

Child Health and Mortality Prevention Surveillance (CHAMPS)

South Africa

Role of Advisory Board
Opportunities for using data for action

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CHAMPS Site South Africa

- Site at Chris Hani Baragwanath Hospital
- Largest academic hospital in Africa
- 24 000 births per year
- Preliminary data: 1084 deaths eligible for MITS
- 739 MITS cases
- 392 DeCoDe panel complete



Soweto
Johannesburg



CHAMPS Scientific Advisory Board

- established 9th December 2016
- meet 2-3 times per year
- purpose: appraise progress of CHAMPS in South Africa
advise on specific challenges and using data for action
- representatives:
 - Paediatrician neonatal ICU/ Head of Department Paediatrics
 - Obstetrician – District Health Team
 - Head of Department – Obstetrics Hospital
 - Advisor to Ministry of Health – Epidemiologist
 - Specialist in the Child and Youth Health Directorate in the Ministry of Health
 - Paediatrician from Ministerial Committee on Child Morbidity and Mortality (recommends interventions for the DoH related to child health).
 - Representatives NICD / PHI – surveillance and public health



CHAMPS Data to action – multiple levels

Community

- Reporting pertinent results to families
- Reporting aggregate findings to communities
- Community Advisory Board
- Joint agenda setting
- Upstream change agents
- Implementing strategies to reduce nosocomial infections
- Deaths in community ?

Advisory Board as Advocates

- Presenting findings during hospital mortality reviews
- Ministerial Committee on Child Morbidity and Mortality
- Incorporating CHAMPS surveillance findings in national child mortality reviews
- Analyzing CHAMPS data to inform national vaccination policies
- Perinatal Problem Identification Programme (PPIP)
- Child Healthcare Problem Identification Programme (Child PIP)

Globally

- Incorporating CHAMPS surveillance findings in international child mortality analyses
- Open access to data
- Setting international priorities for achieving SDG targets

Pre-pregnancy → Pregnancy → Birth → Postnatal → Childhood

Stakeholder engagement- “PICK CHAMPS”

1. Soweto Undertakers Association
2. Local media outlets, e.g. newspapers, radio stations
3. Ward Committee Members introduced by ward councillors
4. Station commander of the Soweto Police
5. Youth Forum:
6. Health Promoters:
7. Department of Environmental Health
8. Pick It Up
9. Traditional Healers Associations
10. Faith Based Organisations
11. Early Child Development (ECD) Centres
12. NGO`s
13. South African National Counselling of Alcoholics (SANCA):
14. Department of Social Development (DSD):
15. Department of Community Development

Key Observations at CHAMPS SA Site

- Two-thirds of parents approached consented to MITS.
- Leading underlying CoD “Complications of prematurity” (52.9%), “Complications of intrapartum events” (15.0%), “Congenital malformations” (13.1%) and “Infection related” (9.8%).
- Infectious causes immediate CoD in 70.4% (58/81) of neonates with “Complications of prematurity” as the underlying cause.
- Overall, 74.4% of 90 infection-related deaths were hospital-acquired; mainly due to multi-drug resistant *Acinetobacter baumannii* (52.2%), *Klebsiella pneumoniae* (22.4%) and *Staphylococcus aureus* (20.9%).
- *Streptococcus agalactiae* was the most common pathogen (5/15; 33.3%) among deaths with “infections” as the underlying cause.
- 57% participants agreed that any procedure (including MITS) conflicting with the burial practices of a religious tradition should not be conducted unless there are ways of appeasing the ancestors by performing certain rituals.
- Plan to pilot control measures to mitigate hospital-acquired infections at CHBAH.

Thank you

- Acknowledgments CHAMPS Team – local and international
- Families who have lost a child
- IANPHI