

Stats SA Mortality Report shows that we need to improve access to HIV and TB treatment

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Statistics South Africa released the Mortality and causes of death in South Africa, 2006: Findings from death notification report last week. The statistical release presents data on mortality and causes of death based on all death notification forms received from the Department of Home Affairs for deaths that occurred in 2006.

The previous mortality report included deaths up to and including 2005. This one updates that report by including 2006. The report confirms the effects of the HIV epidemic that have already been shown in previous mortality reports:

- Most South Africans are dying in the age-group 30-39.
- The three leading causes of recorded death, TB, pneumonia and influenza and intestinal diseases, have increased several-fold over the last decade. As the report states, it provides "indirect evidence that HIV may be contributing to the increase in the level of mortality for prime-aged adults, given the increase in the number of deaths due to associated diseases."
- The number of female deaths has gradually reached the number of male deaths over the last decade. In 1997, 56% of recorded deaths were male. In 2006, 51% of deaths were male.
- Deaths have increased dramatically over the last decade, well beyond what one would expect from population growth and improved registration. In 1997 there were 316,559 recorded deaths. This grew by 92% over the next decade to 607,184 in 2006. The steep rise in infant deaths over the last decade is particularly concerning and not easily explained. Interestingly, unnatural deaths (accidents, murders etc) have declined slightly in this period.

The ASSA2003 demographic model developed by the Actuarial Society of South Africa (ASSA) estimates the number

of HIV-related deaths to be in the region of 350,000 in 2006, or nearly half of all deaths (including unrecorded ones). ASSA and other demographers will hopefully be able to use the Stats SA mortality data to update their models and describe the epidemic with even greater detail and accuracy.

The rate at which deaths are increasing is slowing down. This indicates that AIDS-related mortality is peaking, albeit at an extremely high number. The rollout of ARV treatment to several hundred thousand people has had a striking impact on mortality and helped to stabilise it. This is a vindication of the effort that has gone into demanding and implementing the ARV programme.

Nevertheless, the trebling of recorded TB deaths over the last decade and the huge effect of HIV on mortality, including infant mortality, shows that despite the numbers on ARV treatment, deaths are still extremely high. We have not yet provided treatment to enough people to reduce the burdens of disease and death on the public health system; we have only slowed their growth. That is why we call on the Minister of Health and the South African National AIDS Council to take urgent action to increase the numbers of people on treatment and improve uptake of all components of the mother-to-child HIV transmission prevention programme. Our high mortality due to TB is unnecessary- TB is an entirely curable disease. TB and HIV services must be integrated and people with HIV should be screened for TB every six months and people with TB should be offered HIV tests routinely.

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