The burden of NCDs in South Africa

Non-communicable diseases (NCDs) have become a major cause of mortality globally, but especially in low- and middle-income countries, where nearly 80 per cent of all NCD-related deaths occur. South Africa has begun to grapple with the effects of a high burden of disease imposed by NCDs along with other diseases and conditions. In the Western Cape, NCDs were the leading cause of mortality in adults aged 40 years and older in a pooled estimate of causes of death between 2003 and 2006.

Mortality patterns reflect the differential impact that NCDs have on sections of a ‘community’, with particularly higher rates in poorer areas. Deaths resulting from NCDs were highest from 2003/04 to 2005/06 among the poor, compared to 431.8 per 100,000 recorded in the wealthier Northern sub-district.

There has been growing interest in tackling the burden of NCDs in South Africa. In September 2011, the South African government convened a summit on the ‘Prevention and Control of Non-Communicable Diseases’ which produced a declaration that endorsed action aimed at reducing the burden of NCDs along with other diseases and conditions. In the Western Cape, NCDs were the leading cause of mortality in adults aged 40 years and older in a pooled estimate of causes of death between 2003 and 2006.

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The research asked:
- How might an intervention of this nature speak to current policy plans of the South African government to address the burden of NCDs and to expand the use of CHWs?
- Can an intervention like the one described in this case study influence ‘good practice’ and speak to interventions being designed for the broader population?

Findings
- Since CHWs reside in the community, people find it easier to ask them questions and have a discussion about their conditions.
- Having CHWs talking to people either in their homes or at support groups, and also having awareness campaigns where people could have their blood pressure and blood sugar measured, increased their understanding about these conditions.
- The intervention further empowered CHWs with knowledge about environmental issues that influence NCDs and thus they became more aware about the dangers of these conditions.
- CHWs felt that their training was more practical and gave them skills to deal with problems in real situations. However, coordinators felt that on-going training is essential to ensure that new CHWs are also knowledgeable.
- The training made CHWs visible to the Department of Health as they are often called upon to assist in campaigns and activities relating to NCDs.
- Challenges to the intervention included: lack of finance to conduct activities; poor referral to health facilities; poor working relationships between the CHWs and health facilities; lack of resources; lack of equipment required to conduct intervention activities; and high turnover of CHWs due to the lack of funding security.

Recommendations
- While women were at the forefront of this intervention and their actions and behaviour as role models should influence their family members, it is imperative to begin to raise the interest of men in health, particularly in such a patriarchal community.
- There is a need to extend similar programmes to schools to influence learners (girls and boys) as this may have an influence on their future health behaviours and reduce the burden of obesity and NCDs.
- There is a need to implement prevention programmes that focus on early life and throughout adulthood at all Government levels.
- Women’s health programmes with an integrated management approach to HIV and NCDs are needed, as these conditions tend to co-exist in the same community.
- Risk factors for NCDs are multi-factorial, so it is essential to take a multi-sectoral approach and to involve community leaders to ensure buy-in.
- Future policy needs to include interventions that support healthy lifestyles, by rendering healthy foods cheaper and regulating unhealthy foods (e.g. imposition of taxes). Similarly, actions are required to promote physical activity, including improving community security by monitoring crime and creating more accessible open spaces.

Case study
The study was conducted and written by Thandi R. Puoane, Lungiswa Tsolekile and David Saders from the University of the Western Cape (UWC). It was written up as a contribution to the Empowerment of Women and Girls programme at the Institute of Development Studies (IDS). In particular, it relates to the sub-theme that focuses on the health of women and girls in rapidly urbanising settings in South Africa, Kenya and India.

To find out more about the research on this, visit: interactions: http://interactions.eldis.org/ or email: interactions@ids.ac.uk