

Can the re-engineering of PHC and/or the introduction of community paediatricians be the solution?

To the Editor: The recent article about the new paediatric sub-specialty to improve child health in South Africa quotes grim child health statistics to illustrate the need to look for new strategies to improve child health.¹ Can the re-engineering of primary healthcare (PHC) and/or the introduction of community paediatricians be the solution?

I would like to share my experience. We were also confronted with bad child health conditions and statistics, but achieved great improvement in one decade (Table 1).²⁻⁴

The improvement in maternal and child health was achieved by the vigorous implementation of PHC in the whole catchment area of the Gelukspan Community Hospital. The factors contributing to this achievement included a change from curative hospital-based medicine to PHC; a determined effort to reach every child and pregnant woman in the community; comprehensive and integrated approach by the health services as a whole and no fragmentation; building a health team with strong reliance on nurses and allied health workers; and re-allocation of staff and resources to community-based services so that all villages had a clinic or visits by a mobile clinic.

During this time a visit to the hospital by the late Professor John Hansen during his sabbatical had a profound impact on the development of the services as a result of his enthusiasm and encouragement. However, the work was done by the PHC team

Table 1. Health status indicators, Gelukspan Health Ward 1978 - 1989

Indicator	1978	1985	1989
No. of children <5 years	9 000	13 500	
Perinatal mortality rate	60/1 000	78/1 000	39/1 000
Infant mortality rate	>200/1 000	41/1 000	24/1 000
<5 mortality rate	105/1 000	17/1 000	6/1 000
No. of paediatric deaths in hospital	144*	63	33
No. of visits to UFC/child	<1/year	7/year	
Total No. of visits to UFC	3 000	95 000	76 709
Home deliveries	75%	29%	15%
ANC visits	2 077	15 375	19 679
Supervised deliveries	684	2 554	2 981
Maternal mortality rate	?	180/100 000	50/100 000
Family planning visits	1 000		17 746
Health care worker/ population	1/7 000	1/1 000	
Doctor/population	1/30 000	1/10 000	
Midwife/population	1/12 000	1/2 500	

* In 1979.
UFC = under-5 clinic; ANC = antenatal clinic.

without any specialist doctors or nurses, and with involvement of the mothers as 'the most important health workers'.

A similar remarkable improvement in maternal and child health recently reported from India was achieved by a nurse-driven programme and strong focus on community involvement.⁵ Maternal mortality decreased by 75% and infant mortality by nearly 50% to 43/1 000 within a few years.

The potential impact of the re-discovery and implementation of PHC is considerable, and there is no reason to delay starting. The involvement of (community) paediatricians can contribute to the process, but cannot substitute for a focused approach by the whole health team and the involvement of the community.

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S Afr Med J 2012;102(11):815. DOI:10.7196/SAMJ.6368