle-income country



# SOUTH AFRICAN CONTEXT

- 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

# HEALTH SERVICE CONTEXT

<b>Level of facility</b>	<b>No. of facilities</b>	<b>Who is responsible for clinical care?</b>
PHC facilities	3 500	Nurses Some doctors
District Hospitals	243	Generalist doctors
Regional Hospitals	44	Specialists
Tertiary/Central Hospitals	23	Sub-specialists

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

# HEALTH SERVICE CONTEXT

	Maternal Health			Child Health		
	Antenatal (including PMTCT)	Perinatal (Delivery and newborn care)	Post-natal	General	Paediatric ART	Neuro- developmental care
Primary Health Care Facilities	Majority	Few (16%)	Majority (visits 3-6 days and 6 weeks)	EPI, etc PMTCT follow- up and EID IMCI	Provided	Very limited Some screening
District Hospitals	Only High Risk Cases	Majority (70%)	Limited (only specific problems) Majority referred to PHC	Paediatric care Limited role in promotive health	Provided	Very limited Some screening
Regional Hospitals					Limited	
Tertiary/ Central Hospitals		High risk and complicated cases Neonatal ICU (14%)			Should only manage complicated cases	Provided Usually overstretched Includes follow-up of very high risk newborns

# 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

# STRENGTHENING THE FIRST 1000 DAYS SERVICES



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.

# SIDE-BY-SIDE GOAL AND OBJECTIVES

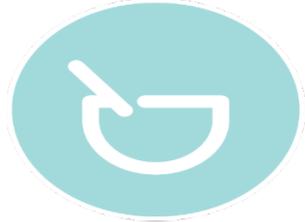
## GOAL

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

		<b>Current progress and activities</b>
<b>Demand side</b>	Mass communication	<ul style="list-style-type: none"> <li>• Radio drama and Q&amp;A sessions broadcast on 11 SABC radio stations in 10 official languages</li> <li>• MomConnect messages</li> <li>• Side-by-Side Facebook page and website</li> <li>• Printed material</li> </ul>
	Community mobilisation	<ul style="list-style-type: none"> <li>• Child Health Days which bring together a range of service providers</li> <li>• Engagement with community groups</li> </ul>
<b>Supply Side</b>	Providing comprehensive ECD services at Primary Health Care facilities	<ul style="list-style-type: none"> <li>• Defining an integrated Mother-Baby package of health care for the first 1000 days</li> <li>• Defining childhood development services at PHC, as well as referral networks and co-ordination mechanisms</li> </ul>
	Ensuring that Community Health Workers (CHWs) play a key role in providing comprehensive ECD services	<ul style="list-style-type: none"> <li>• CHW scope of work has been aligned with the five RtHB pillars</li> </ul>

# Road to Health

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



Nutrition



Love



Protection



Healthcare



Extra Care



Child's name:

Date of birth:

Gender:



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# Ungamkhulisa njani umntwana ngethabo



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# 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



# RISK STRATIFICATION

- 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



# TRACKING OF HIV-EXPOSED CHILDREN

- 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

# MOVING FORWARD

- 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

