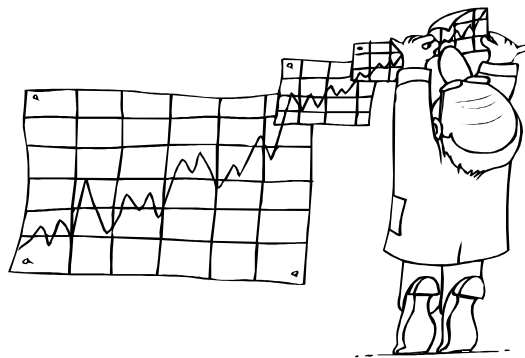




health

Department:
Health
REPUBLIC OF SOUTH AFRICA



STATISTICAL NOTES

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Welcome to this edition of Statistical Notes!

Chronic Diseases in South Africa

INTRODUCTION

Chronic non-communicable diseases are major contributor to the burden of disease in developed countries, and are increasingly rapidly in developing countries¹⁻². Chronic diseases are defined as illnesses that are preventable, prolonged unlikely to resolve spontaneously and impossible to cure completely. They are largely due to preventable and modifiable risk factors such as, high blood cholesterol, high blood pressure, obesity, physical inactivity, unhealthy diet, tobacco use and inappropriate use of alcohol. These factors result in various long-term disease processes, culminating in high mortality rates associated to stroke, heart attack, tobacco- and nutrition-induced cancers, obstructive lung diseases and many others.

Of the 58 million deaths that occurred globally in 2005, 35 million (60%) were due to chronic diseases, twice the number of deaths due to infectious diseases, maternal and perinatal conditions and nutritional deficiencies combined. It is estimated that between 2007 and 2025 the number of people living with diabetes globally will increase from 246 to 380 million and the majority will live in developing countries¹.

The chronic disease problem is far from being limited to the developed regions of the world; developing countries are increasingly suffering from high levels of public health problems related to chronic diseases. Although human immunodeficiency virus and

acquired immunodeficiency syndrome (HIV and AIDS), malaria and tuberculosis, along with other infectious diseases, still predominate in sub-Saharan Africa and will do so for the foreseeable future, however 79% of all deaths worldwide that are attributable to chronic diseases are already occurring in developing countries³.

STATUS OF CHRONIC DISEASES IN SOUTH AFRICA

In South Africa it is estimated that 56% of the population now live in urban centers, with the urbanization of the African population increasing rapidly⁴. This rapid urbanization, in the context of globalization, has been accompanied by large shifts in the health patterns of South Africans, thus increasing the prevalence of non-communicable diseases. A South African comparative risk assessment study in 2000 identified the major risk factors and causes of death among South Africans (see Table 1). Among the top 10 diseases and conditions contributing to mortality were the following non-communicable diseases: ischaemic heart disease, stroke, hypertensive disease and diabetes mellitus⁵.

According to the burden of disease categories and mortality, from 1997 to 2004, number of deaths increased most markedly for communicable diseases with 4-fold and for non-communicable diseases by 1.5 fold¹. Hypertension and ischaemic heart diseases showed little change in the period 1999-2006, but disproportionately affected the poorer people in urban areas. Trend in other chronic diseases such as stroke, diabetes mellitus and chronic kidney disease has been sharply upwards.

It is apparent that most of the changes in mortality attributed to non-communicable disease follow the same age pattern as deaths attributed to infectious diseases. This suggests strongly that most of the apparent increase in deaths from non-communicable deaths is AIDS-related. A 5-fold increase in mortality attributed to certain non-communicable diseases has been observed; the apparent increase almost certainly reflects misclassification of AIDS-related death. HIV underlies the higher death rates from stroke and neoplasm such as cervical cancer among young people. There has been a significant decline in stroke related deaths since 2005 which maybe linked to greater availability of anti-retroviral treatment although the decline in rates of tobacco smoking may also have had an impact.

There are substantial increases in mortality from diabetes mellitus, chronic kidney disease and cancer of the prostate that are probably unrelated to HIV. This reinforces the fact that South Africa faces a quadruple burden of disease associated with AIDS, other diseases of inequality and poverty, disease of transition and a persistent high fatality rate from injury and other external causes.

Chronic Diseases, 2006 to 2008 report

A total of 21,622,973 conditions that are considered not curable, but requiring palliative or controlling treatment on a repeated basis were recorded. In total chronic care visit increased by 15% in the year 2008 compared to 2006. A total of 12,130,115 clients were diagnosed with hypertension in 2008, put on treatment and received treatment regularly as according to treatment guideline. Diabetes mellitus was diagnosed in 2,936,640 clients, put on treatment and received treatment on a regular basis according to treatment guideline. Hypertension client on register increased by 52% in 2008 compared to 2006, whereas diabetes mellitus clients on register increased by 38% (Figure 1).

According to the 2003 South African Demographic Health Survey, more patients with chronic conditions attended for treatment in public health facilities compare to private facilities. Percentages of Hypertensive men and women in South Africa were 12.5% and 17.9% respectively and percentages are higher in White men and Indian women. Hypertension can be controlled with diet and physical activity and prescribed medication. The prevalence of diabetes in 2000 among adults older than 30 years of age was estimated at 5.5%. The estimated diabetes prevalence was higher in females and among the Indian population and it increased with age.

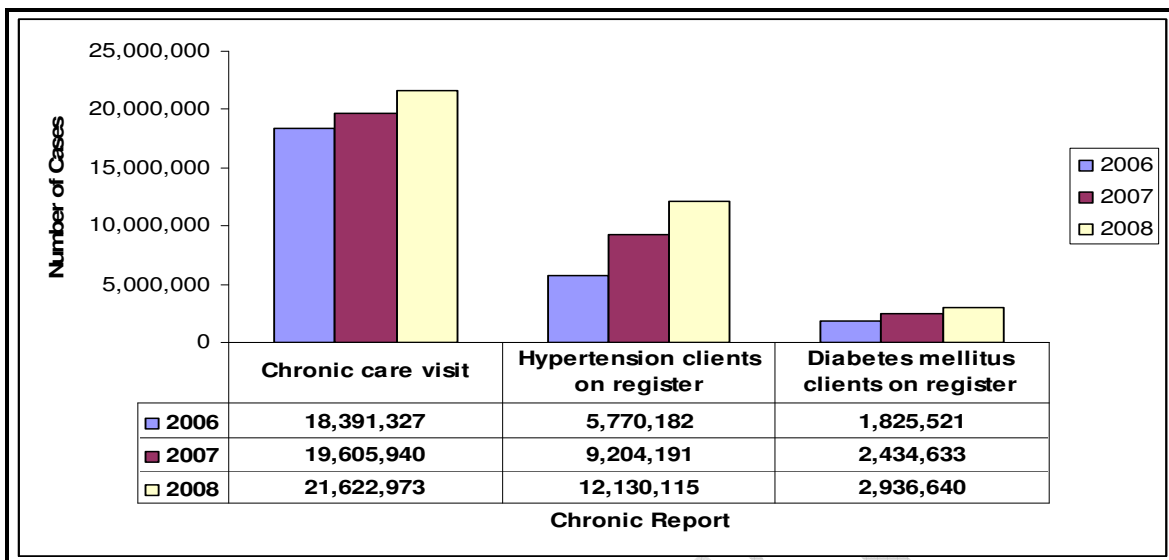


Figure 1: Chronic disease trends in the period 2006-2008, South Africa

Source: District Health Information System, National Department of Health

The chronic diseases patterns as reported through the District Health Information System (DHIS) to the National Department of Health are shown in Figure 2.

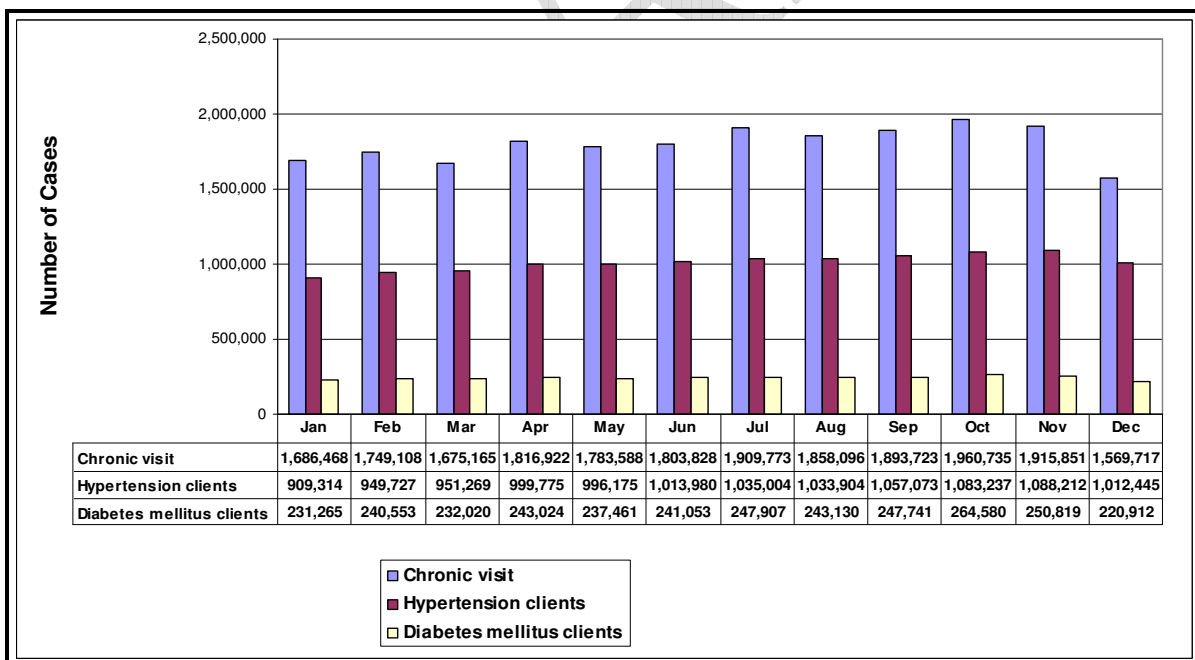


Figure 2: Monthly distribution pattern of chronic disease in 2008

Source: DHIS, Department of Health

SCREENING FOR CERVICAL CANCER

A total of 410, 234 cervical smears screenings were done for women between 30 and sixty years. An increase of 31% was noted in 2008 compared to 2006.

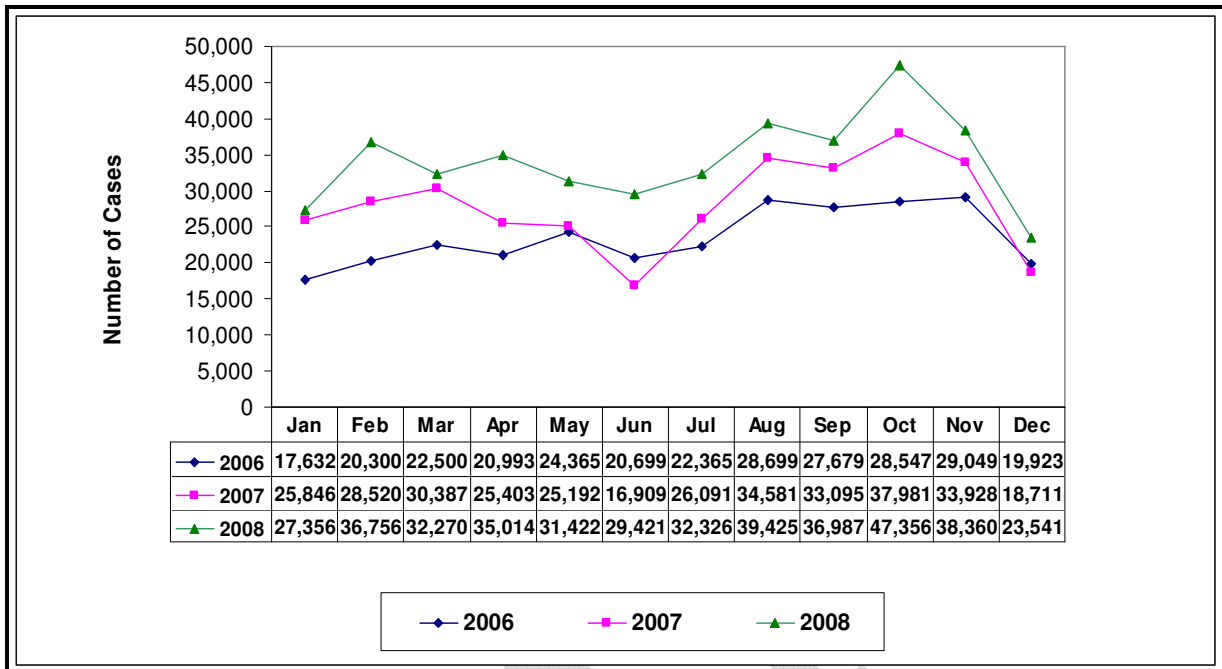


Figure 3: Cervical smear done for women between thirty and sixty years

Source: DHIS, Department of Health

Conclusion

South Africans as it is with many people worldwide, especially urban poor populations are at increased risk of chronic diseases, through exposure to unhealthy diets, smoking, alcohol abuse and physically inactivity. In addition to these risk factors, underlying factors (i.e. social determinants) such as increased urbanization, environmental factors, socio-economic and cultural factors contribute extensively to the growing prevalence of non communicable diseases. The need for a comprehensive programme of action to help reduce the increasing epidemic of non-communicable diseases among South Africans is essential. The current South African response to the non-communicable diseases include: implementation of policies for reducing tobacco and alcohol use as well as initiatives to educate the public about risk factors, such as the South African food-based dietary guidelines and the healthy lifestyles campaign. All these are aimed at encouraging South Africans to adopt and

practice healthy lifestyles as part of decreasing the burden of disease facing the country.

Non communicable diseases are linked to high consumption of energy dense foods, made of animal origin and of food processed or prepared with added fat, sugar and salt. The national survey revealed that learners frequently consume fast food for at least four days a week. Although type 2-diabetes commonly occurs in adults, an increasing number of children and adolescents who are overweight are also developing type 2-diabetes. Physical inactivity was considered a major underlying cause of mortality in the world, since exercises are beneficial to reduce various chronic diseases. Data from 51 countries showed that 48% of women were more physically inactive than men (45%) and blacks followed by coloured were mainly physically inactive. Tobacco use has been associated with premature mortality among users with cardiovascular disease (i.e. stroke and heart attack) causing most deaths. This is closely followed by chronic lung cancers, such as chronic bronchitis, emphysema and lung cancer. Environmental factors working and living conditions and socio cultural factors affect health of the population. These also place individuals at risk of development of chronic diseases. Urbanisation leads to dietary changes including adoption of western diet which is high in animal protein, fat and sugar, accompanied by lifestyle changes which include alcohol consumption, cigarette smoking and physical inactivity, increasing the population's risk for chronic diseases.

The national Department of Health has put control of chronic diseases as one of the priority areas to be strengthened in their strategic planning goal for 2004-09. The national cancer control programme has been strengthened with the introduction of the cervical cancer programme since 2000.

RECOMMENDATIONS

Partnership to address chronic diseases at global, regional and national level is fundamental prevention and control strategy. Chronic diseases such as stroke, heart disease and cancers results in substantial demands for curative health services, much could be done to reduce the burden, using health promotion and other disease prevention strategies. Cervical cancer is a preventable cause of death, accounts for nearly 2% of deaths of women aged 15-44 years and 4% of women aged 45-59 years.

Extensive inequalities in health status by population group, urban and rural area and province have been observed. The disparities in health reflect the underlying economic inequalities; all relevant government sectors more particularly the health sector needs to find ways to redress these inequalities.

Actions to reduce the burden of chronic diseases include food policies, tobacco and alcohol abuse control regulation, public education such as food-based dietary guidelines to educate the public about healthy eating, the need for regular exercise and health service management and rehabilitation services focusing on individuals who are already diagnosed to prevent complications.

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