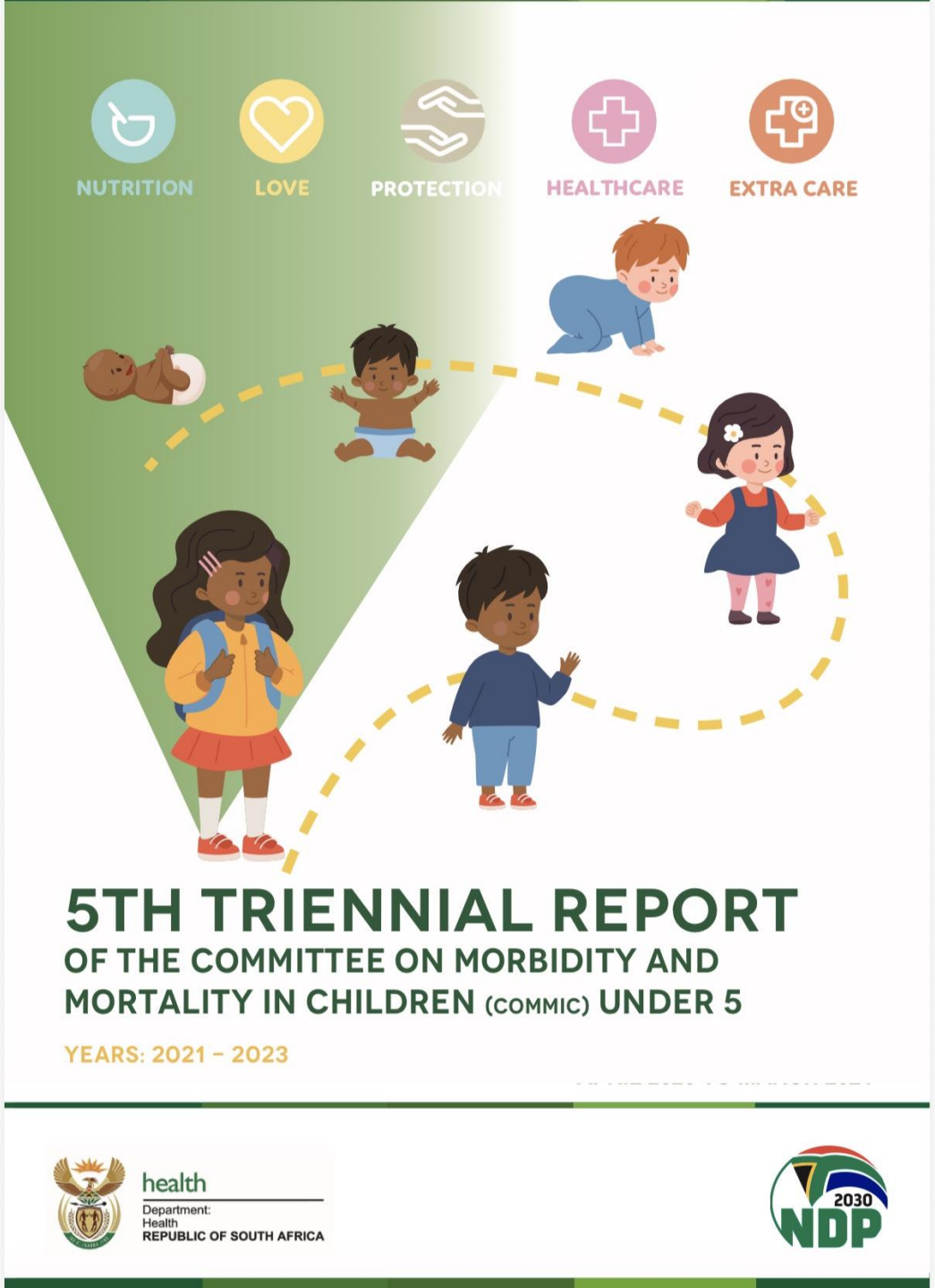



# COMMIC Triennial Report

## Provincial Accountability for implementing COMMIC recommendations

Dr NT Mbowane

20 October 2026

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# Introduction

- Provincial accountability for implementing CoMMiC recommendations is under severe scrutiny in South Africa.
- The Committee on Morbidity and Mortality in Children Under 5 Years (CoMMiC) is constitutionally and ministerially mandated to track child deaths and provide actionable interventions.
- However, the National Department of Health (NDoH) and the Public Service Commission (PSC) have noted that the ultimate shortfall is not the design of health programmes, but their flawed implementation across all nine provinces and accountability.

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# The Core Mandate vs. Institutional Inertia

- CoMMiC tracks major causes of childhood deaths.—such as severe malnutrition
- Its recommendations are geared toward standard healthcare implementation, clinical training, and nutrition tracking.
- South Africa’s provincial governments operate health systems semi-autonomously, provincial health departments are the direct "implementing agents" of these directives.
- Yet, continuous oversight has revealed systemic bottlenecks in provincial execution.

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# COMMIC: Core Policy Recommendations

Prevention, early recognition and management of SAM

Strengthen community and PHC services management of common childhood illnesses

Safe home and social environment

Civil registration systems

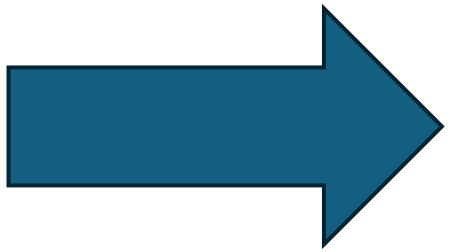
Barriers to entry to health

Caring of acutely ill children services

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# Introduction

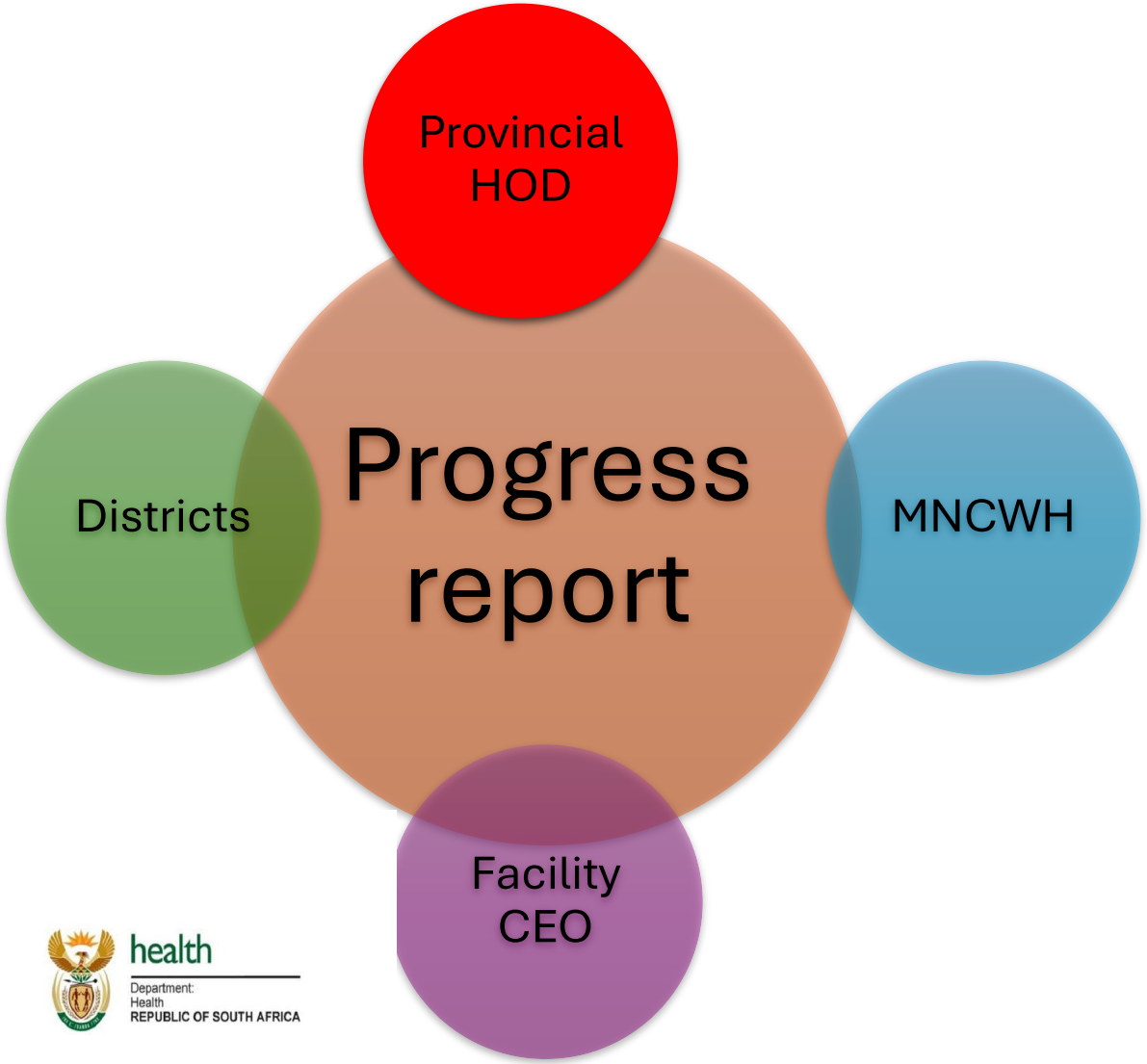
5th Triennial Report



6th Triennial Report Loading



# Responsibility and Information on the Progress Report



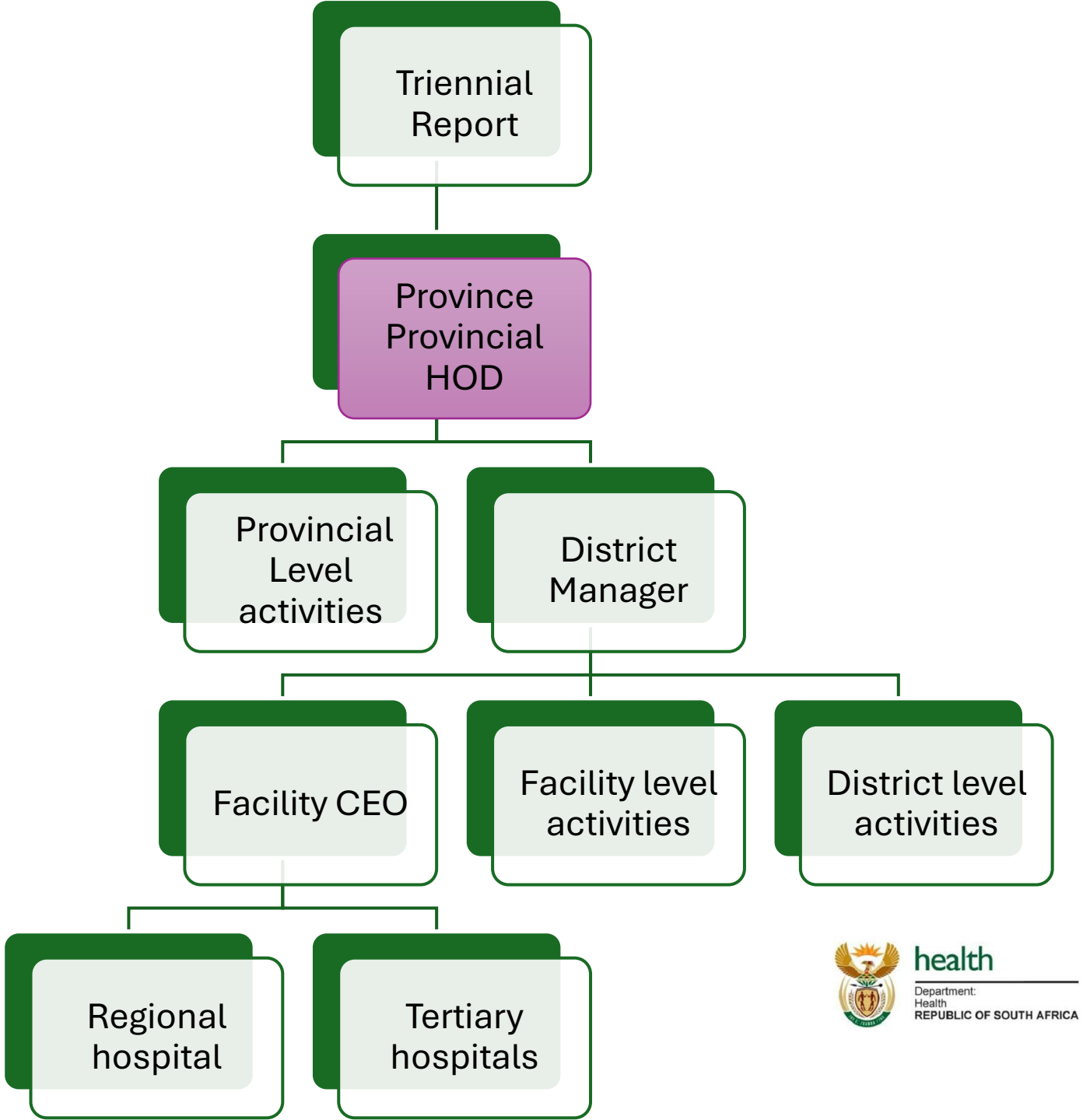

Submission every 6 months

January – June 1st REPORT

June to December 2nd REPORT

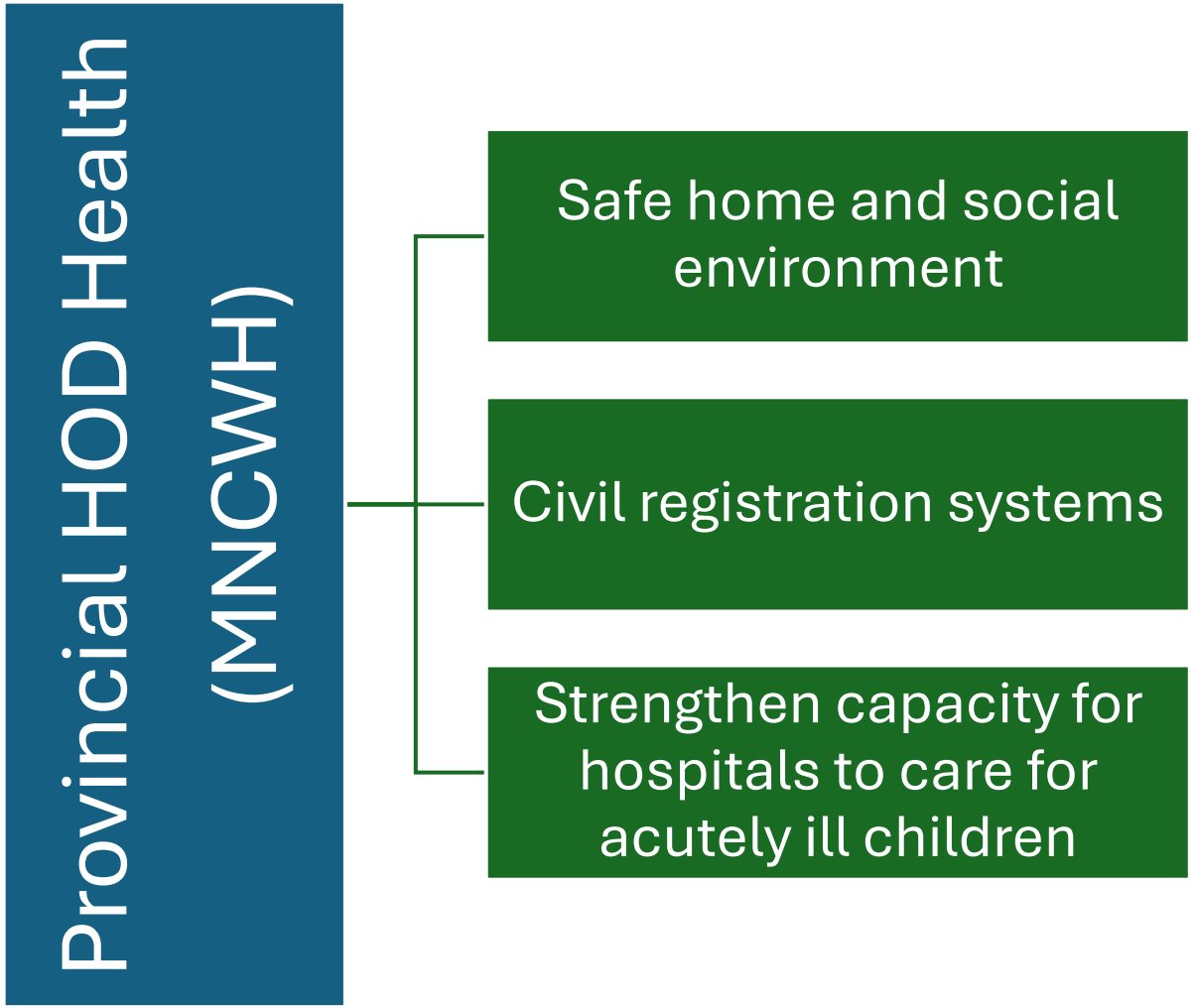
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# Responsibility assignment at different Levels of Care



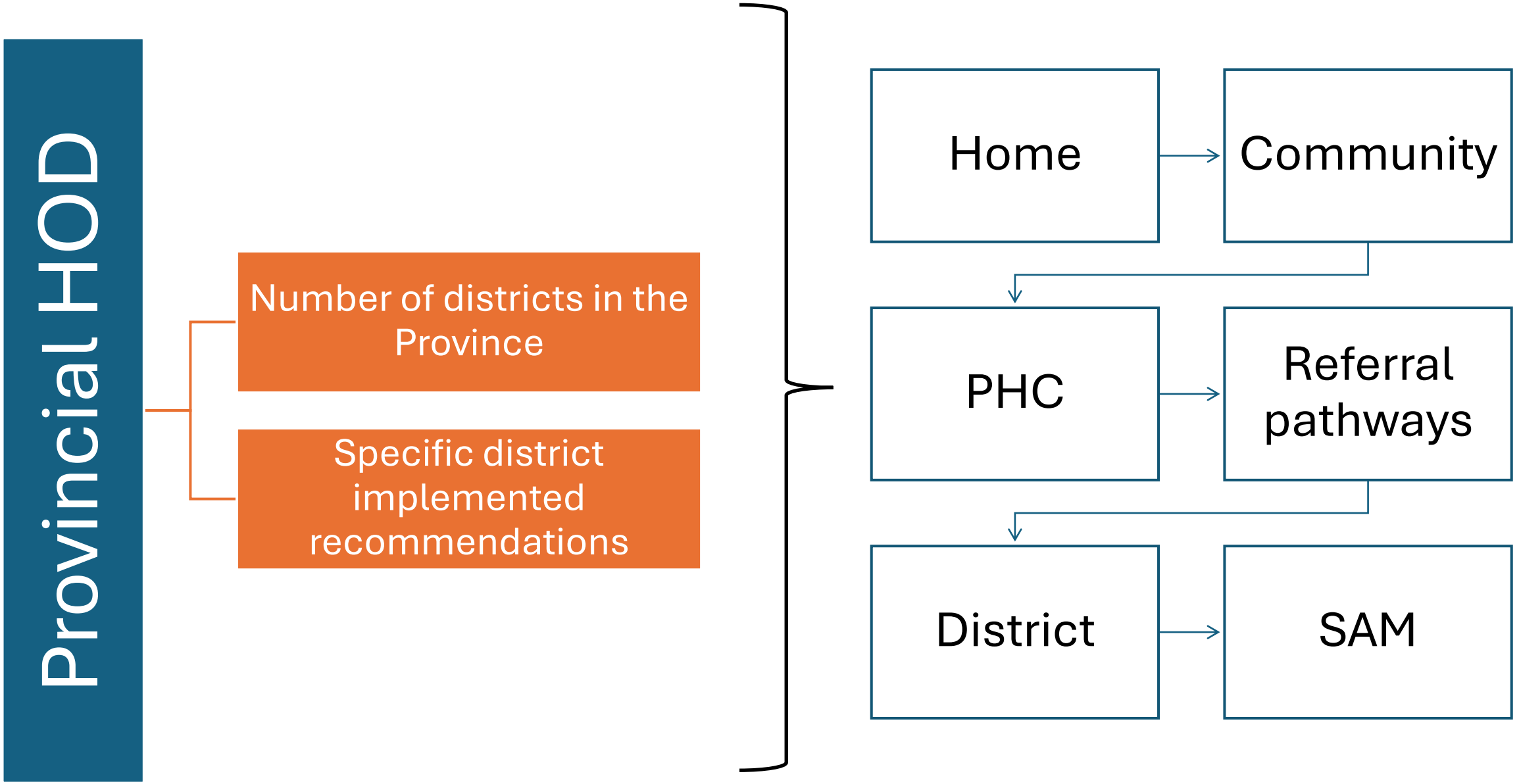

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# Provincial level of activity




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# District level of activities



# District Level

## Home

- Education
  - Safe home
  - Health pathways
  - Usage of RTHB
- Collaboration with municipalities
- Campaigns

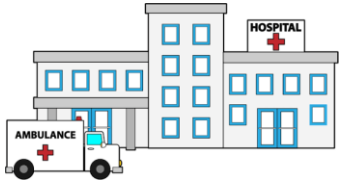
## Community

- Establish and strengthen CHW
  - Increase visibility and activity of CHW programs esp in maternal and child health.
  - Nutritional screening
  - Strengthen and allocate budget feeding programs
  - Identify social determinants within the district
- Road safety interventions at schools
- Engagement with community role players

# District Level



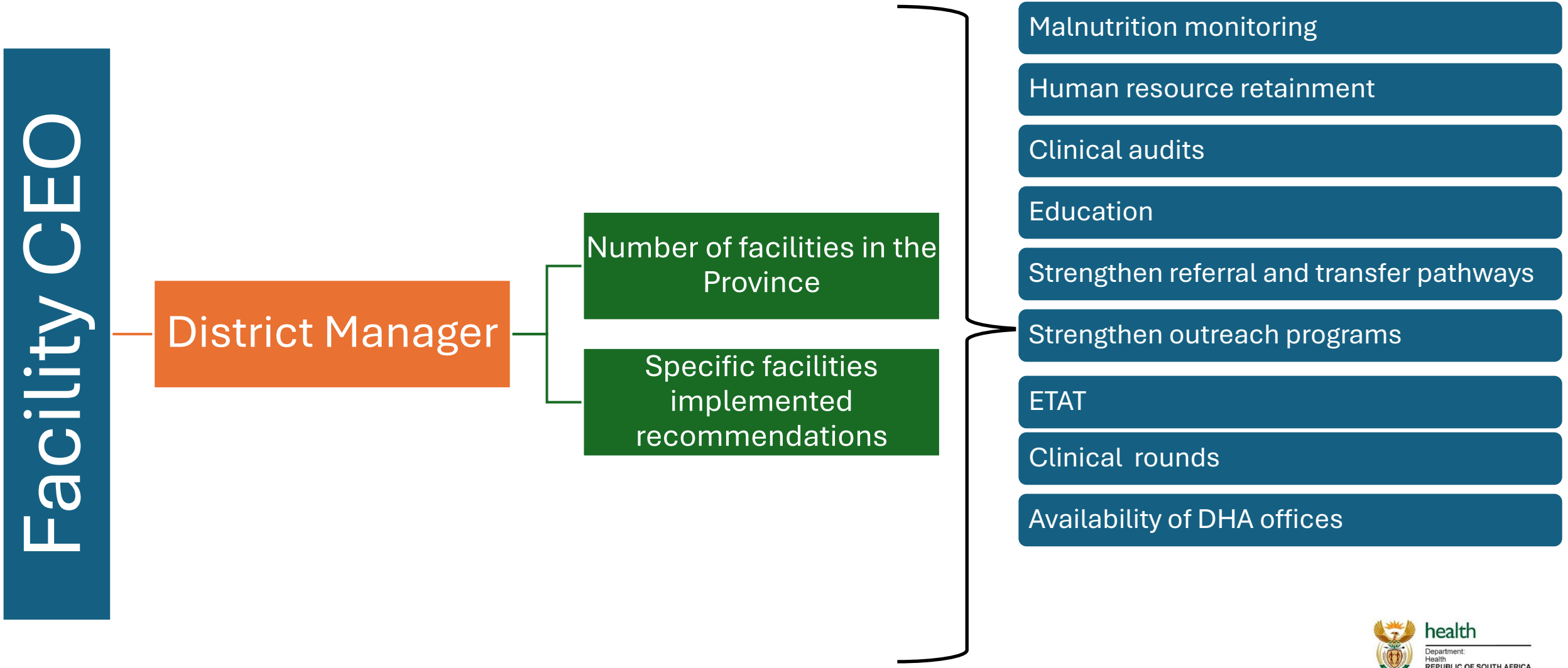
4. PHC
   - ❖Education
   - ❖Operating hours
   - ❖Transfer pathways
   - ❖Training and monitoring of IMCI implementation
   - ❖Use of vital monitoring
   - ❖Effective Outreach services
   - ❖Functional EMS
   - ❖Implementation of ETAT




5. District Hospital
   - ❖Implementation of ETAT
   - ❖Referral pathways

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# Hospitals




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# Key Barriers to Provincial Accountability

## Weak Consequence Management

- Public service regulations historically fail to hold specific health administrative officials individually accountable for job performance or negligence.

## Inadequate Capacity & Monitoring

- Many provincial and national departments fail to adequately monitor the direct performance of day-to-day service delivery activities.

## Resource Bottlenecks

- Disparities in paediatric critical care infrastructure, lack of specialized therapeutic food rollouts, and regional medical resource disparities persist across provinces.

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# Conclusion

- Primary objectives
- Systemic vulnerabilities
- Operational gaps
- Governance integration
- Actionability

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# Thank you

