



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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INTERNAL MEMO

Date:	1 June 2020		
To:	The Honorable Dr ZL Mkhize, Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

IMPACT OF COVID-19 ON NON-COVID HEALTHCARE UTILISATION

Problem Statement

How is COVID-19 impacting health care utilisation for non-COVID conditions?

Task to Committee

To provide an assessment of the impact that COVID-19 and its response is having on health care services for conditions other than COVID-19

Evidence review

- **Tuberculosis (TB):** There were 300 000 cases of TB in 2018 in South Africa. Those with TB are treated for at least 6 months in the case of drug sensitive TB, or 9-18 months in the cases of Rifampicin-Resistant (RR) TB. Prior to the COVID-19 pandemic, it was estimated that approximately 70 000 cases were missed in South Africa in 2018 (i.e. undiagnosed and untreated). Most TB diagnoses are made using the GeneXpert test on a sputum specimen. The COVID-19 level 4 and 5 restrictions have resulted in an estimated 48% average weekly decrease in GeneXpert testing volumes while the number of persons tested positive for TB has declined by 33%¹. The implications of undiagnosed TB are serious and will compromise past successes in reducing the burden, morbidity and mortality associated with TB and RR-TB.
- **HIV:** There are estimated to be 7.6 million people living with HIV (PLWH) in South Africa. Over 4.5 million of those infected are on antiretroviral therapy (ART). An HIV viral load is performed annually on all PLWH as a measure of treatment success. There has been a 17% decline in the number of HIV viral loads performed, as well as, a decrease in HIV testing and initiation of ART. According to reports from MSF, in Khayelitsha the data shows ART initiation has halved in March 2020 and more than halved in April 2020. The implications of decreased ART initiation and declining monitoring of PLWHIV on ART includes the possible increase in viral resistance, increase in transmission of HIV and

¹ <https://www.nicd.ac.za/diseases-a-z-index/covid-19/surveillance-reports/>

increase in HIV-related complications including TB and other life-threatening opportunistic diseases such as cryptococcal meningitis.

- **Immunisation:** The Expanded Program for Immunisation (EPI) provides immunisation against eleven vaccine-preventable diseases, most of which are given in the first year of life. A decline in the proportion of immunised children will result in a decline of herd immunity. The R_0 of measles is estimated at around 14. Outbreaks of measles can occur when less than 90% of children are immunised. During time of crisis, vaccination programs often suffer. For example, the measles epidemic ravaging the Democratic Republic of Congo has killed more than twice as many people since the beginning of the year as the country's ongoing Ebola outbreak. The UNICEF Representative in the Democratic Republic of Congo, Edouard Beigbender noted "Violence and insecurity, lack of access to healthcare and shortages of vaccines and medical kits in the worst-affected areas have meant that thousands of children have missed out on vaccinations, with potentially deadly consequences."
- **Non-Communicable diseases:** The Human Sciences Research Council (HSRC) launched the project "Street talk-Asikulume" at the end of March 2020 to gather crucial behavioural data to provide insights into the social dynamics of the South African population's response to the COVID-19 outbreak. One of the findings is that approximately 13% of the population indicated that their chronic medication was inaccessible during the lockdown. Of greater concern, 13%-25% of those living in informal settlements, rural (traditional tribal areas) and farms indicated that their chronic medicines were not easily accessible. Comorbidities have been associated with poorer outcomes in COVID-19 infections. Diabetes and hypertension have consistently been associated with death due to SARS CoV-2 infection. Even prior to the epidemic, diabetes and hypertension were among the four leading causes of death in South Africa. There are both long- and short-term consequences of poor control of these conditions.

Recommendations

- **There must be public awareness that the health care system is open.**
 - This should include public announcements, messaging and engagements from the President, Health Minister and Members of the Executive Council to the public that clinics and hospitals remain open and that diseases like TB/HIV/immunizations and care for chronic conditions are essential services.
 - The public needs to be aware that going to the clinic or healthcare provider will not result in arrest or harassment and that appointments are not required to attend the clinics for acute illness, and that picking up medication is necessary.
 - Routine immunisation is lifesaving and must be prioritised.
 - Considering the overlap of symptoms between COVID-19 and TB, public messaging should include communication specifically on TB symptoms and when and how to access testing and treatment. Messaging should also include the importance of effective treatment of chronic diseases, HIV and TB as being important in protecting against severe COVID-19.
 - There should be clear directives, indicators and implementation support for the integrated of COVID-19 screening and care alongside uninterrupted essential services at the facility level
 - There should be efforts to reduce the number of routine visits that need to be made to a clinic. This would include:
 - Multi-month dispensing of chronic medications when at all possible, with up to 6 months' supply. This is pending medicine stock levels and stability of the patient's condition.

- Communication with patients to be virtual if possible e.g. medical consultations for known chronic patients, WhatsApp or text results and telephonic counselling and consultations to prevent in-person visits.
- **The transport system must be opened and safe for allowing access to health care.**
- Non-pharmaceutical inventions such as the use of non-medical face masks, social distancing and hand washing need to be stressed for those who plan to travel to clinics.
- Weekly reports should be generated tracking GeneXpert for TB diagnosis, HIV testing and HIV viral loads. These should be reviewed and acted on by provincial Heads of Department and National Department of Health.

Rationale for recommendations

COVID-19 mortality is predicted at 40 000 to 50 000. We are at a point where we can mitigate against non-COVID-19 mortality during the next few months.

Thank you for consideration of this request.

Kind regards,



PROFESSOR SALIM S. ABDOOL KARIM

OVERARCHING CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 1 June 2020

CC:

- » **Dr T Pillay (Acting Director-General)**
- » **Dr Y Pillay (Deputy Director-General: Communicable Diseases; Non-Communicable Disease; Treatment, Prevention and Rehabilitation)**
- » **Dr S Zungu (Project Lead: Sectoral Response to Covid-19)**