

Child and adolescent health: Leave no one behind



Put children at the heart of the health care system

Children's developing bodies and brains are particularly sensitive and their social and physical environment has a powerful life-long effect on their health and development.

It is therefore essential to **prioritise child and adolescent health**, provide optimal care and engage with other sectors to promote child health from individual patient encounters to national and global policies.

If we want South Africa's children to thrive, we need to develop an **essential package of care** that promotes children's optimal nutrition, health and development from conception to adolescence.

This should extend across the **continuum of care** – from health promotion, prevention and early intervention services to rehabilitation and palliative care - and address the complex care needs of children with disabilities and long term health conditions.

Children are not just the responsibility of child-specific services, programmes and child health professionals. Therefore we need to adopt **a systems approach to child and adolescent health**. Child health needs to be a central consideration in all policy-making, budgeting and infrastructure and human resource planning processes.

8 steps to child- and adolescent-friendly care:

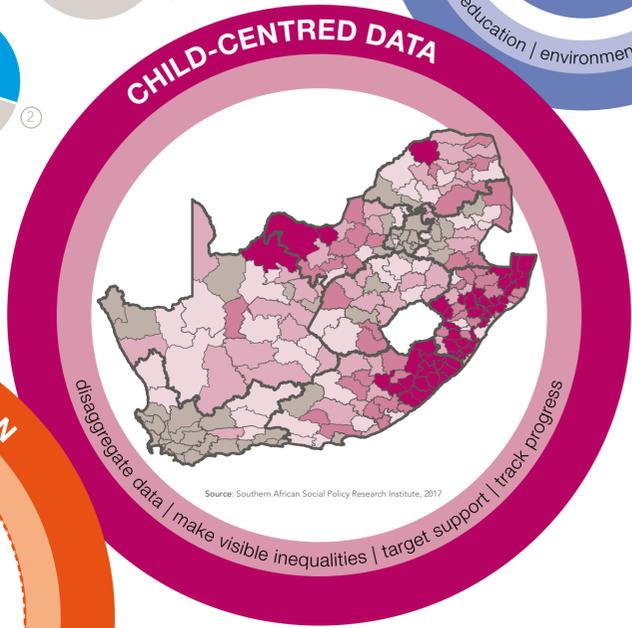
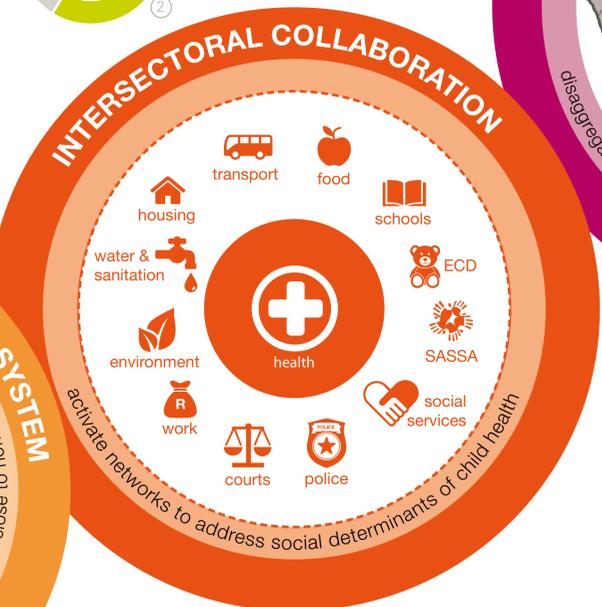
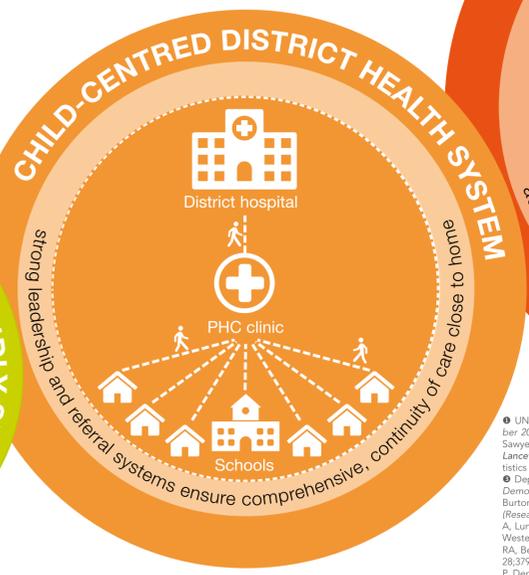
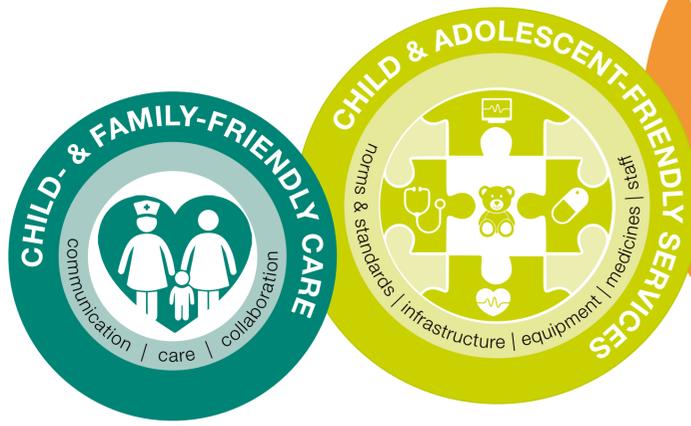
- Invest in **child- and adolescent-friendly care**: Listen and treat children, adolescents and their families with care, dignity and respect. Provide information and support, and include them as active partners in care and decision-making.
- Develop **child and adolescent-friendly facilities** with clear norms and standards for infrastructure, equipment, medicines and a child-friendly workforce.
- Support community health workers, school health and rehabilitation teams to provide quality **care close to home**. Develop strong information and referral systems to ensure coordination and **continuity of care** across

different services and levels of the health care system. Invest in district clinical specialist teams to provide **leadership**, strengthen systems and drive quality improvement.

- Consider children in **context** and develop individual care plans to address potential risks and build on existing strengths in children's homes and communities.
- Activate local networks of care and support and drive **intersectoral collaboration** to address the local determinants of child and adolescent health, and build safer, healthier and more resilient communities.
- Track **child-centred data** to identify and prioritise children most at risk, track progress, and improve access and quality of care.
- Integrate **child health in all policies**. Ensure children's and adolescent's specific needs are explicitly addressed not just in the areas of health, education and child protection, but also in laws and policies that protect children from harmful business practices, environmental pollution and the impact of climate change.
- Always act in children's best interests – and give effect to **children's rights** to dignity, equality, justice – with an emphasis on their participation and evolving capacities as partners in child and adolescent health.
- Build **leadership for child and adolescent health** to ensure the needs of children and adolescents are prioritised at all levels of society – including laws, policies, budgets, norms and standards, performance plans and the education and training of health professionals.

Think global. Act local.

- Most childhood illnesses and injuries have their roots outside the health care system. So we need to **look upstream** and identify the social determinants of child health.
- South Africa is one of the most unequal countries in the world, and poverty continues to compromise children's health, care, education and employment prospects.²
- The **Sustainable Development Goals**¹ outline states' global commitment to end poverty and hunger, ensure good health, education and economic growth, and protect the environment for future generations.
- They call for strong **intersectoral action** and greater efforts to reduce inequalities, confront discrimination and prioritise the most vulnerable members of society so that no one is left behind.
- This **global thinking** needs to inspire **local action** to create healthier and safer homes, schools and communities. Child health is everyone's business.



LEAVE NO ONE BEHIND

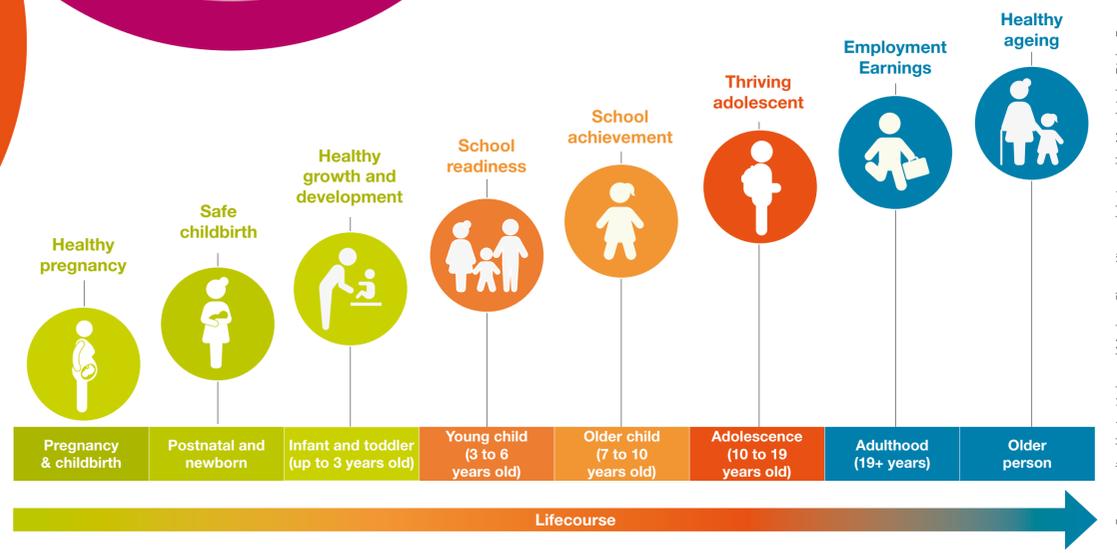
Child health matters

Children's developing bodies and brains are particularly sensitive and their physical and social environment can have a powerful and potentially **life-long impact** on their health and development.

For example, 70% of preventable deaths from noncommunicable diseases in adults have been linked to behaviour and risks encountered - in adolescence.⁶ And 50% of mental health conditions are established by the age of 14.⁷

Early and sustained investment in child and adolescent health is therefore essential and has the potential to protect children from 'toxic stress' and disrupt the intergenerational cycles of poverty, violence and ill health.

If we want children to thrive and achieve optimal health and development, we need to intervene early – starting in the **first 1,000 days** of life and continuing into **adolescence** – as investments made during these two sensitive periods of development yield the greatest returns.



¹ UN General Assembly (2015) 'Transforming our World: The 2030 Agenda for Sustainable Development', 21 October 2015, A/RES/70/1. Viewed 16 November. <https://sustainabledevelopment.un.org/post2015/transformingourworld>.
² Sawyer SM, Afifi RA, Bearinger LH, Blakemore SJ, Dick B, Ezzeh AC, et al. Adolescence: a foundation for future health. *Lancet*. 2012 Apr 28;379(9826):1630-40. doi: [http://dx.doi.org/10.1016/S0140-6736\(12\)60072-5](http://dx.doi.org/10.1016/S0140-6736(12)60072-5) PMID: 225381787.
³ Statistics South Africa (2009, 2019) *General Household Survey 2008*. *General Household Survey 2018*. Pretoria: Stats SA.
⁴ Department of Health, Statistics South Africa, South African Medical Research Council and ICF (2017) *South Africa Demographic and Health Survey 2016: Key Indicators*. Pretoria and Rockville, Maryland: DPH, Stats SA, SAMRC & ICF.
⁵ Burton P, Ward CL, Arz L & Leuschel L (2016) *The Optimus Study on Child Abuse, Violence and Neglect in South Africa (Research Report)*. Cape Town: Centre for Justice and Crime Prevention, UCT.
⁶ Kleimijes S, Fisher A, Fick M, Railoun A, Lund C, Molteni C, et al. (2006) The prevalence of mental disorders among children, adolescents and adults in the Western Cape, South Africa. *African Journal of Psychiatry*, 157-160. doi: [http://dx.doi.org/10.1016/S0140-6736\(12\)60072-5](http://dx.doi.org/10.1016/S0140-6736(12)60072-5) PMID: 225381787.
⁷ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):593-602. doi: <http://dx.doi.org/10.1001/archpsyc.62.6.593> PMID: 15939837