

Addressing the social determinants of health in the COVID-19 pandemic:

High poverty, NCD & HIV burden settings

Khayelitsha, Cape Town in South Africa as a case study

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The evolution of the Covid pandemic in South Africa

5 March – first case in South Africa

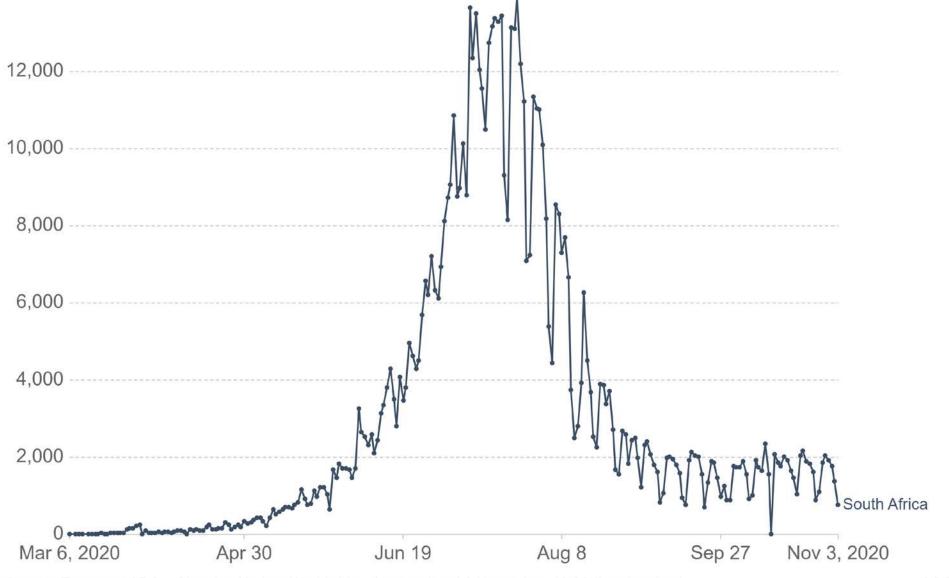
11 March – first case in Western Cape

28 March – first case in Khayelitsha



The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing



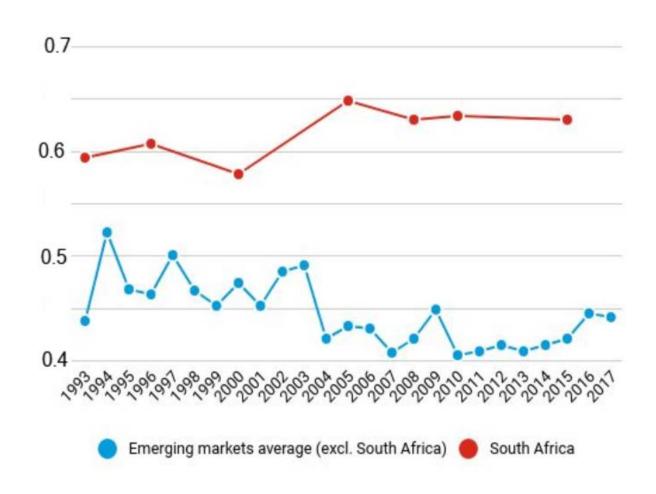




Socio-economic context

Increasingly unequal South Africa Income inequality in South Africa has remained high and decoupled from the average for emerging markets.

(index scaled, 0-1)



Key Statistics

Access to piped water	89.9%
Access to improved sanitation	77.9%
Access to mains electricity	85.4%
Use solid fuels for cooking	10.9%
Dwelling owned	66.4%
Living in formal dwellings	77.7%
Municipal refuse removal	66.0%

Source: World Development Indicators.



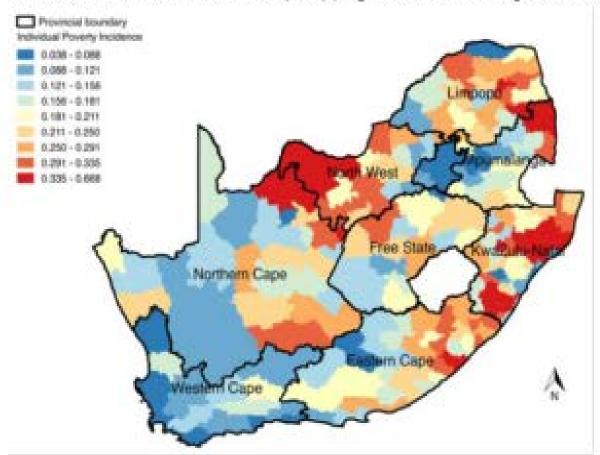


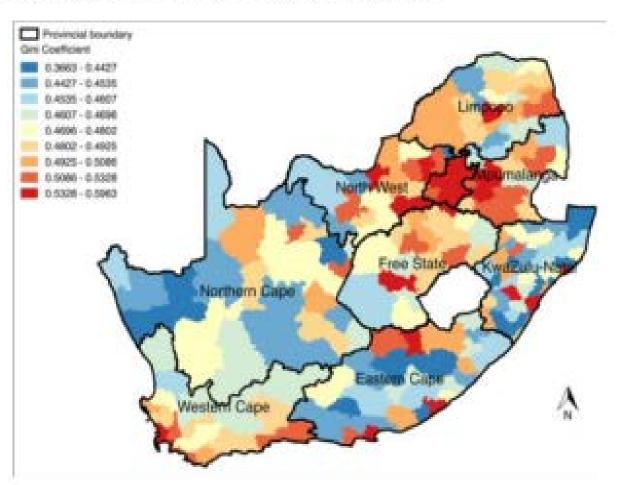
BURDEN OF DISEASE REPORT | 2019

Figure 16: A) Map of 9 quantiles of poverty distribution at municipal level. The darkest blue areas represent 26 municipalities with individual poverty incidence from 4–9 percent. The darkest red displays the poorest quantile with poverty rates between 33 and 67 percent.

B) Map of 9 quantiles of distribution of inequity (Gini coefficient) at municipal level. The darkest blue areas represent 26 municipalities with lowest quantile of Gini coefficient (0.37-0.44). The darkest red displays the highest (most unequal) quantile with Gini co-efficient >0.53.

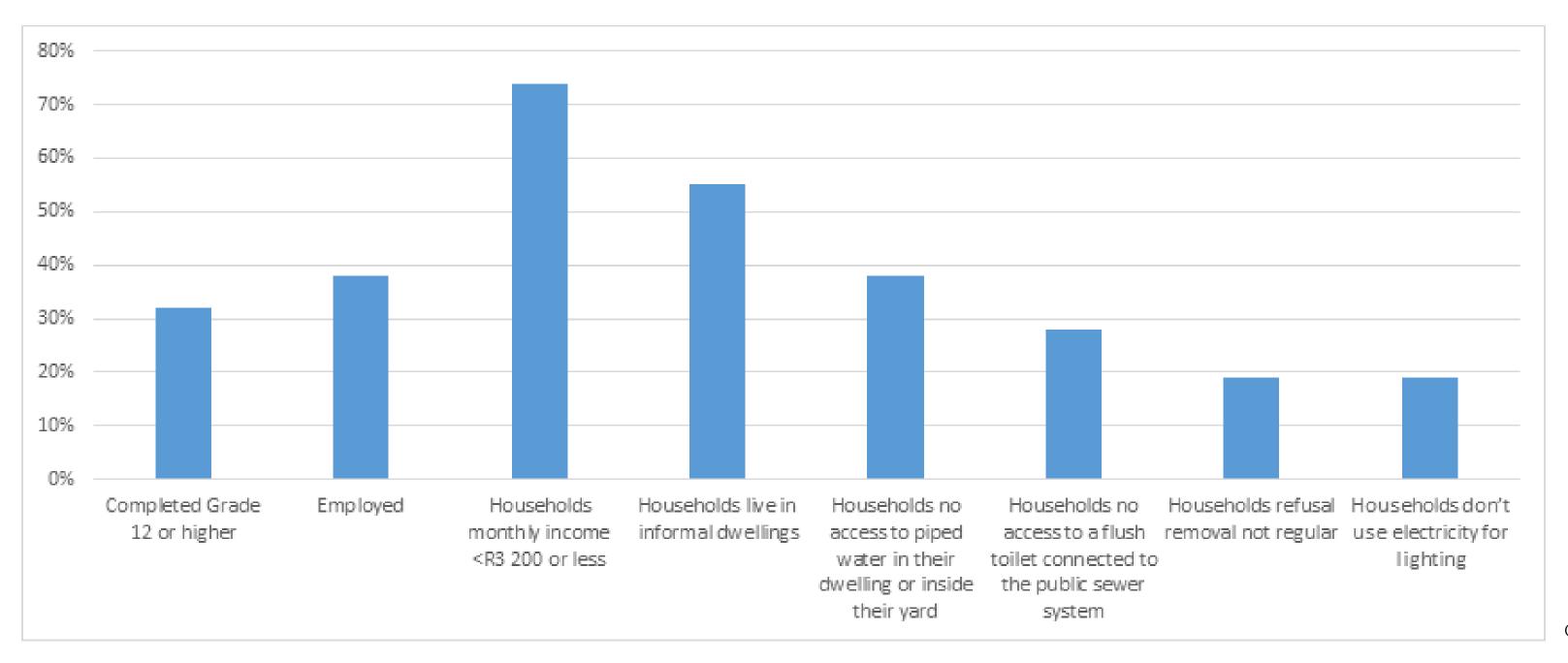
Source: Statistics South Africa: Poverty Mapping in South Africa using data from Census 2011 and the 2010/11 Income and Expenditure survey.³







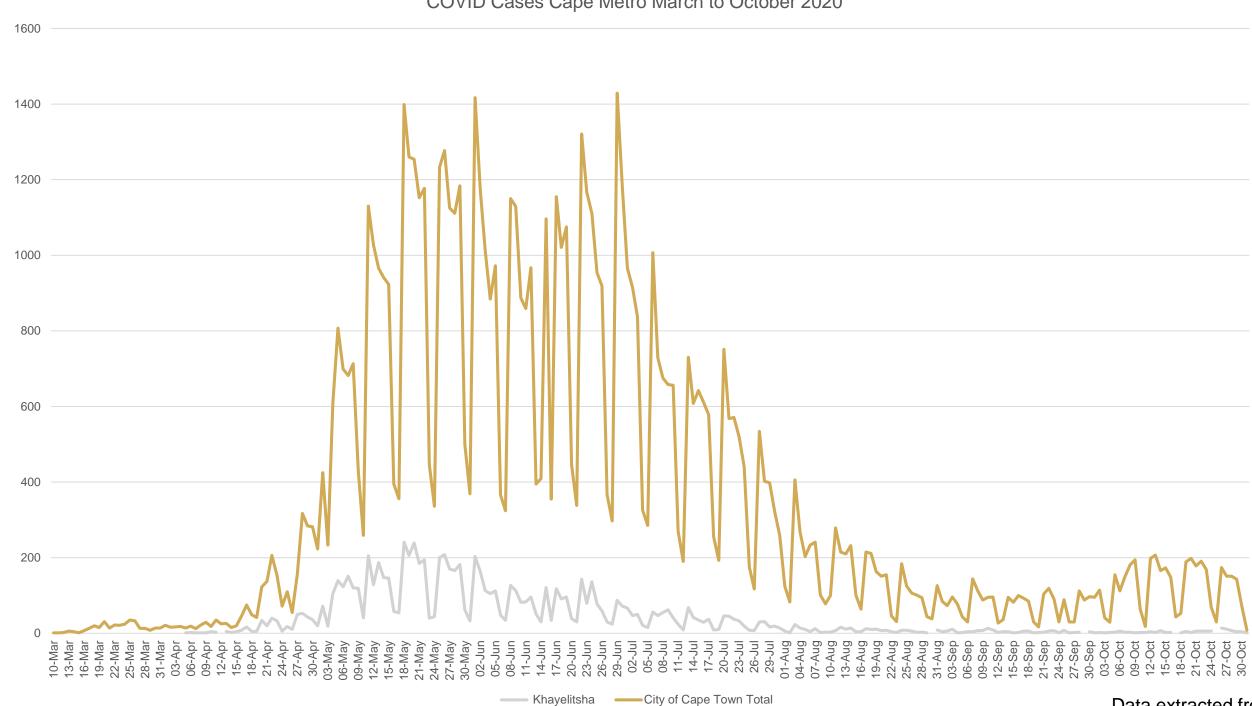
Socio-economic context of Khayelitsha



Source: Census 2011 data



COVID Cases Cape Metro March to October 2020







SDHE 1 – Differentiated exposure

Constraints to implement public health prevention, even during lockdown



Photo credit: MUCHAVE/SOWETAN



Photo credit: unknown Khayelitsha resident



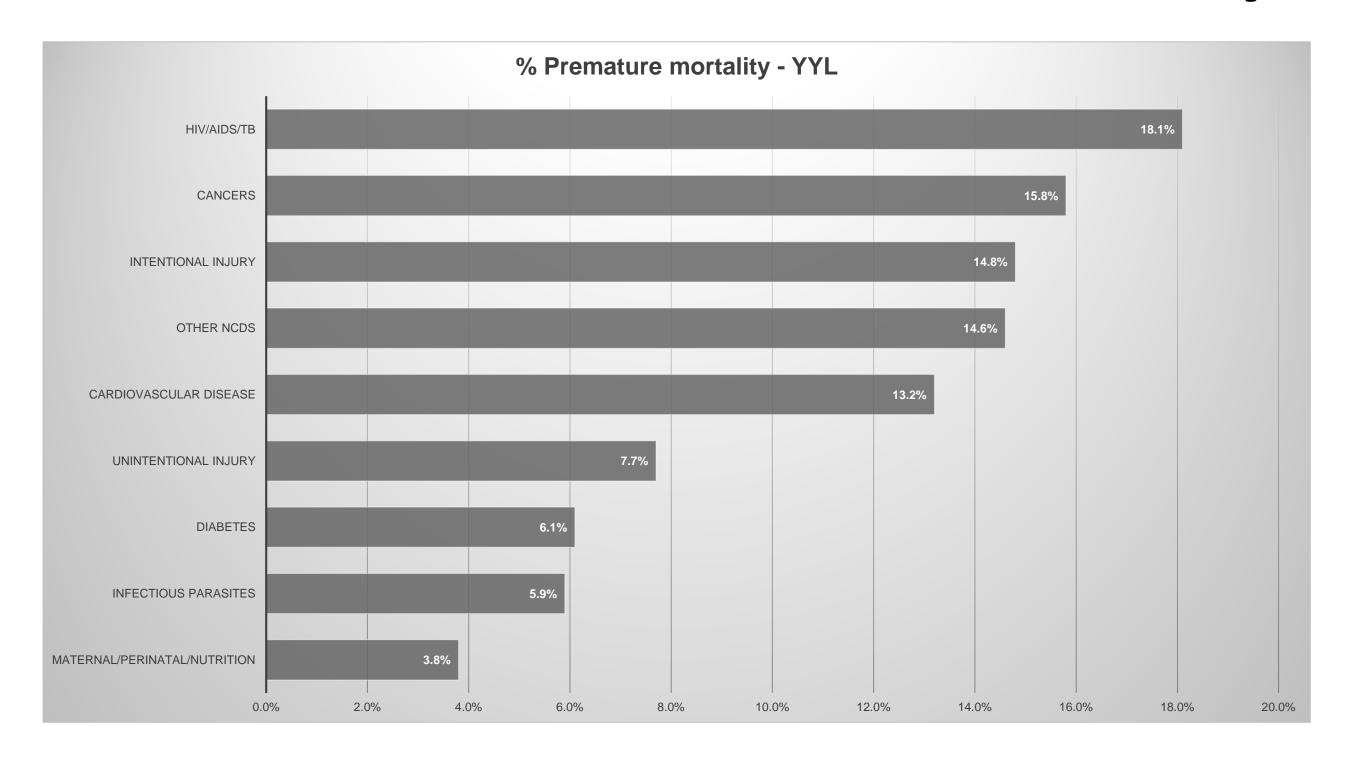


Poverty and impoverished living conditions limited the sustained implementation of public health strategies





SDHE 2 - Differentiated vulnerability



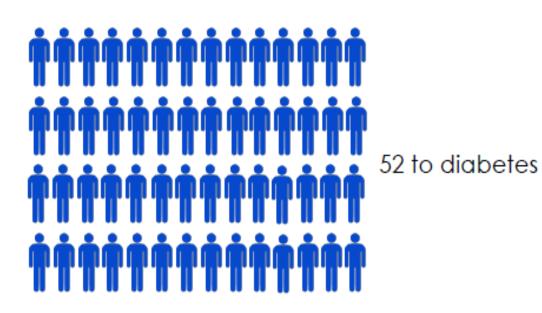
Davies, M-A et al, 2020. Western Cape Burden of Disease Rapid Review Update 2019. Western Cape Department of Health





How much are these factors contributing to COVID-19 deaths in WC?

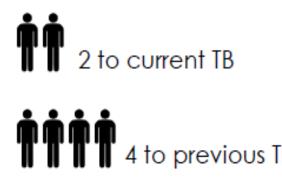
For every 100 people in the public sector who have died from COVID-19 – we can attribute as follows:











Graphic: Mary-Ann Davies on behalf of the Western Cape Department of Health. **Western Cape: COVID-19 and HIV / Tuberculosis 9 June 2020**

Accepted manuascript: Boulle A, Davies M-A, Hussey H. Risk factors for COVID-19 death in a population cohort study from the Western Cape Province, South Africa.

https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1198/5899044





Proximal – downstream - immediate	
Host	Genes; Age; Thrifty phenotype hypothesis
Co-morbidities	Obesity; Increased abdominal girth Hypertension
Behavioural	Smoking; Physical inactivity Diet high in calories and low in grains and fibre
Socio-cultural - intermediate	Social exclusion and lack of social support Perceived lack of control and inequity Cultural perceptions about body size
Distal - upstream -social determinants	
Living and working conditions	Decreased opportunity to exercise in urban settings Local food environment Access to effective, quality health services (incl diagnosis, monitoring, care, rehabilitation) Occupation, Literacy
Structural	Trade liberalisation - processed and ultra-processed foods (incl 'fast food'); Neoliberal policies – job insecurity, loss of social security leading to stress Accelerated urbanisation.

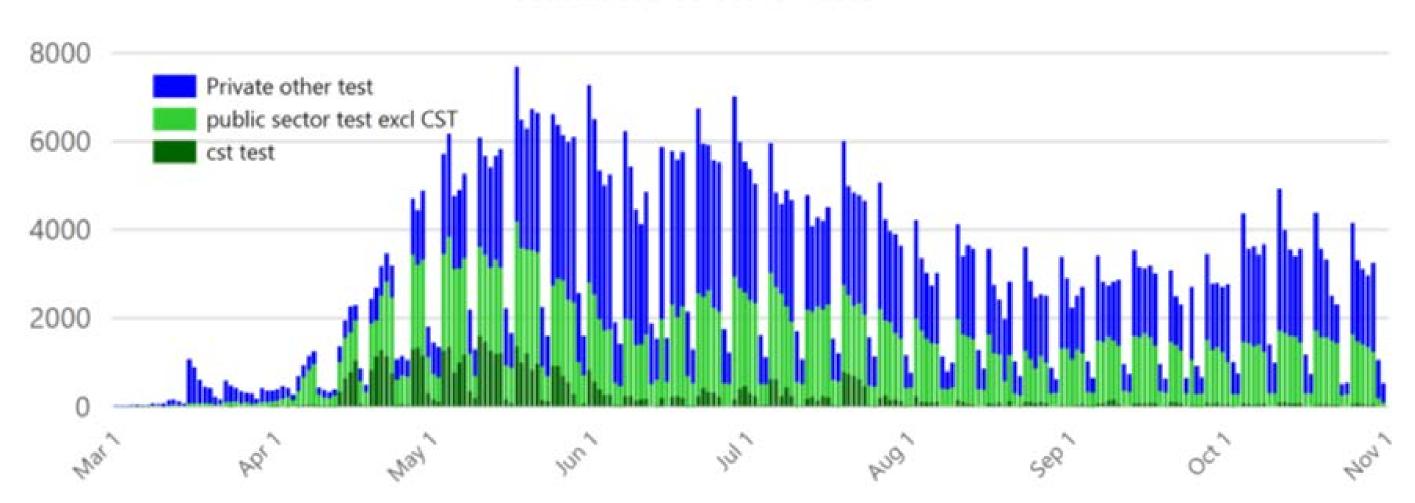
Analysis of the Social Determinants of NCDs in South Africa

Source: Scott VE, Schaay N, Schneider H & Sanders D. Addressing social determinants of health in South Africa: The journey continues. In: Padarath A, Barron P, editors. South African Health Review 2017. Durban: Health Systems Trust; 2017. [Online], Available: URL: http://www.hst.org.za/publications/south-african-health-review-2017



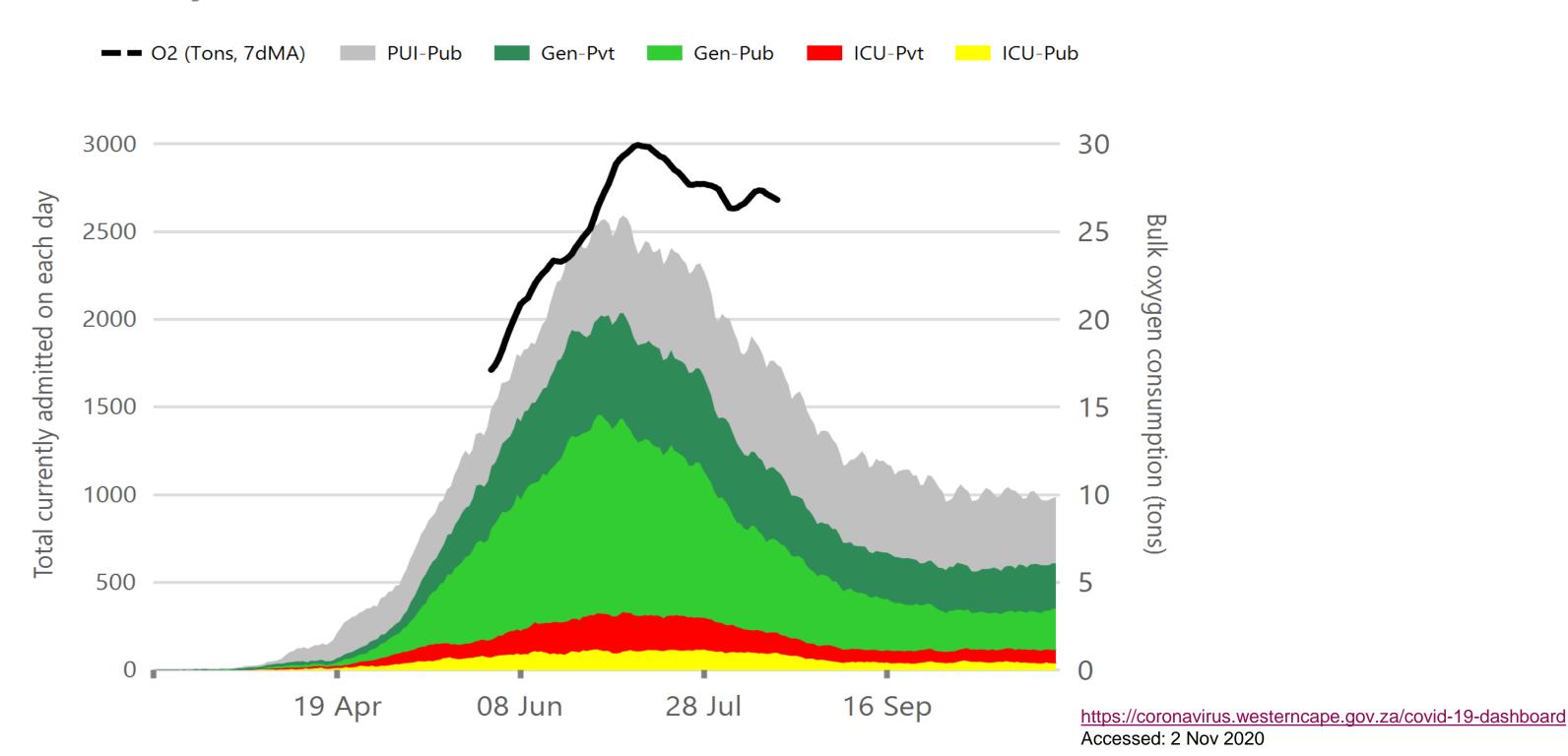
SDHE 3 - Differentiated access to care





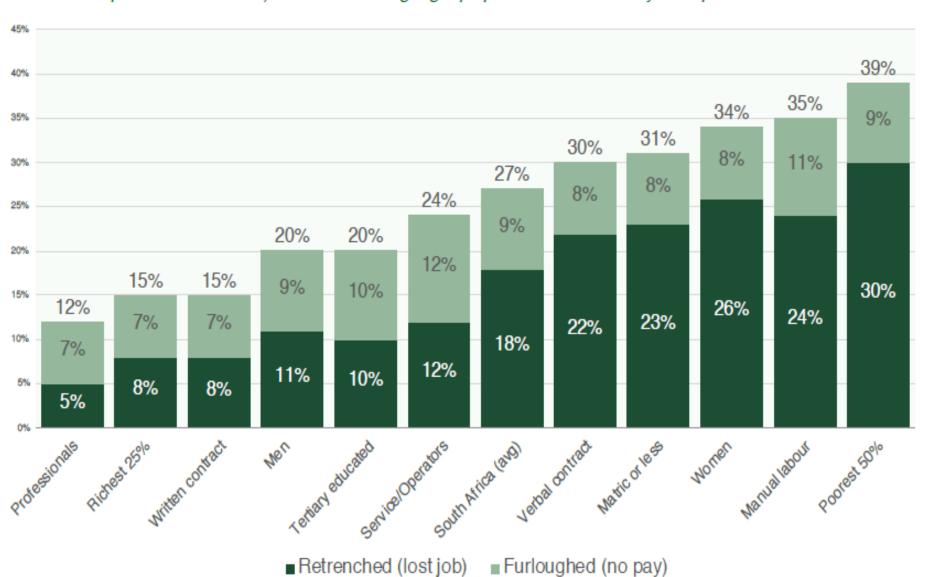


Currently admitted



SDHE 4 - Differentiated impact of Covid-19

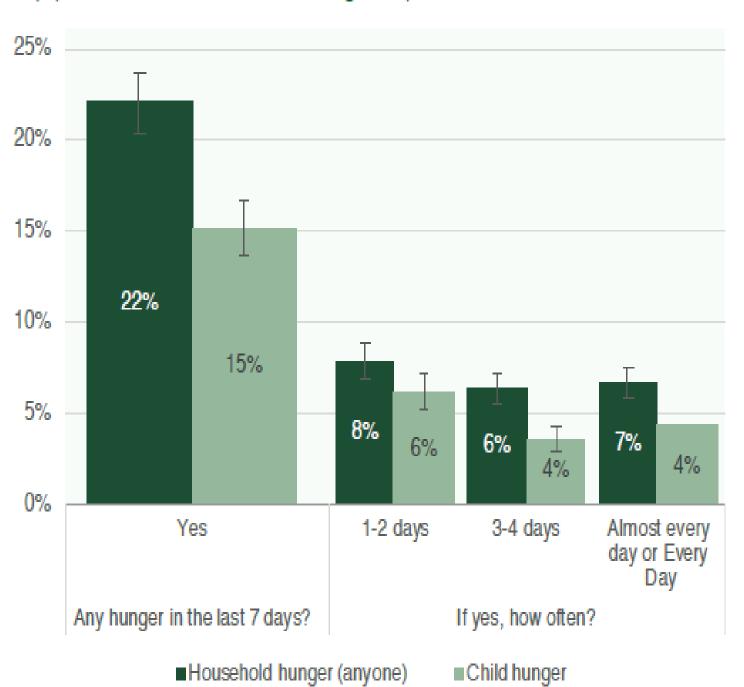
Figure 1: The percentage of respondents experiencing net job loss or furlough (an employment relationship but no income) in the working age population: February to April 2020



Source: NIDS-CRAM WAVE 1 SYNTHESIS REPORT: OVERVIEW AND FINDINGS



Figure 1: Reported hunger in the last seven days (asked separately for 'anyone in the household' and for 'children (<18 years) (NIDS-CRAM Wave 1, weighted)



Source: NIDS-CRAM WAVE 1 SYNTHESIS REPORT: OVERVIEW AND FINDINGS







The global pandemic could become an opportunity to build an equitable, inclusive education system

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Andile Cele

CIVIL SOCIETY MATCH, 19-25 OCTOBER

Tabling a human rights budget on civil society's radar this week

By Shani Roddy + 19 October 2000





- Western Cape Government Corona-19 Dashboard https://coronavirus.westerncape.gov.za/covid-19-dashboard
- Accessed: 3 November 2020
- South Africa: Coronavirus Pandemic Country Profile https://ourworldindata.org/coronavirus/country/south-africa?country=~ZAF Accessed: 2 November 2020
- CHILD POVERTY IN SOUTH AFRICA: A Multiple Overlapping Deprivation Analysis June 2020 http://www.statssa.gov.za/publications/03-10-22/03-10-22June2020.pdf
- Mary-Ann Davies, Erna Morden, Thato Mosidi et al. **BURDEN OF DISEASE RAPID REVIEW UPDATE 2019.** Western Cape Department of Health
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- StatsSA. Census 2011.
- Nic Spaull, Cally Ardington, Ihsaan Bassier, et al. NIDS-CRAM WAVE 1 SYNTHESIS REPORT: OVERVIEW AND FINDINGS. http://resep.sun.ac.za/nids-cram-wave-1-synthesis-report-overview-and-findings/
- IMF. Six Charts Explain South Africa's Inequality. https://www.imf.org/en/News/Articles/2020/01/29/na012820six-charts-on-south-africas-persistent-and-multifaceted-inequality. Accessed 2 Nov 2020

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