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NEWS & NOVEL PROGRAMS

United Nations High Level Meeting and NCD in South Africa

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STATUS OF NCD IN SOUTH AFRICA

Non-communicable diseases (NCDs) in South Africa (SA) are rising at an alarming rate. NCDs are currently featuring prominently in the top 10 causes of premature mortality and, as a cluster, are the second leading cause of deaths after HIV/AIDS. The World Health Organisation estimated 28% of all deaths in 2002 in South Africa were due to NCDs [5].

The increasing trend of risk factors were recently noted in *The Healthy Active Kids South Africa Report Card* [1] which tracked the health status of South African children and youth, in particular looking at their behaviours relating to NCD risk factors. The analysis revealed:

1. The prevalence of overweight and obesity in SA youth has increased between 2002 and 2008 (overweight from 17% to 20% and obesity from 4% to 5%).
2. Compared to 2007, decreased physical activity, physical education and increased sedentary time; and increased prevalence of overweight and obesity were noted.
3. Undernutrition and malnutrition remain a significant factor and predispose to overweight and obesity in adulthood.
4. The anti-tobacco legislation has impacted positively with an overall decrease noted on smoking prevalence rates. However, little impact was seen in youth.

CAUSES OF THE RISING BURDEN

Globalisation and the country's political transformation in 1994 were followed closely by changing socio-economic factors, rapid urbanisation and a shift in health patterns. The result is the increasing prevalence of NCDs driven by a largely inadequate healthcare infrastructure, increasing unhealthy lifestyles and the inevitable rise in the burden of risk factors. The groups particularly vulnerable are rural communities and those living in poor urban and township communities. As noted in Table 1 the burden of risk factors is high.

NCD IN SOUTH AFRICA PRE-UN SUMMIT

South Africa's response to NCDs has been evident since as early as 1975 with the initiation of community health research on chronic diseases of lifestyle in the Medical Research Council (MRC) [4]. Over the years similar programmes, research, and Civil Society Organisations (CSOs) appeared and from 1994 these supported and lobbied for policy development, implementation, and the development of guidelines. In 1996 the Directorate of Chronic Diseases, Disabilities, and Geriatrics was formed at the national government level. Significant achievements for the country include legislating tobacco control, a food-based dietary guideline, development of the liquor act, and more recently food labelling legislation. At community level numerous health promotion and prevention programmes were undertaken. Despite these achievements over a period of 36 years, the burden of risk factors remains high and challenges remain in South Africa's approach to NCDs. These include:

1. There have been numerous community-based interventions aimed at reducing the NCD burden, however,
   a. Monitoring is notably inadequate, so impact is yet to be established.
   b. There has been insufficient integration and collaboration across the different NCD disease-specific groups.

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Table 1. Burden of NCD Risk Factors in South African (⩾15 years), year 2000.

Risk factor	Estimated number affected
Smoking tobacco	7.7 million
High BMI	9.1 million
Hypertension	6.3 million
Diabetes II	0.9 million
High blood cholesterol	7.9 million
Low fruit and veg	13.4 million
Physical inactivity	13.6 million

Source: South african Comparative Risk Assessment [3].

c. Multi-sectoral collaboration occurs episodically and remains project-specific.

2. Considering South Africa's complex burden of diseases, infectious diseases such as HIV/AIDS, TB and Malaria take precedence in both funding and health-care prioritisation.

EFFECT OF THE UN SUMMIT ON SOUTH AFRICA

The global attention on NCDs has helped accelerate existing activities as well as initiate new discussions and initiatives, starting from the highest levels within national government through to CSO's. There are encouraging actions and commitments being undertaken in South Africa. South Africa will have representation at the summit, with the President's office confirming either the President or Deputy President will be attending. The Minister of Health, Dr. Aaron Motsoaledi, has also committed to being present and has gone one step further by publicly embarking on a personal lifestyle makeover. He is encouraging colleagues in government to do the same. Such action no doubt helps disseminate and stress the importance of the NCDs prevention and control message to all South Africans. The national press ran an article on his endeavours and his comments on NCDs and lifestyle.

The Minister of Health also attended the Brazzaville consultation on NCDs in April 2011. Here he noted "legislating, regulating and campaigning against the four risk factors for NCDs, i.e., poor diet, tobacco, alcohol abuse and lack of physical activity, is not beyond the reach of any country. All that is needed is political will and leadership, partnerships and commitment at global, regional and national levels".

At policy level the Liquor Act of 2003, which allowed regulation of retail sale at Provincial level, has been under review for amendment since 2001 in the Western Cape. A recent press release indicates the Minister of Health's attention is now focused on the control of alcohol advertising and hours of sale. Arguments against such a move coming from commercial stakeholders have focused on the loss of revenue and jobs within the advertising industry. The NCD movement will help provide the necessary support to organizations such as the Heart and Stroke Foundation of South Africa (HSFSA), as a voice that is unbiased and holds much credibility.

The South African Directorate of Chronic Diseases, Disabilities, and Geriatrics at national government level is holding a NCD mini-summit in August 2011. The gathering will involve other government departments, non-governmental organisations (NGOs)/CSO's, academics, professional organizations and other interested parties. Whilst the overt driver in organising such a meeting has been preparation for the UN Summit – to forge a consistent and agreed position for the country to take to the UN Summit – the benefits of the exercise are well recognised for reasons beyond the summit. One of the objectives of the mini-summit is to raise the profile of NCDs and what needs to be done in the country.

The Salt Reduction Workshop, through Dr. Krisela Steyn (Chronic Diseases Initiative in Africa) and the Directorate for Chronic Diseases saw the creation of a multi-sectoral working committee aiming to address the high levels of salt in food in South Africa. The group first met in November 2010 when they consulted with Prof McGregor (World Against Salt and Hypertension). Since then we saw the Food Labelling Legislation come into effect, but not much else occurred in the public space regarding salt levels in food until recently, when a follow-up workshop was scheduled to take place in July 2011. The committee will include food manufacturers, commercial associations and CSO's.

The Burden of Disease report is currently being updated by the South Africa Medical Research Council and will ensure future plans and initiatives are informed by most recent data. In addition, another resource soon to be available to us is the *Framework for an Integrated Strategy on NCDs and risk factors in South Africa*. This document is being collated by the Directorate of Chronic Diseases and will involve the national Department of Health, relevant government departments, and all other stakeholders

(corporate, CSOs, academic etc.), with the aim of being as inclusive as possible across all sectors. We have been assured the framework will reflect primary and secondary levels of prevention.

South Africa was fortunate to have the support of the World Heart Federation (WHF) who ensured the country was represented at the UN Hearing for Civil Society Organisations in June 2011. Dr. Mayosi [2], head of the Department of Medicine at the University of Cape Town and globally recognised as a leading academic and researcher, participated as a panelist and highlighted in particular the need to address Rheumatic Heart Fever which affects the poorest children in the country. I was also fortunate to be included in the WHF delegation to the CSO Hearing and further benefitted from the advocacy workshop organised by the WHF. The UN Hearing platform provided me with the rare opportunity of meeting and networking with a vast array of representatives from all around the world. The engagement and sharing helped affirm our commitment to our goals.

My learnings taken from the CSO Hearing are now being applied in an initiative in the Western Cape Province which is being driven by the Premier. One sub-group, Healthy Lifestyles Group, is tasked with identifying interventions that show greatest impact and are cost-effective, for the purpose of scaling up for greater reach. We will focus on the prevention and control of NCDs within the province. Naturally, I plan on applying the output documents from the UN CSO Hearing to frame our argument to prioritise NCDs in the province. A further plus is that the project will initiate collaboration with Cancer, Diabetes, and Chronic Lung Disease organizations.

CONCLUSIONS

The UN Summit has undoubtedly provided the much needed impetus to get the wheels turning faster in the drive to prevent and control NCDs in South Africa. In addition, it highlights the need for an integrated approach, across diseases and across sectors. The HSFSA is already experiencing this surge in momentum through new collaborations (CSO's, Government and Corporate) and a much needed repositioning of the organisation. The former will no doubt allow the HSFSA take its message and programmes to more South Africans. The renewed recognition of the HSFSA's role as an important service provider and resource for the country's health needs stems from the increased focus on cardiovascular disease as the leading cause of deaths globally.

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