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Can a new paediatric sub-specialty improve child health in South Africa?

To the Editor: David Hall (my previous Professor of Child Health in the UK, who always hoped to make a contribution to child health in South Africa) and others emphasise the importance of the child health approach in delivering healthcare for children.¹

The suggested sub-specialty would help to change the mindset of South African doctors from believing that paediatric care and child healthcare are the same. The former focuses on ill health (*ubisi seluchithekile* – ‘the horse has already bolted’), while the latter would suggest a more comprehensive approach to the needs of children, i.e. crisis intervention, prevention and health promotion. The health policy of the present South African government implies such an approach, although serious management constraints have prevented implementation.

The Health Development Institute (HDI), based in Mitchell's Plain, Cape Town, piloted a community-based healthcare model with a comprehensive approach to the provision of healthcare for children in backyard crèches.² The HDI undertook a major project to assess the needs of these children (physical, including dental). Among other findings, the survey identified service gaps for this population, and made suggestions as to how they could be bridged. This project demonstrated a community-based approach to healthcare of children by translating the individual needs of the child to the needs of the community by integrating clinical practice and population health. Sensitising family doctors to population health would also help them to appreciate the distinction between health inequalities (by and large influenced by personal lifestyles) and health inequities (influenced by social factors that require appropriate health, economic and educational policies to redress).³

However, the translation of clinical encounters to a population approach will require a pro-active public health discipline to complement such a paradigm shift for these family practitioners. Some years ago I raised this issue with Dr Hendrik Hanekom (then Secretary-General of the South African Medical Association) when I was serving on the Board of SAMA, suggesting the setting up of a public health consultancy within SAMA. Given that the objectives of SAMA include encouraging involvement in health promotion and education, and influencing the healthcare environment to meet the needs and expectations of the community by promoting improvements in health reform policy and legislation, such a sub-committee would enable SAMA to play its rightful role as the custodians of the nation's health.

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