

# THE IMPACT OF HIV/AIDS

## on the health sector

By Olive Shisana



**A**lmost half of all South African hospital patients, 46.2%, are HIV positive, while 15.7% of the health workers who care for them are also living with the virus.

These are some of the findings of a joint HSRC and Medical University of SA (Medunsa) study into the impact of HIV/AIDS on the health sector, entitled *The Impact of HIV/AIDS on the Health Sector: National Survey of Health Personnel, Ambulatory and Hospitalised Patients and Health Facilities 2002*. It is based on a representative sample of 222 public and private health facilities country-wide, and interviews with 2 000 staff – from specialists to cleaners – and 2 000 patients.

The National Department of Health (NDOH) identified the need for a study – the first of its kind – to measure the impact of HIV/AIDS on the South African health sector

to inform future planning on policy and programme development.

The HSRC and Medunsa successfully bid for a tender to conduct the research for the NDOH, who funded the study together with the US Centers for Disease Control and Prevention. The Department worked closely with researchers by providing technical support during the study.

Since the completion of the report, the Department has been using the information to inform planning and programme interventions, in particular regarding the implementation of the Operational Plan for the Comprehensive HIV and AIDS Care, Management and Treatment for South Africa.

The report has been distributed to key stakeholders by the HSRC, as agreed with the NDOH. The report is made up of different sub-studies, investigating:

- HIV/AIDS prevalence among health workers and patients (anonymous HIV tests);
- the impact of HIV/AIDS on health workers;
- the impact of HIV/AIDS on the health services;
- AIDS mortality among health workers.

## MAIN FINDINGS

### HIV/AIDS prevalence among health workers and patients

Data for this study was collected from anonymous saliva-based HIV tests of health workers and patients in the Free State, Mpumalanga, KwaZulu-Natal and North West.

An estimated 15.7% of health workers in public and private hospitals were found to be HIV positive. However, among those aged 18–35, the prevalence was 20.0%. Single African nurses were found to be most at risk. A total of 28.0% of patients attending public and private health facilities, including clinics, tested positive for HIV antibodies. However, this figure jumped to 46.2% at public hospitals and 36.6% in the private sector.

### The impact of HIV/AIDS on health workers

HIV/AIDS is taking its toll on health workers through illness, absenteeism, low morale and an increased patient load. Some 16.2% of staff had been treated for stress-related illnesses, and the majority of these had to take sick leave. Over a third (33.8%) of health workers said they had low morale caused by stressful working conditions, heavy patient workloads, staff shortages and low salaries.

Some 73% of health workers reported that their workload had increased in the past year. Professionals felt this burden most acutely, with 81% reporting an increased burden. About a third of workers reported that their workloads had increased by 75% over the past year.

### The impact of HIV/AIDS on the health services

Patients with HIV/AIDS stayed in hospital for an average of 13.7 days, in comparison to the 8.2-day average of HIV negative patients. In district hospitals, the average stay for HIV positive patients was 20.3 days in comparison to 5.2 days for HIV negative patients. A longer stay means greater cost.

Based on medical admission records, there has been a large increase in HIV/AIDS-related admissions between 1995 and 2000. However, there has not been an overall increase in the total number of admissions. The fact that there are more AIDS patients but not more hospital admissions suggests that non-AIDS patients have been 'crowded out' by AIDS patients. This is particularly the case in public hospitals, which operate at 80–90% occupancy rates in comparison to private hospitals, which had an average bed occupancy of 54% in 2000.

Despite the fact that there has not been a marked increase in admissions, the vast majority of health workers believe that their

workload has increased. This may be because AIDS patients are generally sicker and need a lot more care than other patients. Some 80% of facilities said that they needed more staff to cope with the HIV/AIDS epidemic, with the greatest need being expressed in public hospitals.

Only 42.4% of health facilities had their own HIV/AIDS policies, while only 19.3% of managers had ever seen the government's national 2000–2005 HIV/AIDS strategy. More encouraging, however, is the fact that 66.5% of health workers had access to the Department of Health guidelines on HIV/AIDS care.

Three quarters of private facilities never had HIV testing kits in stock, while this figure was 59.2% for primary health facilities and 32.1% for public hospitals. Only 65% of health facilities had adequate sterilising equipment, with 30% of primary health care facilities reporting that they never stocked such equipment. This indicates that patients are at risk of getting infections in hospitals.

TB treatment was generally widely available, but antiviral agents for the treatment of serious opportunistic infections such as cytomegalovirus and herpes were not generally available.

### AIDS mortality among health workers

There is very little information about AIDS mortality among health workers.

An estimated 13% of health workers died from HIV/AIDS-related illnesses from 1997 to 2001. This figure is based on a sample of mortality figures from between 1997 and 2001

provided by Statistics SA. According to an analysis of these figures, 5.6% of health workers died of AIDS-related illnesses, while a further 7.5% died of AIDS-related TB. However, it is difficult to come up with accurate figures using death notification as stigma and fear that insurance companies will not pay out has driven families to hide the cause of death.

## RECOMMENDATIONS

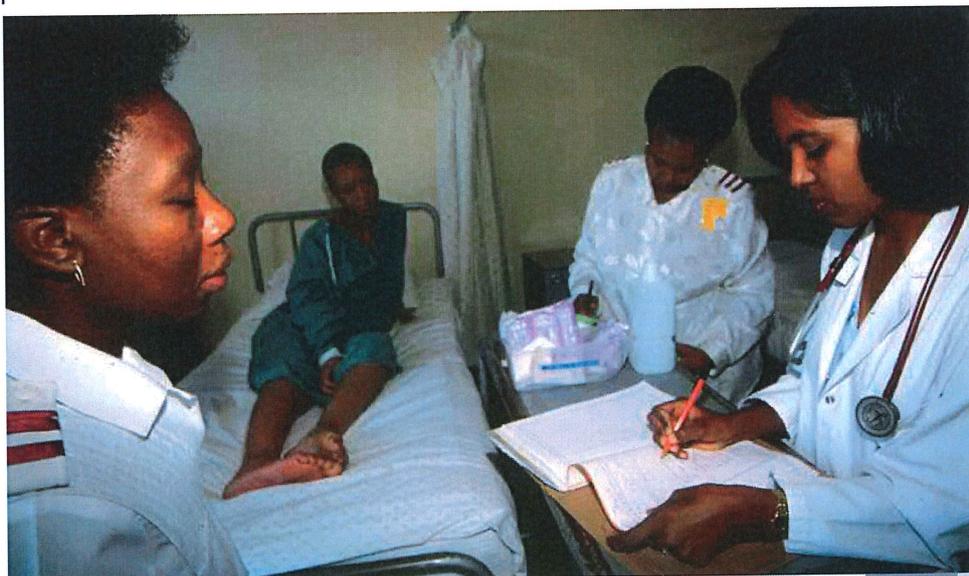
If South Africa is to manage HIV/AIDS properly, it is necessary to develop a national treatment plan to reduce the burden on the health sector. This plan needs to include HIV/AIDS treatment guidelines, training health workers to manage HIV/AIDS, improving staff-patient ratios, ensuring supplies and drugs are available and ensuring that all health facilities have the government HIV/AIDS strategy. This report has been useful in planning the roll-out of the ARV programme.

In addition, government needs a human resource plan for the health sector that includes training more nurses to compensate for AIDS-related deaths. This is a matter that the Department may take up with its provincial departments.

The HSRC and its research partners have provided the department with empirical evidence to inform its policies and short- to medium-term interventions. •

For further details on the report, see back cover.

*Dr Olive Shisana, the principal investigator of the report, is the Executive Director of the HSRC's Social Aspects of HIV/AIDS and Health (SAHA) Research Programme.*



# HSRC review

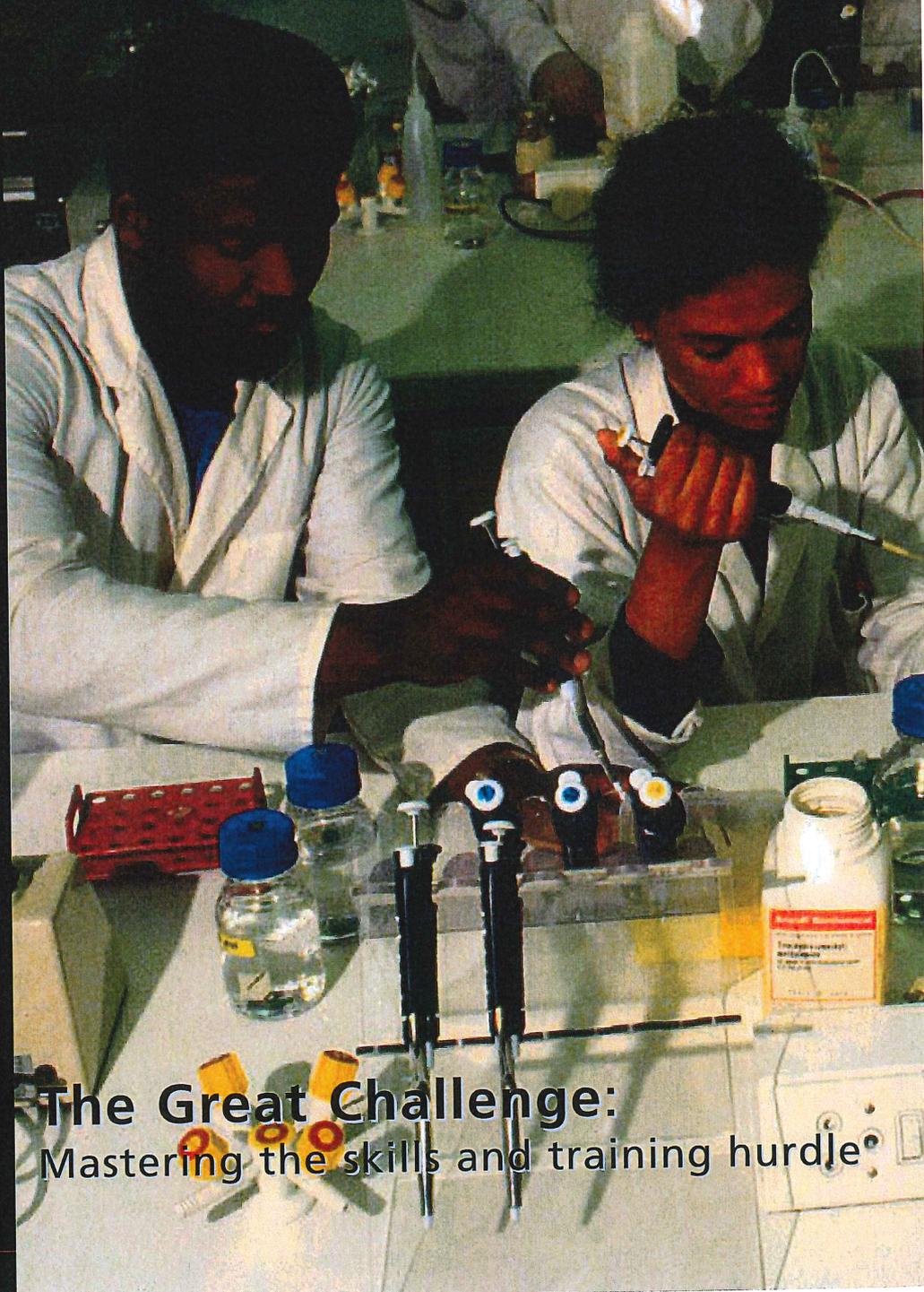
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**The Great Challenge:**  
Mastering the skills and training hurdle