CoMMiC







Introduction to the Report
Purpose and Key Child Health Indicators

Fifth Triennial Report of the Committee on Morbidity and Mortality in Children Under 5 Years

2021–2023

Dr Jaco Murray

20 October 2026

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What this session covers

1

Purpose of the report

Why CoMMiC exists, what the Fifth Report contains, and where its numbers come from.

2

Key child health indicators

How many children die, at what age, in which province, at what level of care, and from what.

3

What the indicators tell us

Summary of the findings.

Recommendations and progress reports to follow.

PART 1

Purpose of the Report

Why this report exists, what it covers, and how to read its numbers

Why CoMMiC exists

Appointed by the Minister of Health, three-year term

CoMMiC reports directly to the Minister of Health

PRIMARY OBJECTIVE

Reduce child mortality and morbidity through death auditing

Review trends, causes and contributory factors in under-5 deaths from all available data sources, and recommend practical action to reduce preventable deaths.

SECONDARY OBJECTIVE

Oversight of child health care across South Africa

Monitor child health programme performance at district, provincial and national level; track implementation of CoMMiC recommendations; identify health system failures; promote good practice.

TERTIARY OBJECTIVE

Technical advice on child health

Advise national and provincial departments of health and other stakeholders on child health matters when requested.

What the Fifth Report contains

1. **Introduction**
   CoMMiC's mandate, objectives and operating framework for 2021-2023.

2. **Overview of child mortality in South Africa**
   National trends by age, cause, province and level of care - drawn from Stats SA, DHIS and Child PIP.

3. **Impact of COVID-19 on child health services**
   Direct mortality in children, and the indirect effect of service disruption.

4. **Provincial reports**
   Nine province-by-province profiles of mortality, infrastructure and key causes.

5. **Progress on implementation of recommendations**
   How far each province has gone in acting on the Fourth Report.

Chapters 1 and 2 are the subject of this session. Chapter 5 is covered by the speakers who follow.

Where the numbers come from

SOURCES USED

- Stats SA vital registration - all registered deaths, in and out of facility
- DHIS - deaths in public health facilities, reported monthly
- Child PIP - facility death audits and modifiable factors
- Stats SA mid-year population estimates
- UN IGME modelled international estimates
- Peer-reviewed literature

WHAT THE DATA CANNOT TELL US

- No Stats SA mortality and causes of death report since 2019, released December 2023
- No MRC Rapid Mortality Surveillance report
- Deaths outside facilities, and in the private sector, are largely invisible
- Child PIP data incomplete for this period after a software upgrade duplicated records

This report describes deaths in public hospitals. It is the clearest picture available - but it is not the whole picture.

Three sources, three different views

STATS SA
Vital registration

COUNTS
Every registered death, in and out of facility, public and private

STRENGTH
The only population-wide picture of child death in South Africa

LIMIT
Latest report covers 2019 and was released in December 2023

DHIS
Routine facility data

COUNTS
Deaths of children admitted to public health facilities

STRENGTH
Timely, monthly, and disaggregated down to district level

LIMIT
Misses deaths outside facilities and in the private sector

CHILD PIP
Facility death audit

COUNTS
Audited child deaths and the modifiable factors behind them

STRENGTH
Death audits says why each child died and what could have prevented it

LIMIT
Patchy coverage; 2021-2023 data incomplete after a software upgrades

All deaths

In facility deaths

Death audits

Each answers a different question: Stats SA counts every death, DHIS counts in facility deaths, Child PIP explains them.

Stats SA; DHIS; Child PIP

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PART 2

Key Child Health Indicators

How many children die, at what age, where, and from what

The headline numbers

30.5

U5MR per 1 000, 2023 (Stats SA)

Down from 31.4 in 2020

11.1

Neonatal deaths per 1 000 live births, 2022

SDG 2030 target of under 12 already met

34.7

U5MR per 1 000, 2023 (UN IGME)

Brazil 14 | India 31 | China 7

16 505

under-5 deaths in public hospitals, 2023

DHIS - in-facility deaths

70%

deaths occurred in the first 28 days 2023

DHIS - in-facility deaths

27 489

under-5 deaths in South Africa, 2019

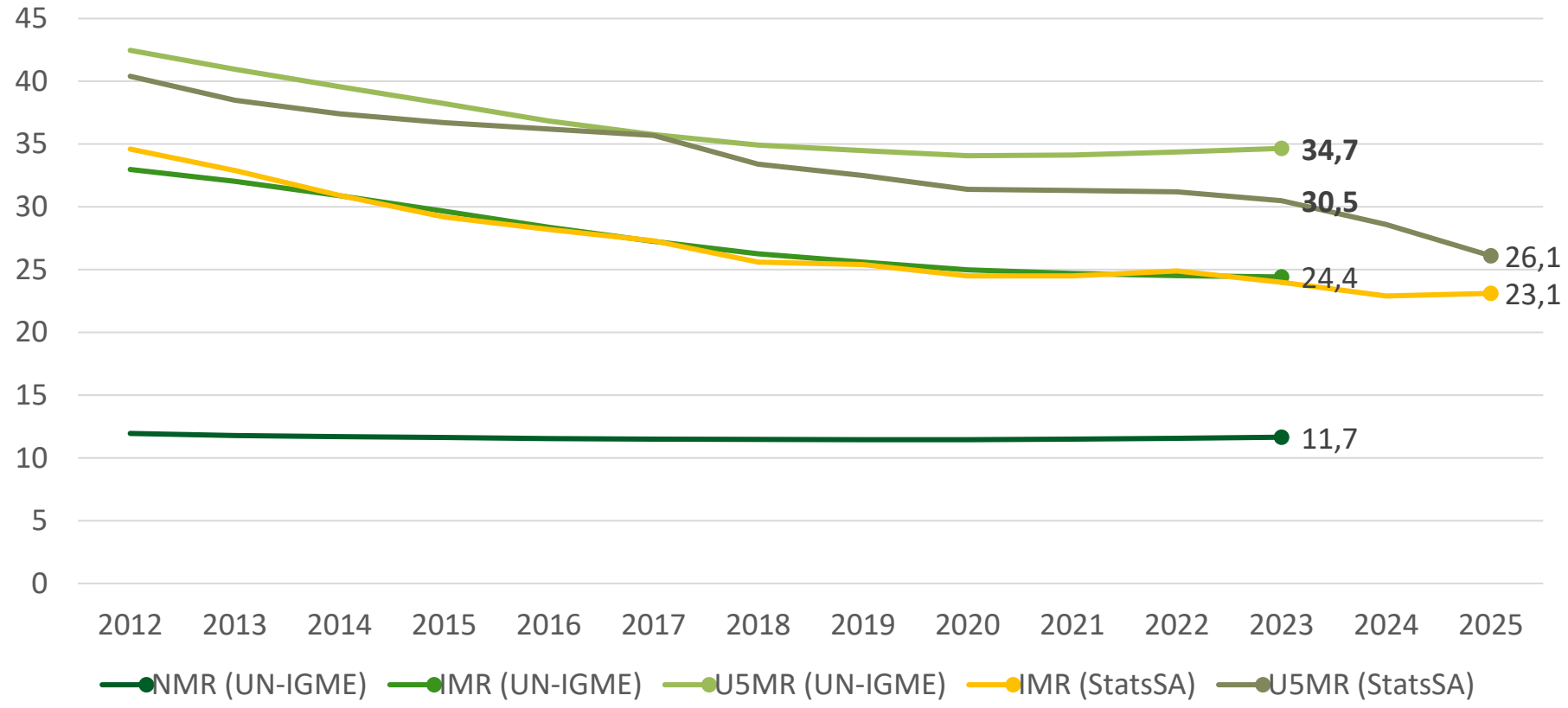
Vital registration Stats SA

Stats SA Mid-year Population Estimates 2024; DHIS 2023; UN IGME

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Child mortality rates in South Africa: 2012 – 2022 (Stats SA; UNIGME)



Under-5 and infant mortality are still falling. Neonatal mortality has plateaued.

Stats SA Mid-year Population Estimates 2025; UN Inter-agency Group for Child Mortality Estimation (UN IGME)

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Age distribution of under-5 deaths, 2019 (Stats SA)

Age	Number	% of U5
Under 1 year	**21 377**	**77.8**
0 - 28 days	10 007	36.4
1 – 11 months	11 370	41.4
12 – 59 months	**6 112**	**22.2**
Under 5 years	**27 489**	**100**

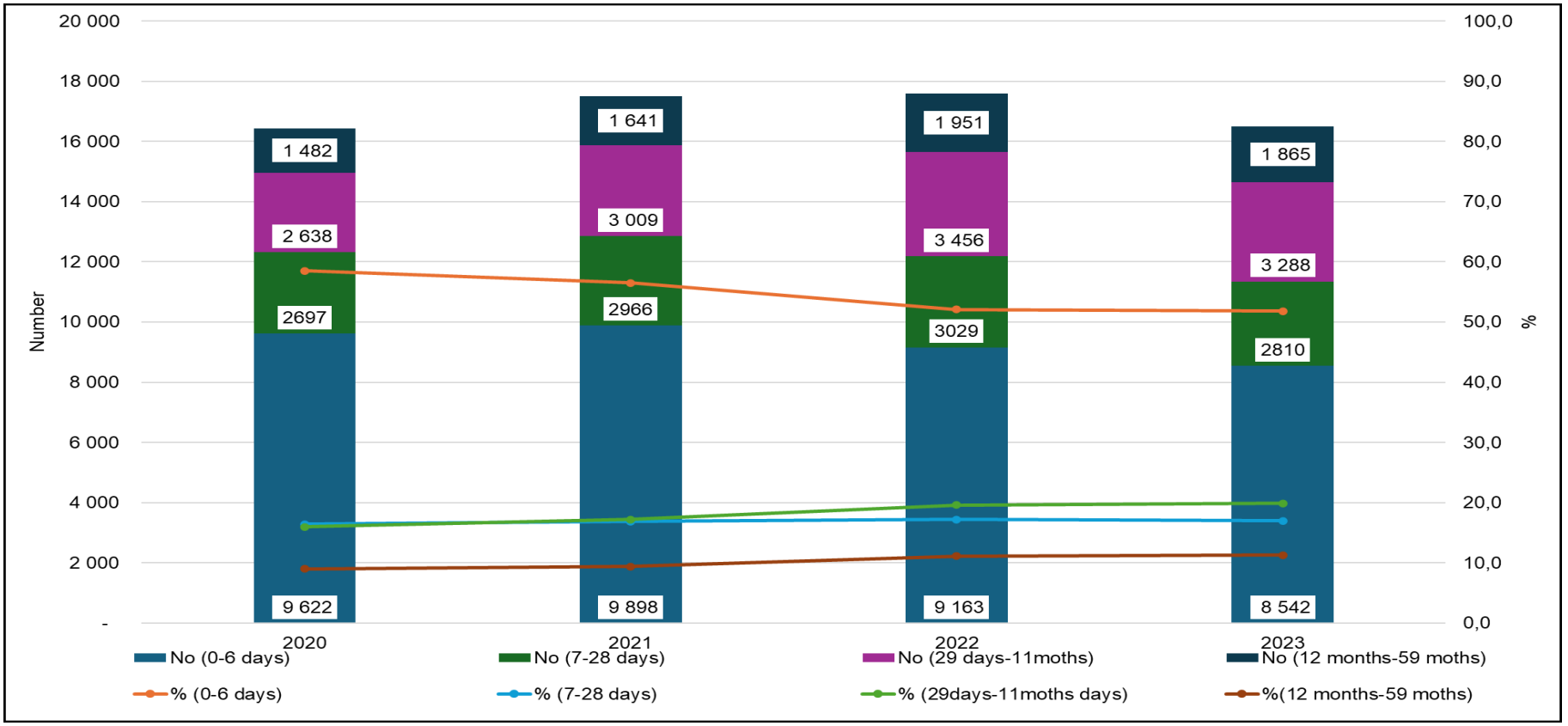
Counting every registered death, not only hospital deaths: 78% of under-5 deaths occur in the first year of life and 36% in the first 28 days.

Stats SA, Mortality and causes of death in South Africa, 2019 - released December 2023.

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Number and proportion of child deaths by age category, 2020 – 2023 (DHIS)



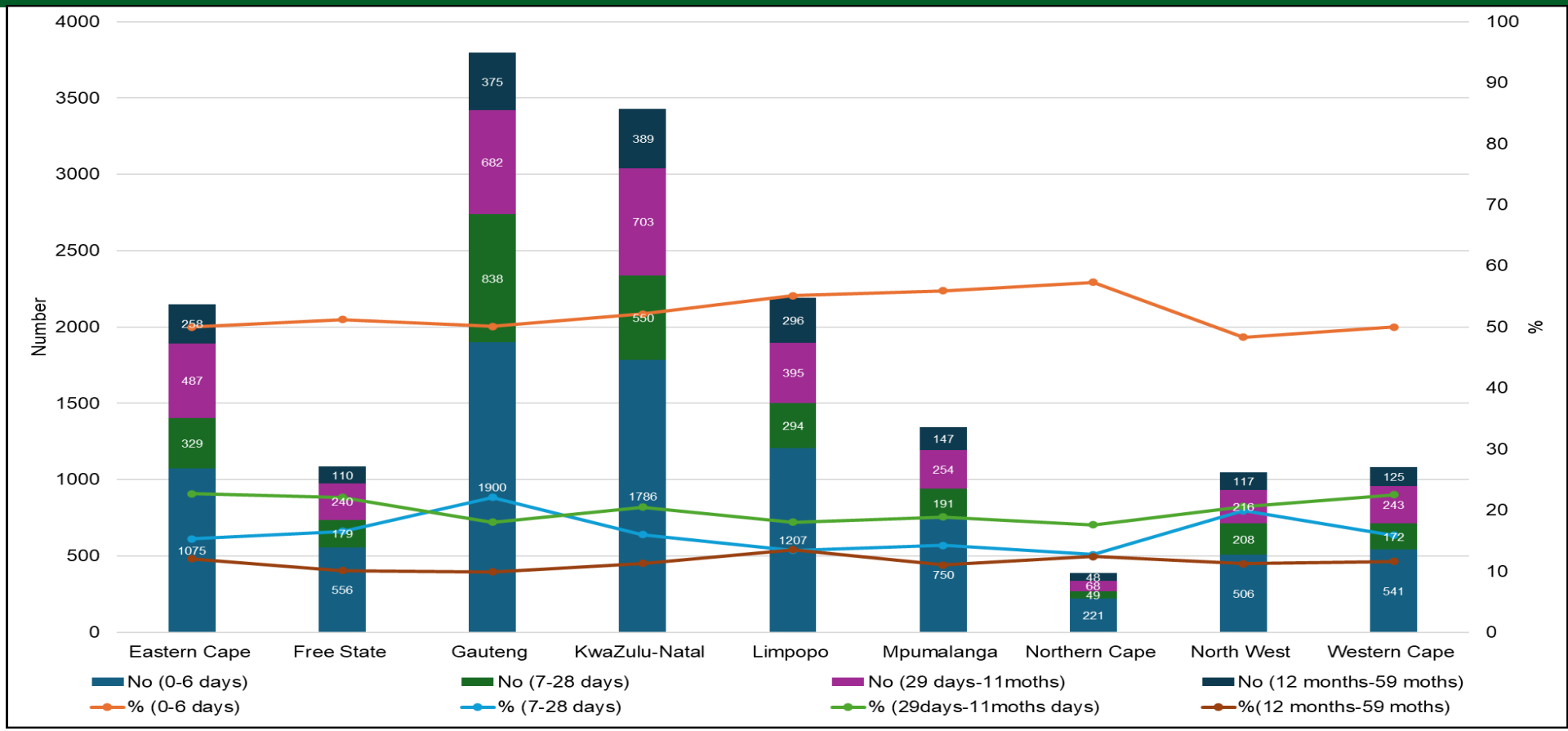
Increase in total deaths from 2020 to 2022 mainly in age groups > 28 days. Decline in 2023.

District Health Information System (DHIS)

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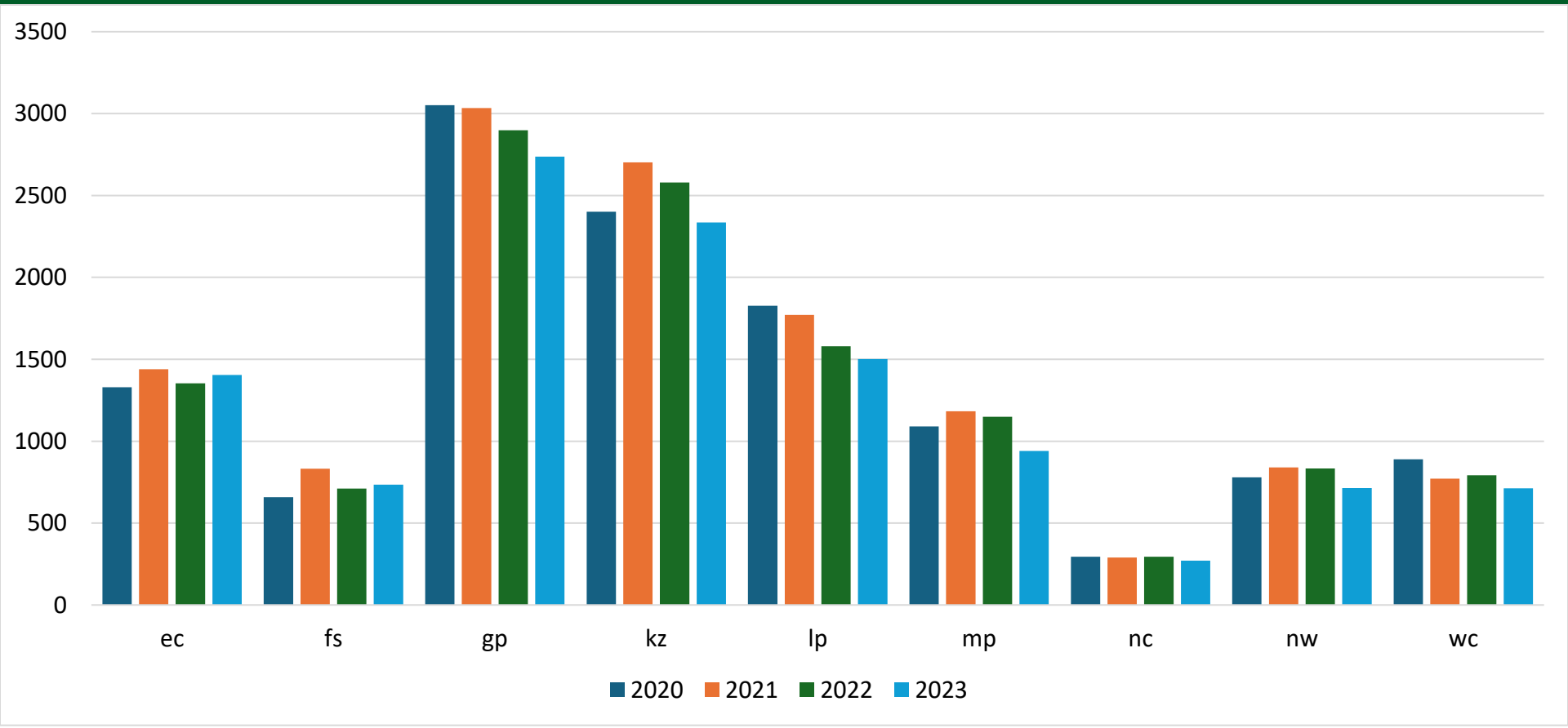
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Number and proportion of child deaths by age category and province, 2023 (DHIS)



The age pattern is consistent across provinces: just over half of all in-hospital under-5 deaths occur in the first six days of life. Gauteng and KwaZulu-Natal carry the largest numbers, Northern Cape the fewest.

Number of in-hospital neonatal deaths (0 – 28 days) by province, 2020 – 2023 (DHIS)



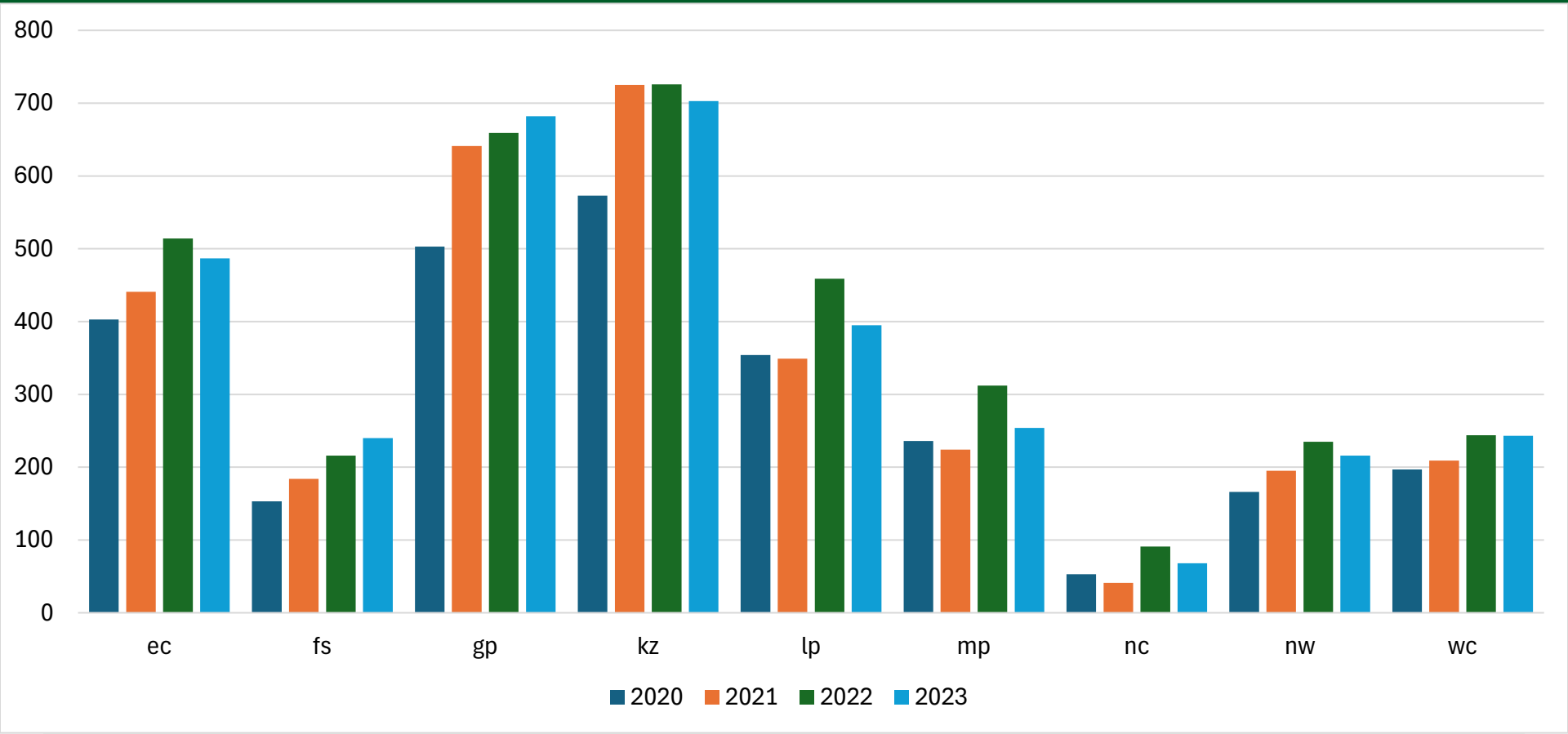
Overall decline in total neonatal deaths in line with decrease in birth rates.

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Number of in-hospital post-neonatal deaths (28d - 11m) by province, 2020 – 2023 (DHIS)



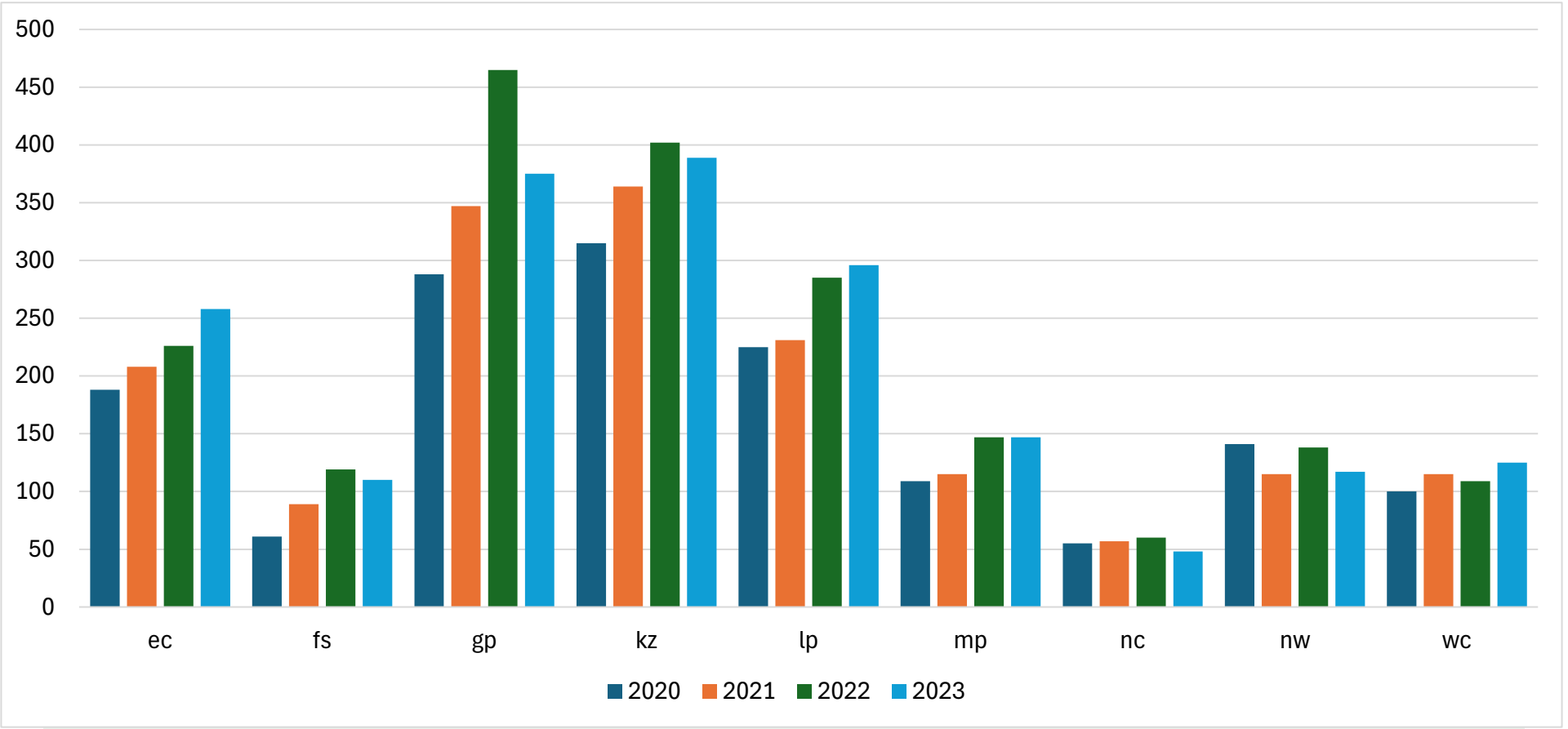
Overall increase in deaths in facilities.

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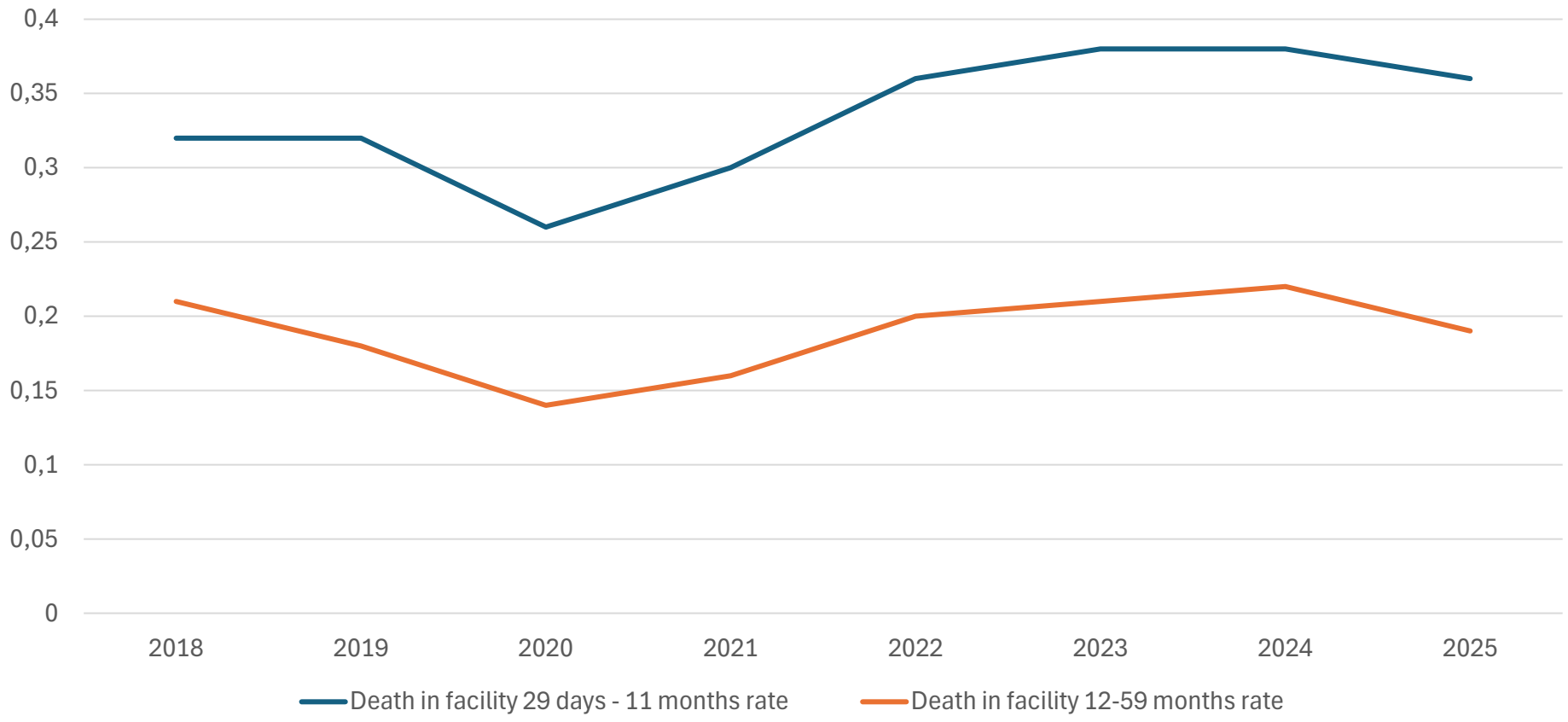
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Number of in-hospital child deaths (1 – 4 years) by province, 2020 – 2023 (DHIS)



Overall increase in deaths in facilities.

National in-hospital mortality rates by age, 2020 – 2023 (DHIS)



Post-neonatal and child mortality rates dropped in the first year of COVID-19 but increased during years 2021 to 2023

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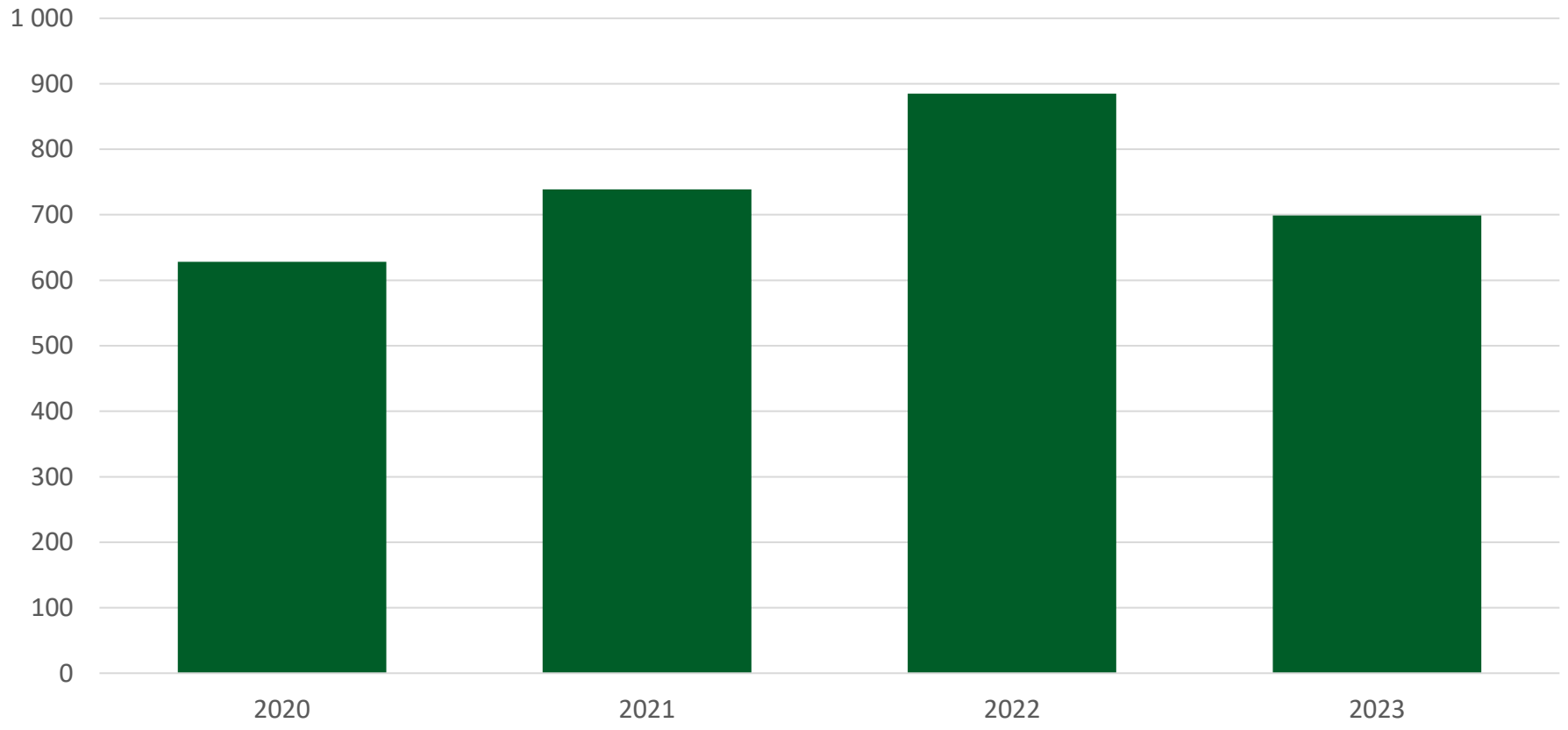
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Proportion of under-5 deaths due to common causes, 2020 - 2023 (DHIS)

Cause	2020	2021	2022	2023
Other	12.7	13.2	14.7	16.8
Malnutrition	4.9	5.3	6.5	5.3
Pneumonia	3.6	3.9	5.1	5.4
Diarrhoea	3.4	3.5	4.3	3.4
Neonatal causes	75.3	74.1	69.5	69.1
Total (%)	**100**	**100**	**100**	**100**

Most children die of neonatal causes. Increase in the proportion of under-5 deaths due to other causes, and pneumonia.

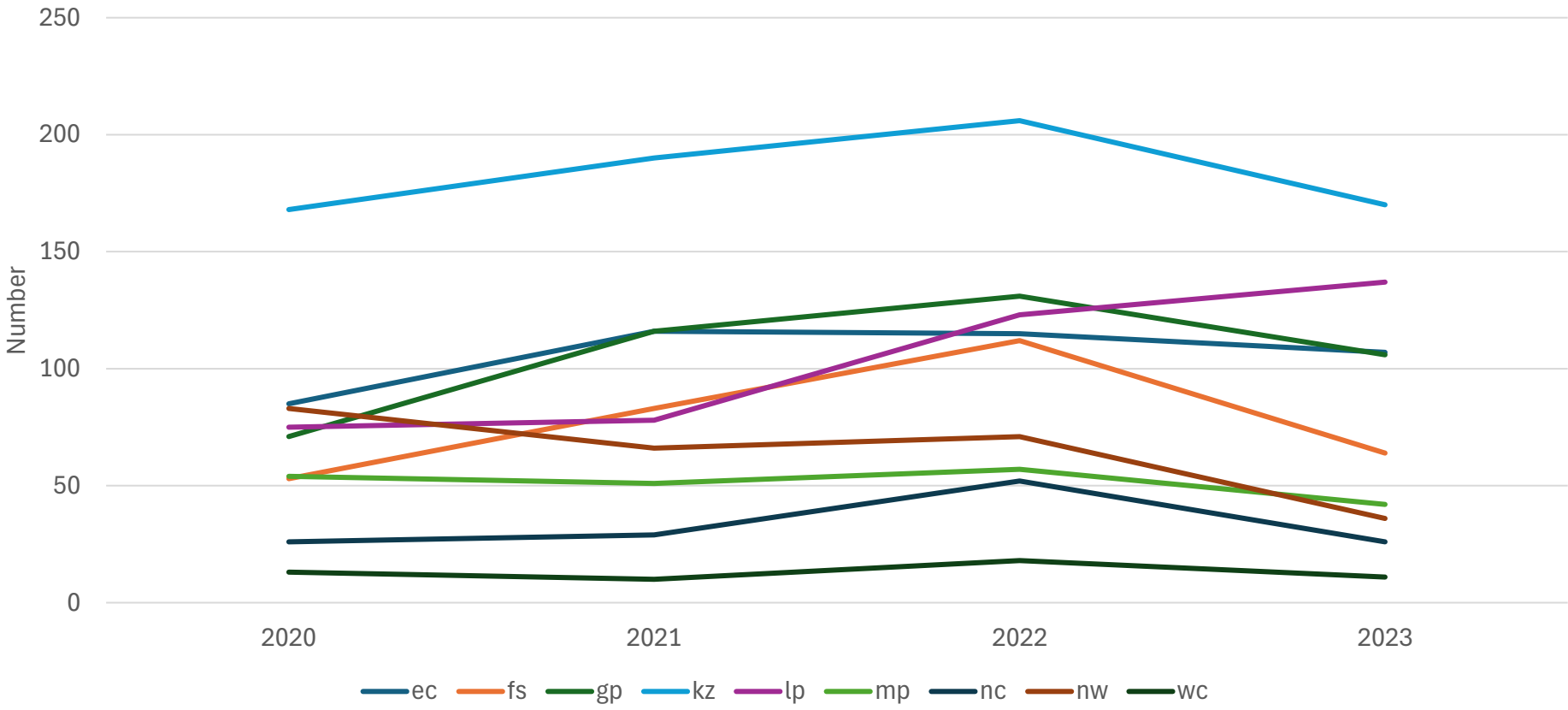
National number of under-5 deaths associated with SAM, 2020 – 2023 (DHIS)



SAM-associated deaths peaked in 2022 and declined in 2023.

DHIS. Counted as deaths associated with SAM; earlier reports described these as deaths due to SAM.

Proportion of provincial under-5 deaths associated with SAM, 2020 – 2023 (DHIS)



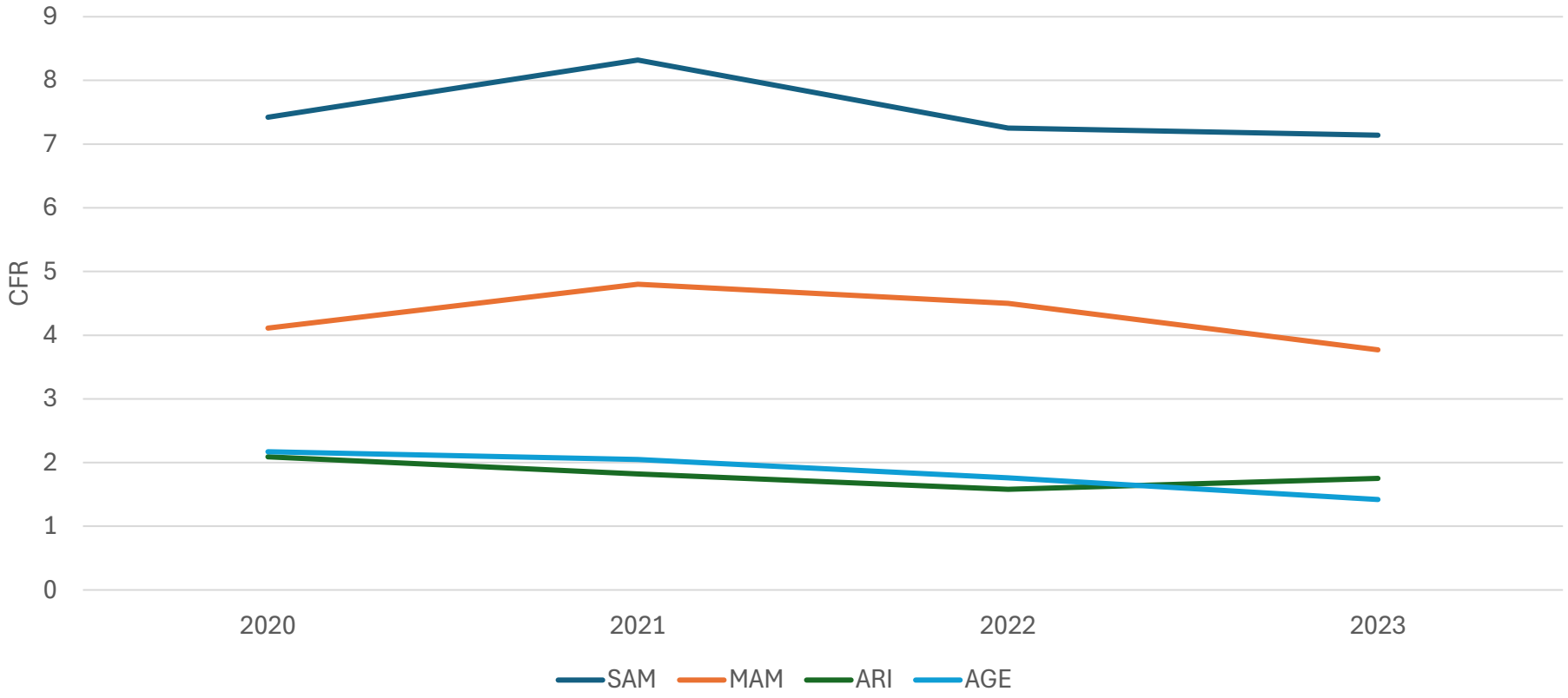
SAM-associated deaths peaked in 2022 and declined in 2023.

DHIS. Counted as deaths associated with SAM; earlier reports described these as deaths due to SAM.

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In-hospital under-5 case fatality rates, 2020–2025 (DHIS)



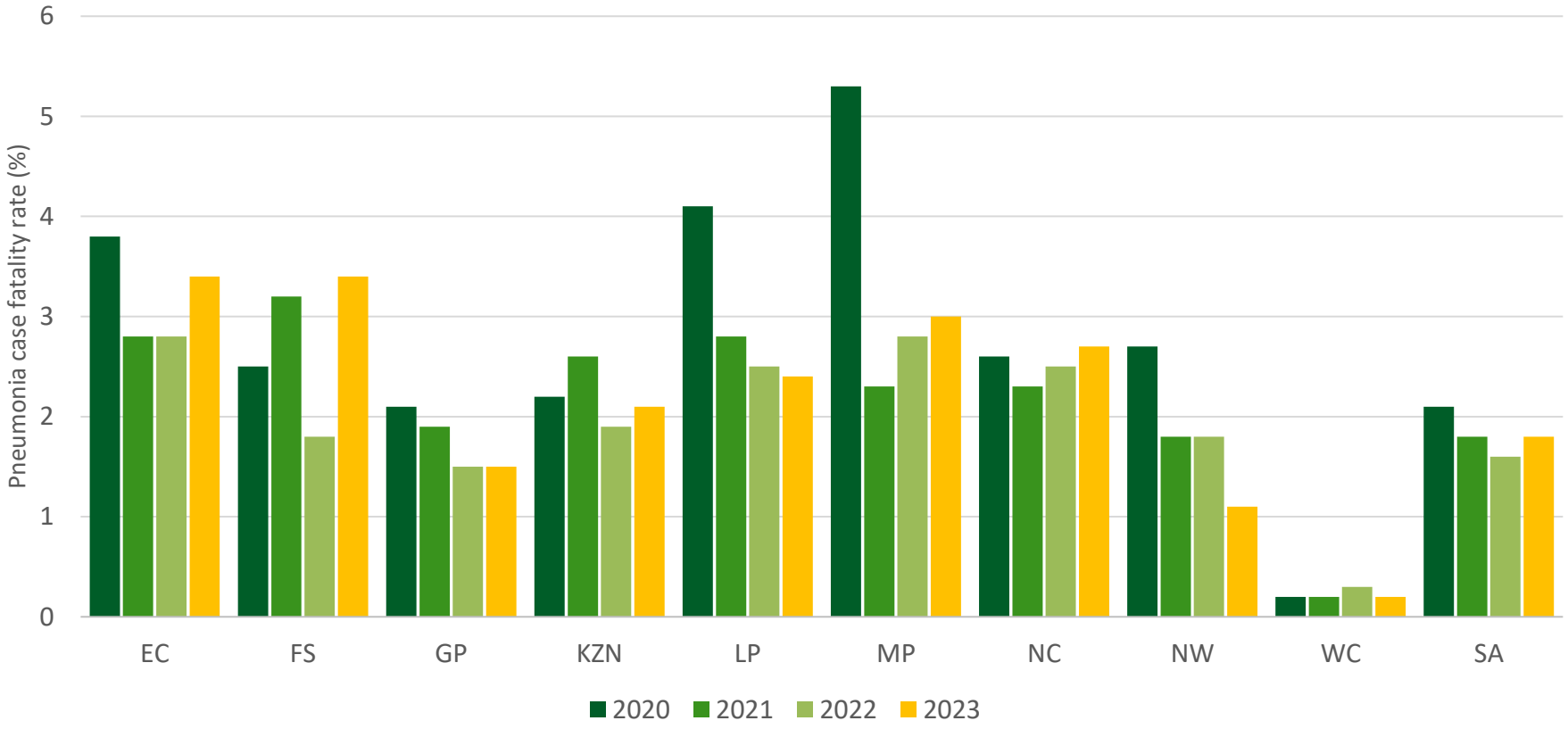
case fatality rate for SAM and MAM increased in 2021 and decreased in 2022. Pneumonia and diarrhoea CFR decreased.

DHIS. ARI = acute respiratory infection (pneumonia); AGE = acute gastroenteritis (diarrhoea); MAM and SAM = moderate and severe acute malnutrition.

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Under-5 pneumonia case fatality rate by province, 2020–2023



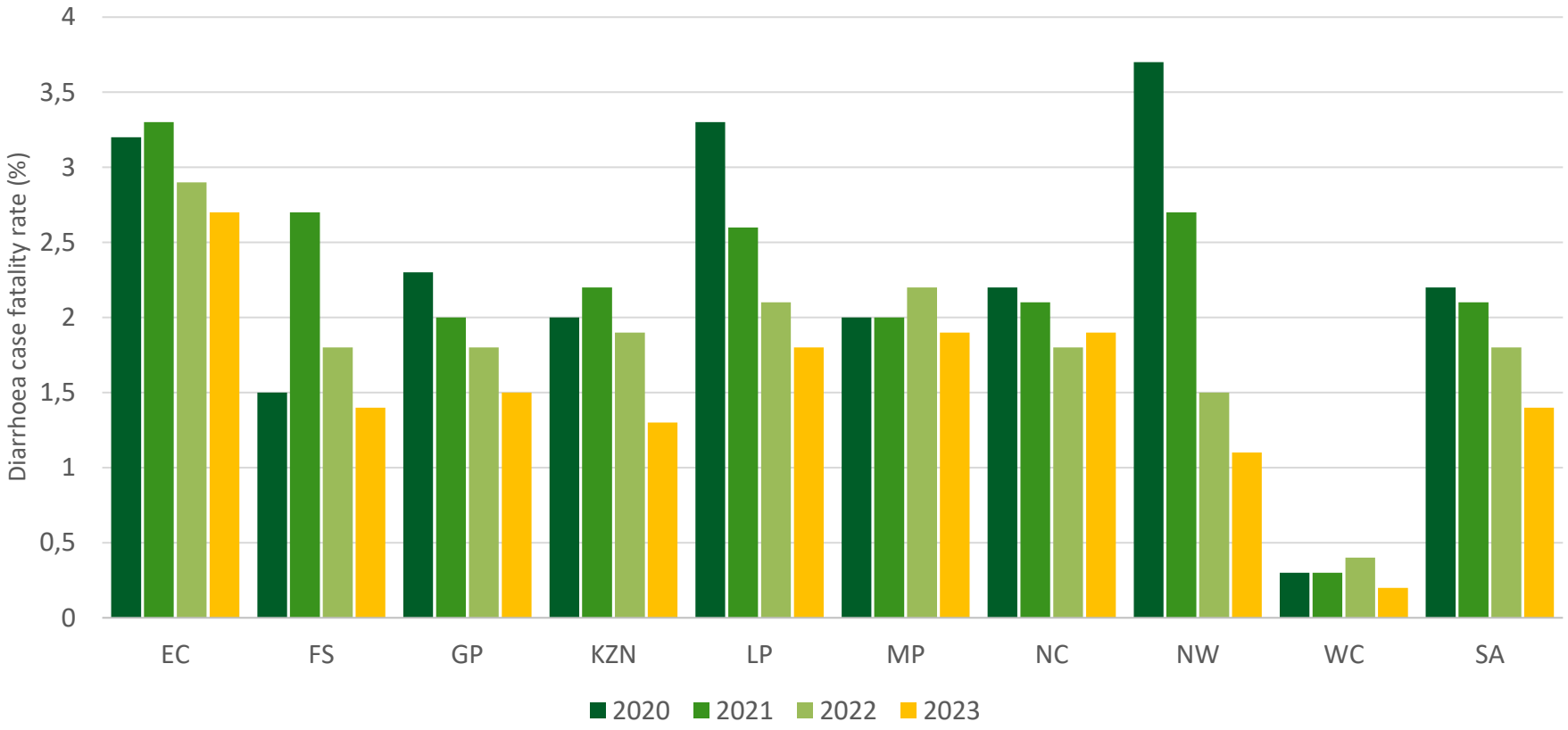
There is a wide range in CFR between provinces.

DHIS, under-5 case fatality rates by province, 2020-2023. SA = national average.

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Under-5 diarrhoea case fatality rate by province, 2020–2023



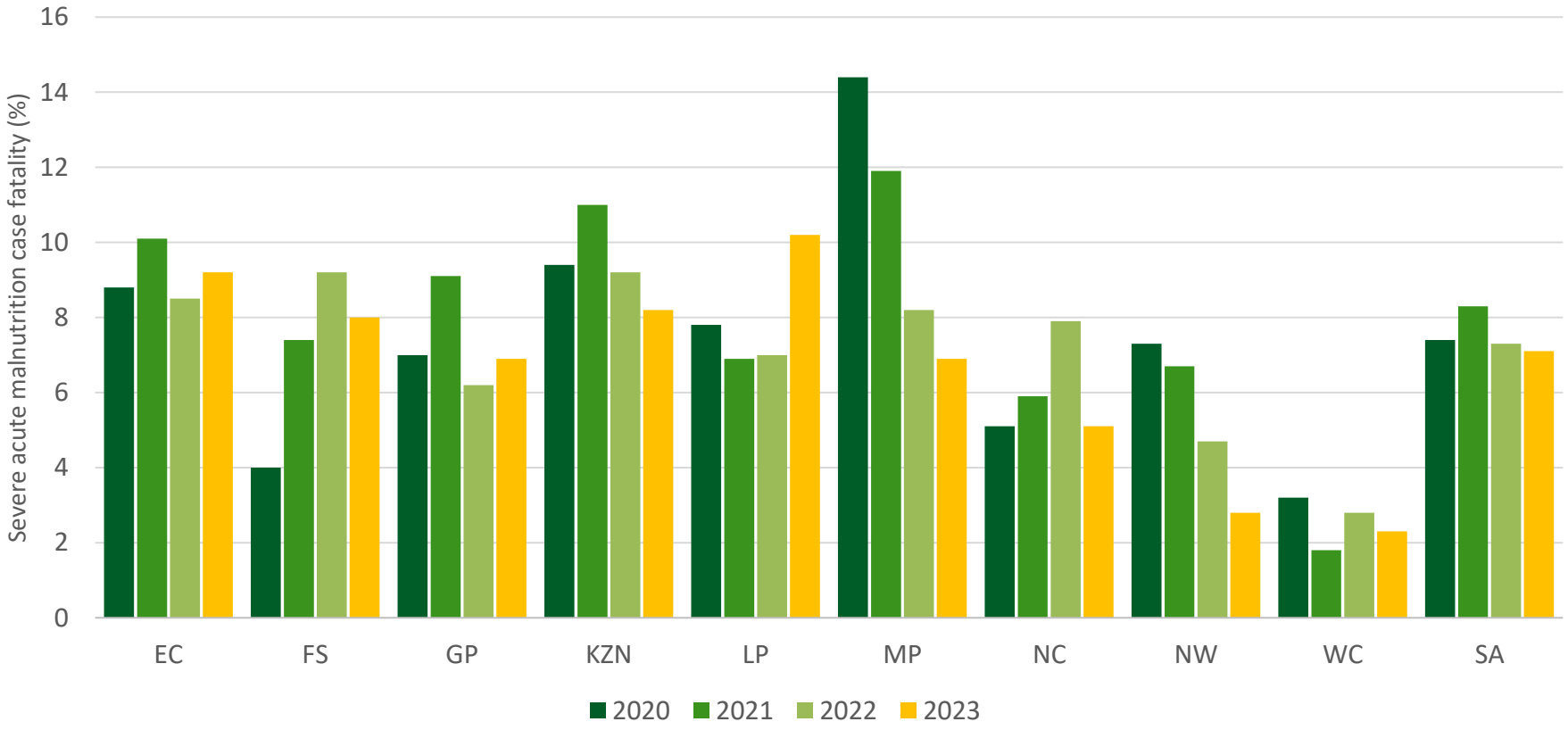
National diarrhoea case fatality fell from 2.2% to 1.4%.

DHIS, under-5 case fatality rates by province, 2020-2023. SA = national average.

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Under-5 SAM case fatality rate by province, 2020–2023



About one in fourteen children admitted with severe acute malnutrition dies. The national rate has barely moved: 7.4% in 2020, 7.1% in 2023.

DHIS, under-5 case fatality rates by province, 2020-2023. SA = national average.

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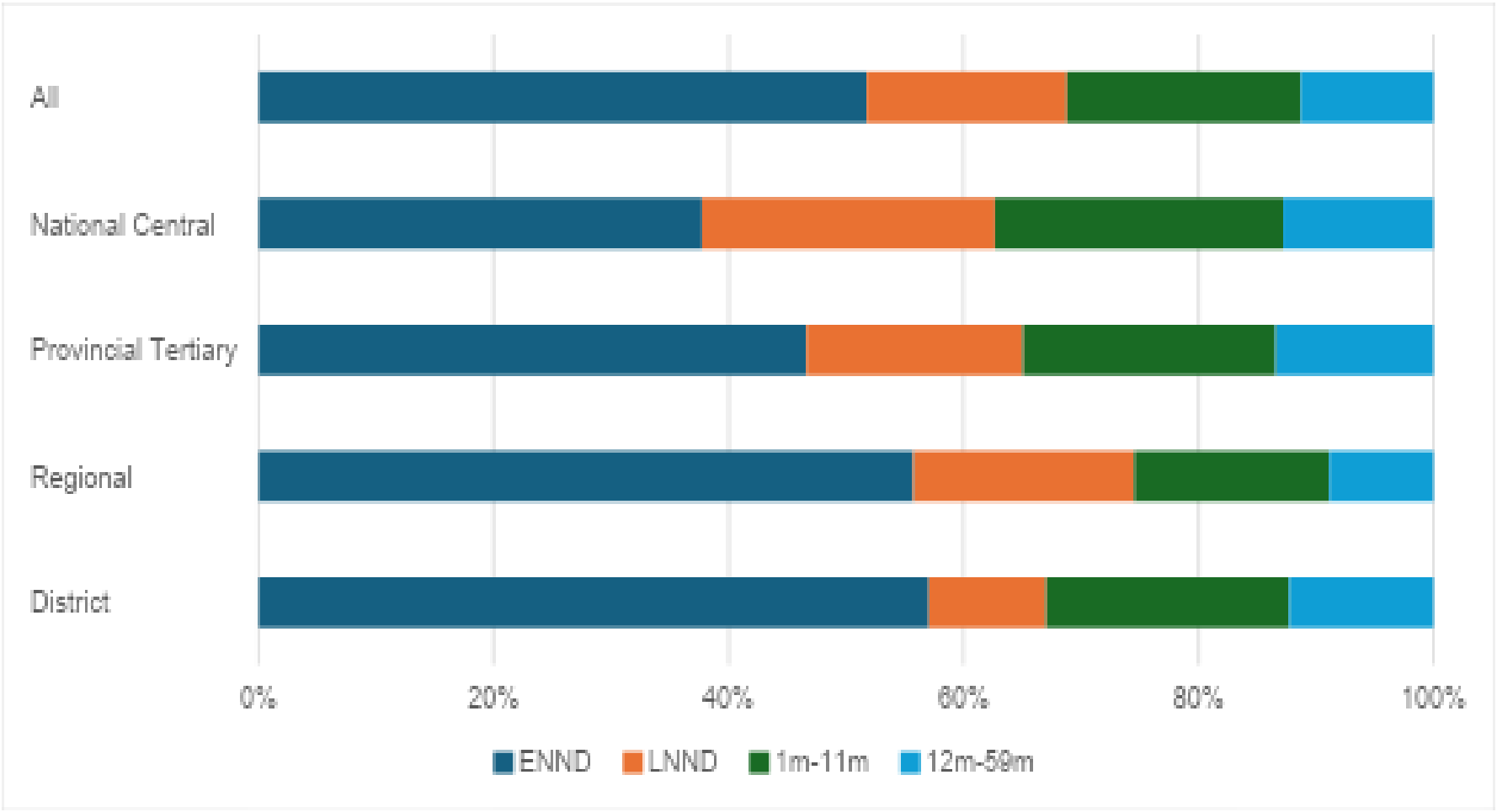
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Child deaths by level of care, 2020–2023 (DHIS)

	District Hospital		Regional Hospital		Tertiary Hospital		Central Hospital		Total
	Nº	%	Nº	%	Nº	%	Nº	%	Nº
2020	5 599	34,1	5 624	34,2	2 537	15,4	2 679	16,3	16 439
2021	5 871	33,5	6 326	36,1	2 653	15,1	2 664	15,2	17 514
2022	5 901	33,5	6 146	34,9	2 789	15,8	2 763	15,7	17 599
2023	5 026	30,5	6 103	37,0	2 749	16,7	2 627	15,9	16 505

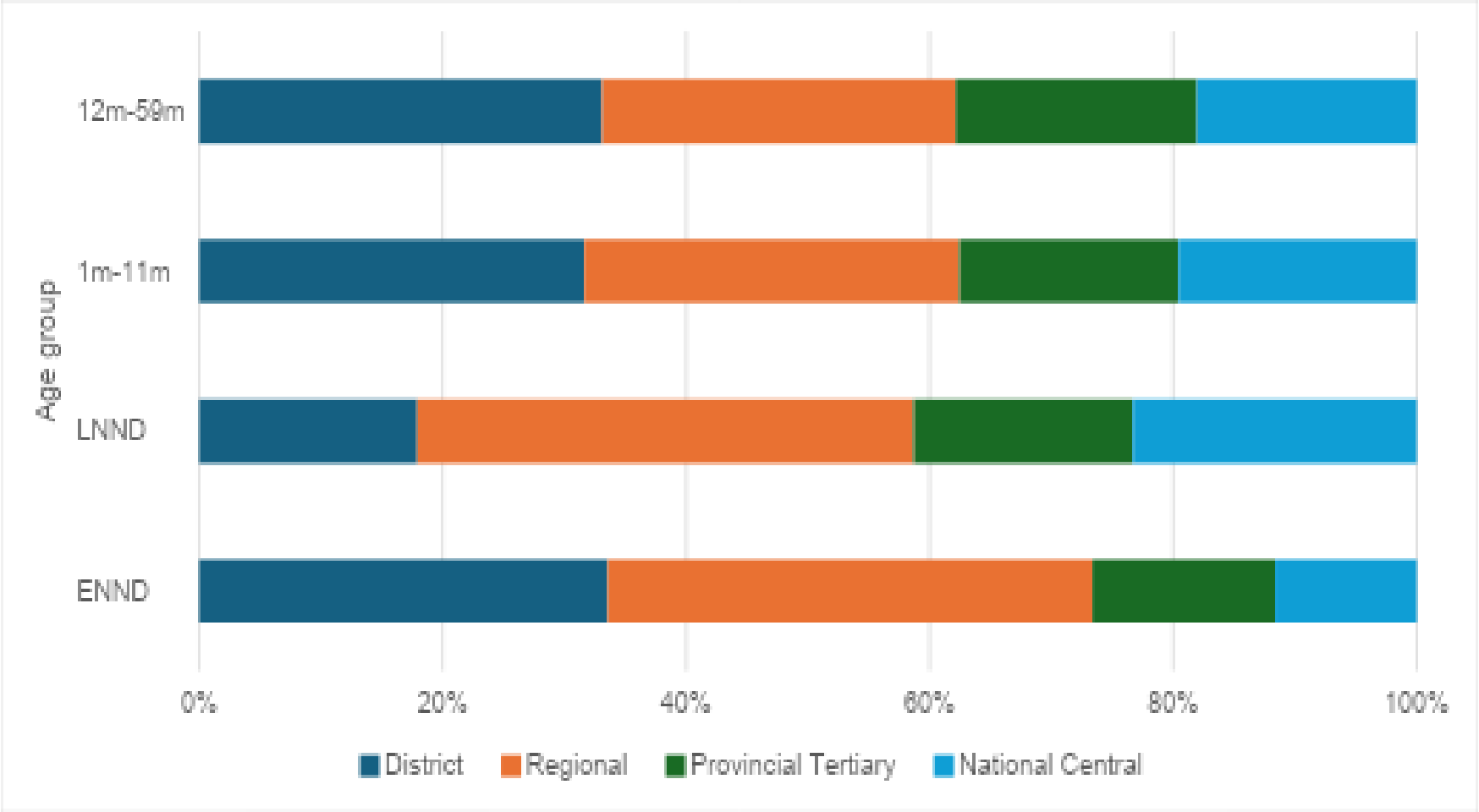
Deaths are spread almost evenly across district, regional and tertiary or central hospitals. This is a whole-system problem, not a district hospital problem.

Distribution of child deaths by age and level of care, 2023



DHIS. ENND = early neonatal death (0-6 days); LNND = late neonatal death (7-28 days).

Distribution of child deaths by level of care and age, 2023



DHIS. ENND = early neonatal death (0-6 days); LNND = late neonatal death (7-28 days).

Child PIP: modifiable factors at every level of care

Place	Modifiable factor
Wards	• Lack of High Care and/or ICU facilities for children in own and higher level facility • Inadequate response to new danger sign • Inadequate investigations in ward
Emergency Department	• Inadequate notes on clinical care (assessment, management, monitoring) • Inadequate response to new danger sign • Inadequate investigations (blood, x-ray, other)
Referring Facility & Transit	• No or delayed referral to higher level • Severity of child's condition incorrectly assessed at referring facility • Inadequate referral letter from referring facility
Clinic/OPD	• Danger signs missed at clinic/OPD • Child's growth problem (severe malnutrition, not growing well) inadequately identified or classified • Inadequate response to growth faltering or failure, at clinic/OPD
Home	• Caregiver delayed seeking care • Caregiver did not recognise danger signs/severity of illness • Child given traditional remedy with negative effect

Every one of these failures is modifiable, and none of them is new. The same factors appear in provincial report after provincial report.

Why children are still dying

Pneumonia

RSV-driven admissions are rising, particularly in infants born preterm. Both deaths and admissions are increasing.

Diarrhoea

Children in rural areas are disproportionately affected by unsafe water, poor sanitation and limited access to care.

Severe acute malnutrition

Associated with comorbidities. Driven by poor socio-economic conditions.

TB and HIV

Children are diagnosed late or lost within the health system, and present with advanced or complicated disease.

Age vulnerability

Mortality is highest in the first year of life. Interventions must prioritise the first twelve months.

What the indicators tell us

1. **Mortality is still falling - but too slowly**

   Under-5 and infant mortality continue to decline, yet South Africa remains well behind comparable middle-income countries.

2. **The newborn period carries the burden**

   Almost 70% of in-hospital under-5 deaths occur in the first 28 days of life, and over half in the first six days. As the share of deaths in the first 28 days fell, post-neonatal and 1-4 year mortality rose over the review period.

3. **Deaths outside facilities are largely invisible**

   Sats SA reflects much higher deaths in post-neonatal and 1-4 year age groups than DHIS mostly due to deaths outside health facilities.

4. **Where a child is admitted changes the odds**

   Case fatality for pneumonia, diarrhoea and severe acute malnutrition varies several-fold between provinces.

5. **Child death capturing and audits needs to be strengthened.**

   The data picture is incomplete with Stats SA reports delayed many years. DHIS essential data. Child PIP essential death audit tool needs to be strengthened across all provinces.

What comes next in this webinar

10:50 — **Progress on implementation of the previous recommendations**

Prof Elizabeth Tabane

11:20 — **The recommendations of the Fifth Triennial Report**

Dr Nomlindo Makubalo

11:50 — **Provincial accountability for implementing CoMMiC recommendations**

Dr Thembi Mbowane

12:00 — **Questions / answers. Way forward.**

Ms Sebotse Ngake

The indicators tell us what is happening. The sessions that follow deal with what we do about it.

Thank you



Love them,

Immunise them,

Feed them,

Protect them,



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