Tuberculosis, inequality & social justice in South Africa

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Overview

- General background about tuberculosis (TB)
- TB in RSA
  - Overall statistics
  - Evidence of inequality and social justice as drivers of TB
- Addressing TB - a holistic view
- Conclusion

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What is TB and why does it matter?

- Infectious disease caused by *Mycobacterium tuberculosis* bacteria
- Transmitted via droplet infection from people who have active disease
- Has significant health impacts
  - morbidity- make it difficult to work or lead a normal active life
  - psychological impact (internal and external stigma)
  - organ damage:- lung tissue, bone, and central nervous system
  - mortality especially in HIV infected individuals, young children and the elderly

- **But** TB is preventable & curable

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TB in South Africa

- Among 22 high TB burden countries
- Highest TB prevalence and incidence rates globally in 2013 at 715/100,000 and 860/100,000 respectively
- Among 27 high multidrug resistant TB burden countries
- High rate of HIV co-infection ~ 62%
- High mortality (48/100,000 HIV –ve and 121/ 100,000 HIV +ve in 2013)

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Risk factors for TB

- **Biological**
  - Immunosuppressive conditions:- **HIV infection, malnutrition,** cancer, treatment for other conditions
  - Young children, the elderly
  - Comorbidity:- diabetes mellitus, **silicosis**
- **Behavioural**
  - Smoking
  - Alcohol
- **Socio-economic**
  - poor living conditions (crowding, poor ventilation)
  - Indoor air pollution
  - poor access to healthcare
  - poor quality of healthcare
- ***Other factors**
  - Poor levels of knowledge about health/disease/TB

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Inequality & social justice: impact on TB in SA

- Historical context
  - TB quickly spread in the “black” community due to poor living conditions mainly driven by the conditions in the mines
  - Spread to Southern Africa when ill miners were repatriated back to their homes
  - Pre-1994 access to healthcare, and adequate living conditions were based on racial lines
    - In 1986, the rates of TB were recorded at 20/100 000 for whites and 300/100 000 for “coloureds”
  - Today TB still remains largely a disease of the less privileged and marginalised

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TB, inequality & social justice: socio-economic factors

RSA is one of most unequal societies globally

- World Bank Gini index ~ 0.65 in 2014 up from ~ 0.58 in 2010

- **Epidemiological profile of health conditions associated with poverty and deprivation including TB are clear indicators of inequalities**

- TB hotspots within affluent settings
  - Khayelitsha, Cape Town, Western Cape
  - Tugela Ferry, Msinga sub-district, KwaZulu Natal

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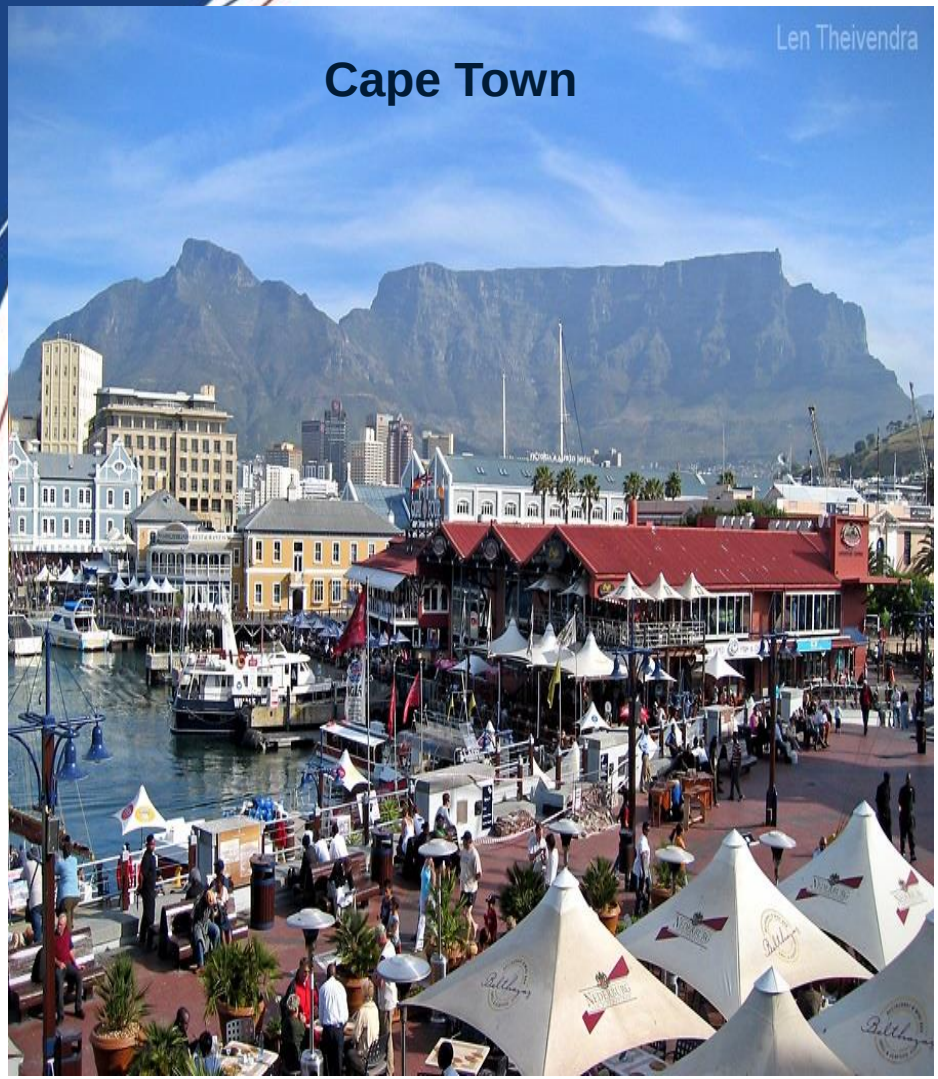
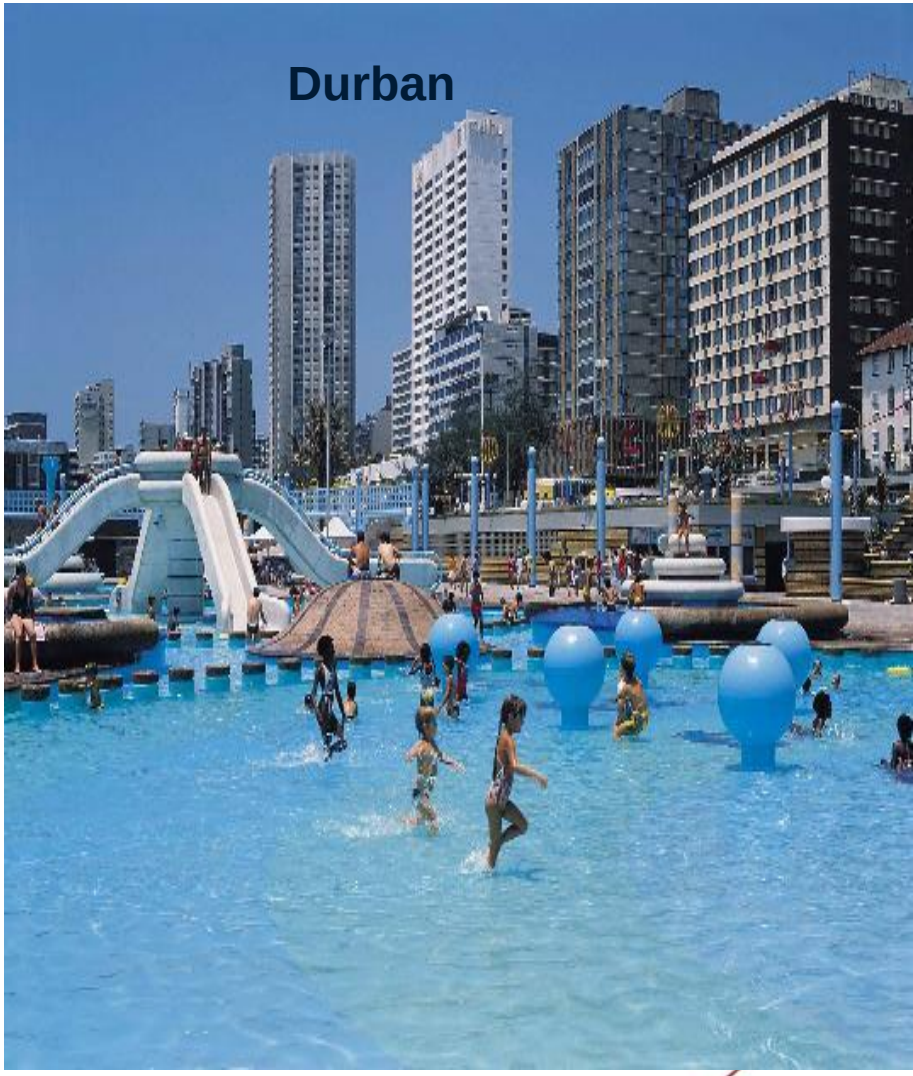


Durban



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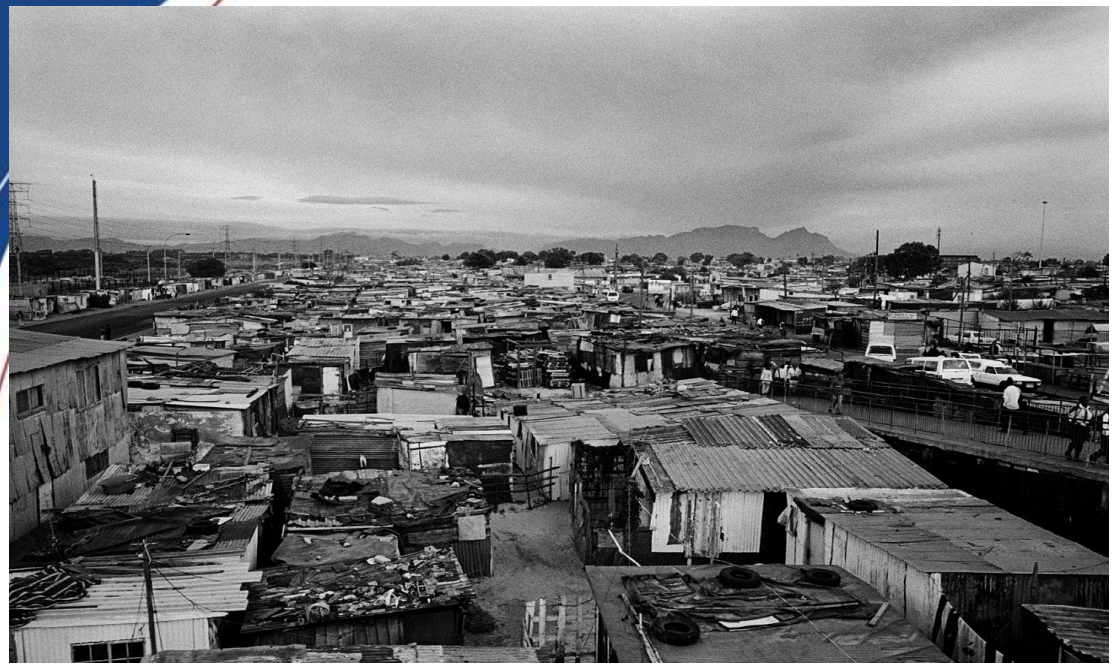
TB inequality & social justice: socio-economic factors



Khayelitsha, Cape Town

- Poor urban township
- TB notification rate ~ 1,500 per 100,000 people per year
- 38% of residents aged 15–64 years unemployed in 2011

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TB, inequality & social justice: socio-economic factors

Tugela Ferry, KZN

- MDR-TB outbreak in 2005
- Burden-TB case rate >1,000/100,000
- Unemployment rate > 85%
- Greater than 30% HIV in antenatal attendees

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TB, inequality & social justice: access to health care services

Limited access to health care services

- Crowding in public health care facilities
- Inadequate infrastructure

"……many rural hospitals and clinics are in desperate need of infrastructure upgrades to improve ventilation and waiting areas". Dr Indira Govender, Rural Doctor's Association of South Africa
NSP review Edition 10, June 2014

Long waiting times in public health clinics

High staff turnover

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TB, inequality & social justice: limited income

- Adherence to and completion retreatment (treatment can be 6 months, 9 months, 24 months) is important for TB control

- Introduction and expansion of social grants including grants for TB patients is significant in supporting TB care, but it needs further improvement

- ***"……I am unemployed so I sometimes skip treatment because of not having food."***

"…I do not receive the grant despite living with TB and HIV.."

"The only thing that hinders me from taking treatment is the fact that ambulances sometimes do not come to take us to Fort Grey…"

"..I also stopped going for the monthly reviews because I do not have money for transport to Fort Grey hospital".

- Patients diagnosed with MDR-TB in the Eastern Cape (NSP review Edition 10, June 2014)

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TB, inequality & social justice: catastrophic costs

- Poorest people incur greatest TB related cost Foster *et al*, 2015
- Both direct and indirect costs

- South African national burden of disease 2000 TB accounted for up to 4.7% YLL

- Ataguba *et al*, 2011, the General Household Surveys -the burden of the major categories of ill-health and disability is greater among lower than higher socioeconomic groups

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TB, inequality & social justice: accessing novel high quality treatment options

- MDR-TB difficult to treat
- MDR TB: 43% cure rate, XDR TB: <10% cure rate
- Drugs have severe side effects including deafness
- New drugs offer cautious hope, but are not available in public health facilities
- Can be accessed privately at a high cost

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Addressing the impact of inequality and social justice on TB

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WHO End TB strategy: Principles

- Government stewardship and accountability, with monitoring and evaluation
- Strong coalition with civil society organizations and communities
- **Protection and promotion of human rights, ethics and equity**
- Adaptation of the strategy and targets at country level, with global collaboration

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End TB strategy: Pillars & Components

1. Integrated and patient-centred care and prevention

Already part of South African TB Control programme

2. Bold policies and supportive systems

- A. Political commitment with adequate resources for tuberculosis care and prevention
- B. Engagement of communities, civil society organizations, and public and private care providers
- **C. Universal health coverage policy**, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
- **D. Social protection, poverty alleviation and actions on other determinants of tuberculosis**

South Africa is moving towards National health insurance,PHC re-engineering

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3. Intensified research and innovation

Conclusion

- Success in the control of TB requires a holistic approach
  - medical interventions
  - Addressing of inequality
  - ensuring social justice for all

- WHO End TB strategy addresses both medical and social interventions

- South Africa should increase capacity to adequately address both factors

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- Mariella Furrer photography: www.mariellafurrer.com

- Gerald Friedland MD; The rise and fall of XDR TB in Tugela Ferry –how we did it_ 3rd RSA TB conference

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