Background and purpose

Severe acute malnutrition (SAM) among under-5 children in South Africa is a major public health problem and cause of mortality. This study will review the efforts South Africa has made towards reducing the SAM inpatient mortality since 2008.

Methods

We used a desktop review to identify national strategies, operational plans and activities between 2008 and 2015. The National District Health Information System data (DHIS) was used to evaluate trends in national CFR.

Findings

There was a substantial reduction in national CFR from 19.3% to 9.1% (53% reduction) between 2009 and 2015. We identified a number of initiatives that contributed to the improvement in the quality of care and outcomes of children admitted to inpatient care hospitals. These included policy shifts on infant and young child feeding (IYCF) in the context of HIV; strengthening of exclusive breastfeeding; strengthening the PMTCT programme and ART treatment programmes; implementation of standard WHO guidelines for management of SAM; development of a multi-sectoral implementation plan to strengthen nutrition-sensitive and specific interventions; and strengthened clinical care and governance through the district clinical specialist teams (DCST).

Conclusion

South Africa has made significant progress specifically targeting SAM in children under-5. However, malnutrition in South Africa will remain one of main contributors of residual under-5 mortality unless a coordinated effort to both reduce incidence of acute malnutrition and also address the underlying causes of chronic malnutrition through a multi-sectoral approach is scaled up.
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