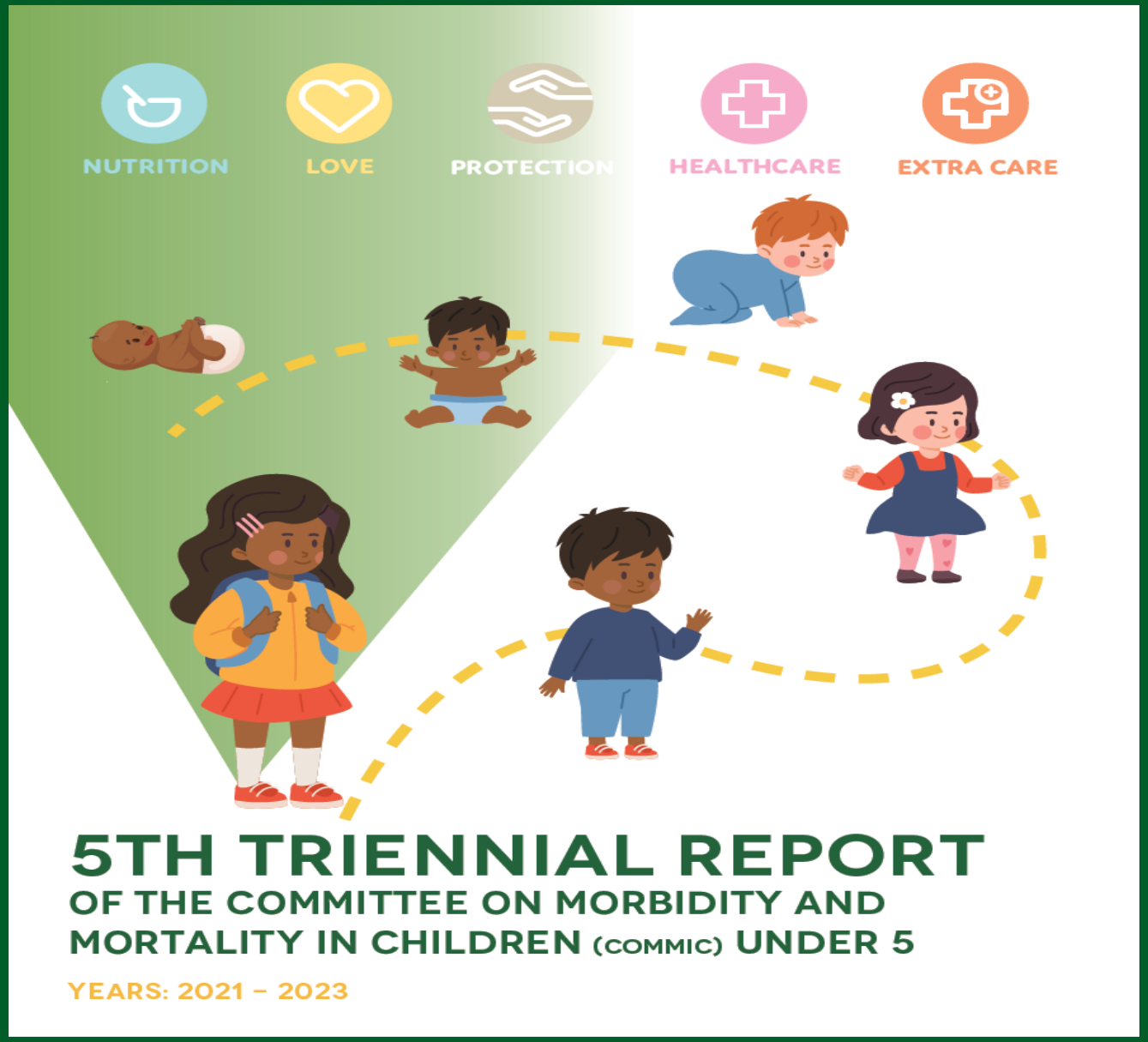


5TH TRIENNIAL REPORT

OF THE COMMITTEE ON MORBIDITY AND MORTALITY IN CHILDREN (COMMIC) UNDER 5

YEARS: 2021 – 2023

Prof. N.E. Tabane

20 October 2026

The 7 Recommendations — 4th CoMMiC Report

1. Prevention, early recognition and management of Severe Acute Malnutrition (SAM)
2. Strengthen community and PHC management of common childhood illnesses
3. Create a safe home and social environment for children
4. Strengthen civil registration systems for births and deaths
5. Remove barriers to early entry into health services
6. Strengthen capacity of hospitals to care for acutely sick children
7. Establish a clear policy and governance framework for PHC services for children

Each recommendation includes:

Level of implementation, objectives, activities, and responsible persons.

Progress

Recommendation	Activity	EC	FS	GP	KZN	LP	MP	NC	NW	WC
1. Prevention, early recognition & management of SAM	CHW screening of children under-5	FC	FC	NC	FC	PC	PC	PC	PC	FC
	ETAT training	PC	FC	NC	PC	NC	FC	NC	PC	FC
	Onsite mentoring and monitoring	PC	FC	NC	PC	PC	PC	FC	FC	PC
	Non-rotation of IMAM trained staff	PC	PC	NC	FC	NC	PC	PC	FC	NC
	SAM clinical audits	NC	FC	NC	FC	PC	NC	PC	FC	PC
	Address social determinants	NC	NC	NC	PC	NC	PC	PC	NC	FC
	Scale up feeding programmes	PC	FC	NC	PC	NC	PC	FC	PC	FC

FC = Fully Compliant (>75% of facilities) PC = Partially Compliant (25% – 75%) NC = Non-Compliant (<25%)

Progress

Recommendation	Activity	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2. Strengthen community and PHC service management of common childhood illnesses	Educate caregivers	PC	FC	NC	NC	FC	PC	FC	PC	FC
	CHWs activities	PC	FC	NC	PC	FC	PC	PC	PC	FC
	Engagement with Traditional Health Practitioners	PC	FC	NC	NC	PC	PC	PC	NC	NC
	Implement IMCI	PC	FC	NC	PC	FC	PC	PC	PC	FC
	PHC clinic pulse oximetry	FC	FC	NC	NC	FC	PC	PC	FC	PC
	PHC practices: IMCI / oral rehydration corners / pulse oximetry / clinic supervision	FC	FC	NC	PC	PC	PC	PC	PC	FC
	District Hospital: implement ETAT / Establish clear referral pathway / functional EMS transfers	PC	FC	NC	PC	PC	PC	PC	FC	FC
	Link newborns and children to PHC and WBOTs	PC	FC	PC	PC	FC	PC	PC	PC	FC
	User friendly PHC clinic operating hours	NC	NC	NC	NC	PC	PC	PC	FC	PC
	Efficient and effective transfer systems	NC	NC	NC	PC	FC	PC	PC	PC	F

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Progress

Recommendation	Activity	EC	FS	GP	KZN	LP	MP	NC	NW	WC
3. A safe home and social environment for children	Information to expectant mothers	PC	FC	NC	PC	FC	PC	PC	PC	FC
	Implementing a safe home environment	NC	FC	NC	NC	NC	NC	NC	NC	PC
	Identify local partners for IEC campaigns	NC	FC	NC	NC	PC	PC	PC	PC	FC
	Awareness of child restraints and access to car seats	NC	NC	NC	NC	NC	NC	NC	NC	NC
	Liaise with Community Safety to create “Walking buses”	NC	NC	NC	NC	NC	NC	NC	NC	PC
	Municipal control of illegal electricity connections	NC	FC	NC	NC	NC	NC	NC	NC	NC
	Tool for home safety checks	NC	NC	NC	FC	NC	NC	NC	NC	PC

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Progress

Recommendation	Activity	EC	FS	GP	KZN	LP	MP	NC	NW	WC
4. Strengthen Civil Registration systems	Information to expectant mothers on requirements for birth registration	FC	FC	NC	NC	FC	FC	FC	FC	FC
	Work with DHA to establish DHA offices in every hospital	FC	FC	NC	FC	FC	FC	FC	FC	PC

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Progress

Recommendation	Activity	EC	FS	GP	KZN	LP	MP	NC	NW	WC
5. Remove barriers to early entry to health services	Promote infant nutrition	FC	FC	NC	NC	FC	PC	PC	FC	FC
	Education of mothers and caregivers about danger signs in RtHB	PC	FC	NC	PC	PC	PC	PC	PC	FC
	Informs mothers and caregivers of health pathways	FC	FC	NC	PC	PC	PC	PC	PC	PC
	Ensure every child discharged from hospital has a clear and appropriate discharge plan including advice on when to return	FC	FC	NC	NC	FC	NC	PC	FC	FC
	Ensure referral pathways & linkages are established & known	NC	FC	NC	FC	FC	PC	PC	FC	PC
	Establish multi-sectoral forums to identify and support vulnerable households	PC	FC	NC	PC	FC	NC	PC	PC	PC
	Include and capacity traditional health practitioners	PC	FC	NC	NC	PC	PC	NC	NC	NC

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Progress

Recommendation	Activity	EC	FS	GP	KZN	LP	MP	NC	NW	WC
6. Strengthen capacity of hospitals to care for acutely sick children	Ensure in-service training in ETAT and paediatric resuscitation	PC	FC	PC	PC	NC	NC	NC	FC	FC
	Ensure a provincial plan for paediatric critical care services	PC	NC	NC	PC	PC	PC	PC	PC	PC
	Establish 2 functional high care beds in every children's ward	PC	PC	NC	FC	PC	NC	PC	NC	PC
	Equitable allocation and non-rotation of clinical staff	NC	PC	NC	PC	NC	PC	PC	PC	PC
	Ensure effective triage systems in hospitals	PC	FC	NC	PC	PC	PC	PC	FC	FC
	Ensure use of early warning scoring systems	PC	FC	NC	PC	PC	NC	NC	PC	PC
	Ensure daily ward rounds in children's wards	FC	FC	NC	FC	FC	PC	FC	FC	FC
	Ensure outreach support to district hospitals	NC	PC	NC	FC	PC	NC	PC	PC	FC

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Provincial Compliance with 4th Report Recommendations

Recommendation	EC	FS	GP	KZN	LP	MP	NC	NW	WC
1. SAM	PC	FC	NC	FC	PC	PC	PC	PC	FC
2. PHC illnesses	PC	FC	NC	PC	FC	PC	PC	PC	FC
3. Safe home environment	NC	PC	NC	NC	NC	NC	NC	NC	PC
4. Civil registration	FC	FC	NC	FC	FC	FC	FC	FC	PC
5. Barriers to care	PC	FC	NC	PC	FC	PC	PC	FC	PC
6. Hospital capacity	PC	FC	NC	PC	PC	PC	PC	FC	FC
7. PHC governance	NC	NC	NC	NC	NC	NC	NC	NC	NC

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Recommendation	Fully compliant provinces	Partially compliant provinces	Non-compliant provinces
1. Prevention and management of severe acute malnutrition	Free State, KwaZulu-Natal, Western Cape	Eastern Cape, Limpopo, Mpumalanga, Northern Cape, North West	Gauteng
2. Community and PHC management of childhood illnesses	Free State, Limpopo, Western Cape	Eastern Cape, KwaZulu-Natal, Mpumalanga, Northern Cape, North West	Gauteng
3. Safe home and social environments	None	Free State, Western Cape	Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West
4. Civil registration	Eastern Cape, Free State, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West	Western Cape	Gauteng
5. Removing barriers to early access to care	Free State, Limpopo, North West	Eastern Cape, KwaZulu-Natal, Mpumalanga, Northern Cape, Western Cape	Gauteng
6. Hospital capacity for acutely sick children	Free State, North West, Western Cape	Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape	Gauteng

Recommendation	Why recommendations matter for child survival?
1. Prevent, identify and manage severe acute malnutrition	• Addresses an important contributor to preventable deaths. • Early screening, feeding support and appropriate treatment to prevent deterioration and deaths. • Addressing food insecurity helps reduce recurrence.
2. Strengthen community and primary healthcare management of childhood illnesses	• Enables earlier recognition and treatment of pneumonia, diarrhoea and illness in newborns. • Caregiver education, community health workers, IMCI, pulse oximetry and effective referral. • Help children receive care before illness becomes critical.
3. Create safe homes and social environments	• Extends prevention to deaths from burns, road traffic injuries and other hazards. • It makes child survival a shared responsibility involving families, municipalities and other government departments.
4. Strengthen birth and death registration	• Makes deaths visible, including those occurring outside facilities. • Reliable information helps identify underserved communities. • Direct resources and assess whether interventions are reducing mortality.

Recommendations	Why recommendations matter for child survival?
5. Remove barriers to early access to care	• Reduces delays in recognising illness, seeking help and reaching appropriate services. • Clear care pathways, accessible services and discharge plans strengthen continuity of care for vulnerable children.
6. Strengthen hospitals' capacity to care for acutely sick children	• Improves the response once a critically ill child reaches hospital. • Effective triage, trained staff, early warning systems, high care beds and specialist support. • To reduce avoidable deaths within facilities.
7. Establish clear policy and governance for children's PHC services	• Creates consistent standards, measurable targets and accountability. • Helps turn recommendations into routine services • Reduces variation between districts and provinces.

What can be done to improve compliance?

Each recommendation should become a funded action plan with a named responsible person, a deadline and evidence of implementation.

1. Prioritise the weakest areas

- Focus on child safety, PHC governance, emergency transfers, accessible clinic hours and paediatric critical care planning.
- Provinces should also address the specific gaps shown in their activity-level assessments.

2. Strengthen accountability

- Include CoMMiC actions in provincial, district and facility operational plans and managers' performance agreements.
- Review progress quarterly and require corrective action where implementation falls behind.

3. Provide the resources needed

- Link plans to budgets for staffing, equipment, transport, training and high care capacity.
- Assign responsibility for resolving shortages.

What can be done to improve compliance?

4. Support consistent clinical practice

- Combine IMCI, ETAT and malnutrition training with onsite mentoring, supportive supervision and clinical audits.
- Maintain trained staff in child health services.

5. Coordinate action across departments

- Establish joint plans with Social Development, Home Affairs, Transport, Education and municipalities to address food insecurity, registration, unsafe homes, roads, water and sanitation.

6. Verify implementation and outcomes

- Use facility assessments, death audits and service data to confirm reported compliance.
- Track whether improvements reduce treatment delays, referral failures and preventable deaths.

7. Share effective practices

- Use stronger-performing provinces and districts to support those with persistent gaps through practical mentoring and peer learning.

Opportunities to Accelerate Progress

Side-by-Side Programme

- A proven model for capacitating communities and caregivers.
- Should be scaled and formally linked to child health outcomes monitoring.

District Clinical Specialist Teams (DCSTs)

- An existing cadre with real potential to reduce mortality
- Deployed with a clear child health mandate.
- Current utilisation is inconsistent.

First 1000 Days Policy

- South Africa has a policy framework. The gap is in implementation.
- This is the most cost-effective window to prevent malnutrition, stunting, and neonatal death.

IMCI, ETAT, and the Knowledge Hub

- Training platforms exist. The barrier is not knowledge.
- Inconsistent application and monitoring of what has been learned.

Proposed Solutions: Three Levels of Action

HEALTH SYSTEM

- Direct provinces to complete CoMMiC reporting templates and implement recommendations.
- Make Child PIP mandatory in all hospitals admitting children
- Ensure high care beds and daily ward rounds in all children's wards
- Universal implementation of triage and early warning scoring systems
- Ensure ETAT, IMCI, and malnutrition guideline training are prioritised
- Strengthen outreach from regional to district hospitals
- Expand clinical audits and quality improvement in areas with the highest mortality rates.
- RSV vaccination for all pregnant women and vulnerable groups

Proposed Solutions: Three Levels of Action

COMMUNITY AND DATA

- Ensure all CHW programmes have a clear child health focus with monitoring
- Deliver comprehensive First 1000 Days services to mother-infant pairs
- Improve reporting of community and unnatural child deaths
- Request StatsSA to release outstanding mortality reports timeously
- Electronic capturing of child deaths

CROSS-SECTORAL

- Collaborate with DSD, DHA, DOE, and the Department of Agriculture to address malnutrition and food security
- Improve water, sanitation, and hand hygiene in rural communities
- Engage Community Safety on road safety and prevention of burns

Conclusion:
The Problem Is Known — Action Is Needed

- Implementation of CoMMiC's previous recommendations has been poor and disappointing across most provinces.
- The previous recommendations remain valid and relevant.
- They need to be implemented.
- Modifiable factors at every level of the health system, home, clinic, and hospital, remain largely unchanged.
- South Africa needs an urgent, enforceable implementation monitoring system with clear accountability at national, provincial, district, and facility levels.

Thank you