

Press Release

For immediate release



SOUTH AFRICAN
INSTITUTE OF
RACE RELATIONS

South Africa's Leading Research and Policy Organisation

www.sairr.org.za

2 November 2012

Media Contact: Lerato Moloi

Tel: 011-482-7221

E-mail: lmoloi@sairr.org.za

South Africa's war against TB

In 2010 South Africa had a tuberculosis (TB) incidence rate of 981 per 100 000 people. The only country with a higher rate was Swaziland at 1 287 per 100 000. The United Arab Emirates had the lowest rate at 3 per 100 000. This is according to an analysis of international TB data conducted by the South African Institute of Race Relations.

Lerato Moloi, a researcher at the Institute, said that Swaziland and South Africa have in common high proportions of people living with HIV. Swaziland has the highest proportion in the world of 15 to 49 year olds who are HIV positive, at 26%. South Africa is fourth after Botswana and Lesotho, at 18%. In 2009 the World Health Organisation (WHO) reviewed South Africa's national TB control programme and found that in several parts of the country more than 70% of people infected with TB were also HIV positive.

In April 2012 the Government launched a three-year health plan to treat TB alongside HIV for the first time, with the aim of halving the TB death rate by 2015. (According to the Health Systems Trust, the death rate was 230 in 2007.) The plan is for each person infected with TB to be treated with antiretroviral drugs (ARVs), regardless of their CD4 count (a measure of the cells responsible for activating the body's immune system and protecting it against infection). (In the public healthcare system HIV positive patients without TB are given ARVs only when their CD4 count drops below 350.) It is projected that approximately three million people will be placed on ARVs by 2015 in terms of the new anti-TB plan.

However, according to the WHO, South Africa's TB problem is more complex than simply diagnosing and treating the disease. Ms Moloi said that the increase in multidrug resistant (MDR) TB cases was a threat. Research published in the *Lancet* medical journal in August 2012 suggests that MDR TB is becoming increasingly prevalent in Africa, Asia, Latin America, and parts of Europe.

MDR TB is 200 times more costly to treat, and has severe side effects such as deafness and psychosis. In addition, it takes up to two years to treat, resulting in a higher likelihood of patients' defaulting on their medication. Defaulting on MDR TB treatment can lead to extensively drug resistant (XDR) TB.

Ends