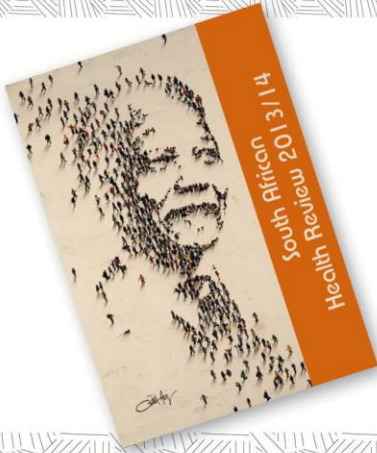




HEALTH SYSTEMS TRUST



SCHOOL HEALTH IN SOUTH AFRICA: REFLECTIONS ON THE PAST AND PROSPECTS FOR THE FUTURE SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 6 of the 2013/14 South African Health Review.

- To redress the inequitable school health services established by the apartheid regime, South Africa launched its National School Health Policy (NSHP) in 2003.
- The NSHP was under-resourced and poorly understood, and prioritised district-level implementation of health services above school and learner coverage, which resulted in universally poor reach. Application was also undermined by:
 - » systemic factors, such as the immaturity of the district health system, general nursing staff shortages and relative lack of referral services; and
 - » school health-specific factors, such as poor relationships between key stakeholders and among parallel health initiatives aimed at schools, a lack of transport for community-based outreach services, and poor managerial understanding of and support for the school health service.
- This failure in policy implementation prompted a rethink of school health and in 2009; school health received renewed attention with the introduction of new health and basic education policy reforms. The PHC Re-engineering Strategy, for example, recognised school health as a potential vehicle for achieving broader policy goals such as sexual and reproductive health.
- In 2012, South Africa's Integrated School Health Policy (ISHP) was launched to replace the NSHP in strengthening school health services. The ISHP is centred on:
 - » integrated involvement of the Departments of Basic Education (DBE) and Social Development (DSD);
 - » passionate advancement of the school health agenda, and the recognition of school health as a national priority programme;
 - » the number and scope of service package interventions being increased exponentially;
 - » more efficient management and co-ordination at all levels (national, provincial and district task teams; school-based support and school health teams);
 - » an increase in mass health screening assessments with extension beyond Grade 1 to additional grades;

- » the introduction of sexual and reproductive health interventions; and
 - » greater attention paid to psychosocial and mental health.
- Since the launch of the ISHP, all provinces have made progress in appointing School Health Teams, initially prioritising service provision to Quintile 1 and 2 schools. However, insufficient staffing of teams in some provinces has led to inequitable coverage and low quality of services.
 - School health service coverage levels in 2013 revealed that the ISHP implementation is not yet proceeding as envisaged. Nationally, fewer than half of all Quintile 1 and 2 schools have received services. Low availability of vehicles for use by school health teams reduces visits to Quintile 1 and 2 schools in distant areas.
 - With neither specific nor sufficient national, provincial and district budget allocations, school health competes against many other priorities and the significant shortcomings in staffing and infrastructure for the ISHP remain. The Finance Ministry announced a specific allocation for the HPV vaccine for R400 million over two years in 2014, but this favours only one of the ISHP interventions. The ISHP is unlikely to progress satisfactorily without dedicated funding, akin to a conditional grant, until provinces and districts can provide the full costs for school health services.
 - A World Bank global review on school health service provision assessed the ISHP against international trends; the policy contains both favourable and constraining elements when compared with international school health practices. These include:
 - » The strong focus and involvement of the DBE, and the intersectoral approach between health and education, is on par with international trends.
 - » The range of interventions contained in the ISHP aligns with international models, but fewer and more focused interventions would fare better.
 - » The significant increase in screening activities appears contrary to international practice which minimises these in favour of stronger health promotion and education foci.
 - » Unlike schools in the international setting, which tend to be fully programmed to provide sexual and reproductive health services, South African schools' governing bodies might withhold permission for these services, making South African adolescents more reliant on clinic-based sexual and reproductive health services.

SOURCE:

Shung-King M, Orgill M, Slemming W. School Health in South Africa: reflections on the past and prospects for the future. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

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HST welcomes comments on this publication.

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