

**MEDIA RELEASE
BY CHRISTIAN DEMOCRATIC ALLIANCE (CDA)**

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HEALTH STATUS OF SOUTH AFRICA

The CDA has called upon the minister of health to provide of clear indication of her plans to improve the health status of South Africa, and for this to be done prior to the 2009 elections.

"There are a variety of indicators in the 2008 Health Status report that are alarming," said Councillor Linda Pretorius, CDA spokesperson on Health, "and the manifesto of the ANC has said very little about addressing the real issues at hand."

"Considering the warning signs in the report released in December last year," said Pretorius, "Zuma and the ANC have been reckless and irresponsible in their blasé approach to healthcare, reflected in the ANC manifesto."

For this reason, the Christian Democratic Alliance is now demanding a comprehensive and detailed report by the Minister, laying out actual, tangible plans for the holistic improvement of our nations health status.

"We are one of only twelve countries in the world that have an increasing child mortality rate as a result of the AIDS epidemic," she said, "and political rhetoric is not going to save any lives."

Healthcare is the most basic expression of care for people and the CDA believes that the essentials now need to be put in place with urgency before we have to pay a long term economic price.

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Reference article below.

Measuring the health of a nation
10.12.2008 Kerry Cullinan <http://www.health-e.org.za>

Despite improvements in living conditions over the past decade, the health of South Africans has worsened, according to the SA Health Review 2008 which was launched last night (Dec 10) in Pretoria.

"There have been clear improvements in access to water and sanitation, services that are essential for good health," reports researcher Debbie Bradshaw.

In 2001, around 13.6% of houses had no toilets but by 2007, this was down to 8%. But in the Eastern Cape, a quarter of homes still don't have toilets.

Progress has also been made to eliminate shacks, with a decline in informal housing from 16.4% in 2001 to 14.4% in 2007. Africans were three times more likely to live in shacks than any other race group.

However, the country's very high HIV/AIDS rate is the main factor causing the worsening of people's health.

The change in the death patterns of South Africans best reflects the effects of AIDS.

Between 1997 and 2005, there has been "a relentless increase in the young adult and child deaths", according to Bradshaw. It is "particularly pronounced" in young women aged between 30 and 34, with a four times higher death rate in 2005 than 1997.

One in four deaths are now caused by infectious diseases, particularly tuberculosis which most commonly occurs with HIV. TB is worst in KwaZulu-Natal.

There has been a definite increase in deaths of young children, with around 69 per 1000 dying before they reached the age of five. By 2000, over a third of these deaths were AIDS-related.

South Africa is one of only 12 countries in the world where child mortality is getting worse as a result of "the unfolding HIV and AIDS epidemic without an effective prevention programme".

Maternal mortality – deaths of women while pregnant, in labour or shortly after giving birth – has also worsened. In 1998, around 117 women died per 100 000, but by 2004 this had increased to 147.

The single biggest cause of the increase was "non-pregnancy related infections, mainly HIV/AIDS, tuberculosis and pneumonia".

By changing from a single ARV to dual ARV programme for pregnant women with HIV, "combined with a much more aggressive identification of pregnant women deserving antiretroviral therapy" can reduce babies' infections as well as save their mothers' lives.

In addition, poverty (definition?) has worsened by 10% between 1996 and 2006, with 43.2% of households now classified as poor. In addition, a survey conducted in 2005 found that slightly more than half of all households experienced hunger.

The top three risks factors for South Africans likely to lead to death were unsafe sex, interpersonal violence and alcohol use.

Sex is the most common way that HIV is spread, and its effects have been well documented.

In 2007, about 15% of deaths were due to "unnatural causes", mainly due to homicide, violence and accidents. By 2000 South Africa had a homicide rate that was seven times higher than the world average.

In 2007, substance abusers were most likely substance to be addicted to alcohol (39%) followed by cocaine (23%). In the Western Cape, the drug of choice was methamphetamine (tik), with 36% of addicts naming it as their top craving.

By 2003, a staggering one in five men (21.4%) admitted to "alcohol dependence", with almost a third of coloured men "dependent drinkers".

Meanwhile, government's efforts to curb smoking are paying off, with a 10% decline in tobacco use between 1993 and 2003, down to slightly more than one in five people now smoking (22.4%).

However, the annual increase in public health funding between 2004 and 2011 is projected to be around seven percent, which means that funding has barely kept pace with inflation.

However, district health services are estimated to grow by 8.2 percent, and infrastructure spending by 19.4 percent, largely as a result of the hospital revitalisation programme.

There are big differences in spending between districts. The best funded district is Namakwa in Northern Cape, which spends R633 per person without medical aid over the past year. This was more than three times more than the worst district, Lejweleputswa in the Free State, which spent R191 per person. Alfred Nzo in the Eastern Cape comes a close second to last, spending R198 per capita.