World Vision South Africa

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Universal Periodic Review: South Africa – The Right to Health

Stakeholder Submission by World Vision South Africa for the 12th Session of the UPR Working Group *November 2011*

1. Introduction

1.1. World Vision South Africa is a Christian relief development and advocacy organization that is dedicated to helping children, families and communities in South Africa to reach their full potential by tackling the causes of poverty and injustice. We serve all people regardless of religion, race, ethnicity or gender. Since 1967, we have been working with under-privileged communities in South Africa in our endeavour to come-up with lasting solutions to poverty and injustice.

1.2. In this document World Vision South Africa outlines key concerns related to children's rights to life and basic health in South Africa focusing on the high levels of child, new-born and maternal mortality rates.

A) Scope of International Obligations

South Africa ratified the Convention on the Rights of the Child in 1995 and as such has committed to ensure the progressive realisation of the child's right to "the enjoyment of the highest attainable standard of health" and should have access to facilities for treatment and rehabilitation, as set out in article 24 of the UN Convention on the Rights of a Child. South Africa is a state party of the African Charter on the Rights and Welfare of the Child[1]that states in Article 14 (1) that, "Every child shall have the right to enjoy the best attainable state of physical, mental and spiritual wellbeing."

B) Constitutional and Legislative Framework

Chapter Two of the Constitution of South Africa contains the Bill of Rights, a human rights charter that protects the civil, political and socio-economic rights and upholds the dignity of every man, woman and child in South Africa.
The provisions contained in the Bill of Rights are equally applicable to children unless specifically excluded. The Constitution has a dedicated section which deals with children's rights (section 27 and 28). This section is by no means exhaustive of children's rights[2]. Section 27 of

[1] Secretary General of the African Union
[2] A Legal Analysis of South Africa's Implementation of the UN Convention on the Rights of the Child

the Constitution[3] provides that everyone has the right to have access to health care services. In addition, section 28(1) (c) gives children "the right to basic nutrition and basic health care services".

C) The Right to add adequate Standard of Living

The South African government is to be commended for passing significant legal milestones to ensure that children attain the highest possible standards of health. Besides child health being enshrined in the very constitution of the Republic, which states that children have the right to basic nutrition, shelter, basic health care services and social services' South Africa has made significant progress in its efforts to fulfil children's rights to health. Besides the policies and laws that ensure basic health for children, there has been greater political will to ensure the expanded delivery of essential health services improves. However there still high levels of inequality plaguing South Africa's children who are most vulnerable to the brunt of acute poverty and lack access to adequate social and health services.

2.1 High rates of infant and child mortality;

2.1.1 For the past ten years, South Africa's major health concern has been focused mainly in the plight of people affected and infected by HIV and AIDS. This has been justifiable as the prevalence rate of South Africa has been one of the highest in the world. While the country continues to address the HIV epidemic, it has fared poorly with regards to child and maternal health. Child mortality rates in South Africa are high and the country is one of only 12 countries currently not on track to meet the Millennium Development Goal to reduce under-five mortality. In 2007, the number of deaths of children under the age of five constituted 81% of all child deaths in the country, and this had risen from 66 deaths per 1000 live births in 1990 to 73 deaths per 1000 live births to in 2006.

2.1.2 South Africa suffers from high rates of HIV/AIDS infection and this has had disastrous effects on the welfare of children. 29% of pregnant women who were tested in 2008 were HIV positive. In spite of this in 2006 and 2007 only 57% of new-borns exposed to HIV received antiretroviral treatment.

2.2 Inequalities in access to health and social amenities

2.2.1 Section 28(1) (c) of the Constitution gives all children the right to basic nutrition, shelter, basic health care services and social services Poverty levels are particularly high in South Africa, as illustrated by the fact that in 2008, 64% of children lived in the poorest 40% of households with an income of less that R570 per person per month[4]. Poverty, inequality, poor environmental conditions and other social issues limit the access of millions of South Africans to quality health services and aggravate the health

[3] Constitution of the Republic of South Africa. Act 108 of 1996

problems of young children. Poverty is a leading cause of inequality in South Africa and a key determinant of children's standard of living especially their health outcomes. Some 11.9 million children (64 per cent of all children) live in poverty. The high child poverty levels cannot be justified. The South African Government has set out a 2014 target, to reduce child poverty from the current level of 64 per cent to 37 per cent by 2014.

2.2.2 The impact of the AIDS epidemic, lack of adequate support systems and resources, dwindling public sector funding, and an exodus of health workers from the public sector continues to overwhelm the current health system. World Vision South Africa applauds the National Department of Health's initiatives such as the Primary Health Care Reengineering which calls for the strengthening of primary and public health care and the national health insurance to ensure universal coverage to health care.

2.2.3 High transport costs to these services still prevent many from accessing them. Over 7 million children (41%) have to travel more than 30 minutes to reach the nearest clinic[5]. However, only 4.2% of South Africa's GDP was spent in the public sector, with 4.1% of GDP expended in the private sector which covers only 16% of the population.[1]

2.2.4 Water and sanitation are crucial concerns as water borne diseases pose a deadly threat to the health of children. Over 7 million children (39%) rely on inadequate sanitation such as unventilated pit latrines, and 36% of children do not have access to piped drinking water on site.

2.3 Delineate expenditure on children

2.3.1 South Africa currently spends about 8.3% of its gross domestic product (GDP) on health,[6] which is much higher than the World Health Organization's recommendation that stipulates that at least 5% of the country's GDP should be spent on health.[7] Almost 18 million of South Africa's present population of approximately 40 million people children. That is approximately 45% of the overall population. Currently there is no clear proportion of how much of the health budget is being spent on infant and child health. No reliable data exist, as government departmental budgets do not specifically delineate expenditure on children, easily allowing this constituency to be short-changed or ignored.[8]

2.4 Malnutrition and food insecurity

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[5]Haroon Saloojee. National health insurance and health system restructuring – does it offer anything to children? SA Journal of Child Health

[6] National Health Act (61/2003): Policy on National Health Insurance. Government Gazette 2011, Vol. 554, No. 34523.

[7] World Health Organization. How Much Should Countries Spend on Health? Discussion paper No. 2, 2003. EIP/FER/DP.3.2. Geneva: World Health Organization, 2003.

2.4.1 Malnutrition poses a major health issue for South African children. 60% of children under five who died in hospital in 2005-2007 were underweight[9]. Regarding breastfeeding, only 26% of infants (0-6 months) were exclusively breastfed in 2008 – one of the lowest rates of breastfeeding in the world. Chronic under-nutrition in early childhood results in diminished cognitive and physical development which puts children at a disadvantage for the rest of their lives. Micronutrient deficiencies particularly vitamin A and iron deficiency doubled between 1994 and 2005. National data shows that malnutrition among children continues and wide disparities persist across provinces. One in five children are stunted which is a consequence of chronic nutritional deprivation. One in ten children are underweight. Close to 5 per cent of children suffer from wasting and face a markedly increased risk of death.

3. Recommendations

In light of the foregoing, World Vision South Africa would like to make the following recommendations to the Government of the Republic of South Africa;

3.1 To improve efforts in realizing the Millennium Development Goal of reducing child mortality before 2015, particularly through the following:

3.1.1 We call on the National Department of Health South Africa to finalise and implement the Framework for Maternal, New-born, Child and Women's Health and Nutrition which it is still in draft level. This draft framework prioritises maternal, child health and nutrition services and the scale up services that aim to improve the state of young children.

3.1.2 We ask the National Department of Health to come up with a mechanism to effectively monitor progress and identify areas for improvements concerning child health in the country. This includes strengthening research and disaggregated data collection as well as using child centred data to set priorities.

3.1.3 We call for the delineation of expenditure on children in the health budget. Currently health spending has not disaggregated child health

3.1.4 We ask the Government to ensure greater accountability on the national and local health planning and budget spending processes to ensure that financial investments made to health services primarily at local level at well utilized. We urge the government to develop and implement health finance monitoring mechanism which will be at provincial and district level to ensure that the allotted resources realize the child's right to survival and to health.

3.1.5 We urge the Ministry of Finance to explore Financial Transactional Tax as a possible means of innovative funding towards health. It is a potential means to fund major health programmes. It is estimated that if South Africa undertakes a unilateral FTT of 0.005% tax on financial transactions approximately 4,5 million per month can be generated and this money could be used to scale up programmes such as PMTCT access.

3.**1.6 We implore the Department of Health to invest in the training of public sector health workers and to provide incentives for specialists to stay within the country and work in the public health sector especially in rural areas.**

3.1.7 We ask the Government to tackle the underlying social problems which pose large obstacles to child health in South Africa. Issues including income inequality, poverty, poor water sanitation, poor housing, and pollution should all be addressed. The Health Ministry cannot work alone to secure health for all. To achieve this there is need for a more integrated approach where national strategic plans of other sectors such as education, agriculture, social development, housing and water and sanitation are brought into alignment with each other.

3.1.8 We urge the government in collaboration with NGOs schools, religious institutions and other key stakeholders in civil society to ensure that that better health care packages are made available to as many children as possible - especially those that are the most vulnerable.

3.1.9 We urge the Ministry of Health Directorate of Nutrition (MOHS) to take appropriate measures to combat infant and child malnutrition and obesity, accordance with Article 24 of the Convention on the Rights of the Child. The Directorate should advocate for policies that will reduce the purchase of unhealthy food and promote healthy foods.