HIV/AIDS & Healthcare in Durban, South Africa

The heart of Kwa-Zulu Natal province in South Africa.

Program Basics
- Child Family Health International Program
- Durban, South Africa
- 4 weeks (month of July)
  - M-F in hospitals/clinics
  - Weekends for fun!
- Host Family Homestay

Durban Demographics
- Apartheid (segregated) until 1994
  - Black Africans account for 68.30 percent of the population
  - Asians or Indians at 19.90 percent
  - Whites at 8.98 percent
  - Coloureds at 2.89 percent
- 27.9 percent of city residents are unemployed
  - 88.6 percent of the unemployed are black
- Average life expectancy in South Africa is now 54 years
  - The median age in the city is 25 years old
- Zulu and English are the most common spoken languages
- Only 36% of residents have completed high school

Economy
- Little growth in the number of jobs over the past 20 years
- High rates of crime
  - Problem for growth in tourism
- Very high rates of unemployment
  - Over 30% in some areas of the city
- Few economic opportunities in the township areas

Disparities
Religion
- 68.0 percent of residents are Christian
- 15.5 percent have no religion
- 11.3 percent are Hindu
- 3.2 percent are Muslim
- 0.1 percent are Jewish
- 1.9 percent have other or undetermined beliefs

“The Durban program highlights the challenges faced by the post-apartheid public healthcare system, taking into consideration the threats of HIV/AIDS, environmental health issues, and other underlying causes of poor health in the region. The program will focus on health issues addressed through clinical interventions and community development projects in health.”

Durban

Service-learning
- What’s the point?
  - broaden my public health knowledge
  - experience a different culture
  - develop creativity in problem-solving
  - shadow and observe
  - learning to work in a clinical and public health environment with limited diagnostic and therapeutic resources

Considerations (for future Dr. Jarvis)
- See the uneven distribution of healthcare in impoverished communities
- Economic, political, and social factors all contribute to people’s access to healthcare, both internationally and at home
- Need culturally and linguistically competent healthcare providers to address these inequities
Hlabisa

- Rural area
- A poor Zulu area in the hills of KwaZulu Natal Province
- 3 hour drive from Durban
AIDS

- South Africa is currently experiencing one of the most severe AIDS epidemics in the world. By the end of 2005, there were five and a half million people living with HIV in South Africa, and almost 1,000 AIDS deaths occurring every day.


Hlabisa

- >35% of its adults are infected with HIV/AIDS
- The highest infection rate in the world!
- Hospitals are struggling to cope with the number of HIV-related patients that they have to care for.

Hlabisa Hospital

- It is difficult to overstate the suffering that HIV has caused in South Africa.
- Difficult to imagine for those living in less-affected countries.
- Not only does it impact on their lives, but also those of their families, friends and wider communities.

HIV Impact

- Effective therapy and methods of control and prevention of TB have been developed, but the disease remains a major cause of mortality and morbidity throughout the world.
- The treatment of TB has been complicated by the emergence of drug-resistant organisms, especially in those with HIV infection.
- HIV is also more likely to get TB because of immunosuppression.

Tuberculosis

- Infection of the lungs, but any organ system is susceptible.
- Effective therapy and methods of control and prevention of TB have been developed, but the disease remains a major cause of mortality and morbidity throughout the world.
- The treatment of TB has been complicated by the emergence of drug-resistant organisms, especially in those with HIV infection.
- HIV is also more likely to get TB because of immunosuppression.

FUN!!!
Safari

Questions?