

## **Urgent need to fast-track our response to non-communicable diseases**

“We are heading for a tsunami – there are six non-communicable diseases in the top-ten causes of death,” said South African Minister of Health Dr Zweli Mkhize. “This is not only a health issue but impacts on all levels of social and economic development. NCDs are a major challenge for sustainable development.”

Mkhize was delivering the keynote plenary at the Non-Communicable Disease Symposium held in Cape Town on 4 March 2020. The Symposium was hosted by the Department of Health with the Collaboration for Evidence-based Healthcare and Public Health (CEBHA+) project. It was an opportunity to bring together researchers, policy makers and practitioners to exchange knowledge on prevention and treatment of diabetes; hypertension; cardiovascular disease risk factors; related mental health conditions; identify the gaps in the knowledge base; and, discuss implications for healthcare policy and practices.

The symposium featured a wide range of oral and poster presentations grouped into three parallel sessions – population interventions to address risk factors; risk factors, screening and knowledge translation; and, NCD management including integration of care.

Describing the symposium as “a significant milestone in our efforts to prevent and control NCDs” Mkhize pointed to the need for all sectors and all government departments to respond to the challenge of NCDs.

He challenged the academic community to develop and push the research agenda pointing out the need for better data collection; better packaging of research evidence in a way that is understandable for decision makers; ensuring that the evidence is appropriate for our setting; and, listening to the community.

“The burden of NCDs is increasing due to preventable risks – like obesity, alcohol use, lack of physical activity,” he said. “We need to create a culture to make it possible to prevent the challenges that contribute to NCDs. We look to the academic community to find solutions.”

The urgent need to work at multiple levels and across sectors was also emphasised by Yogan Pillay, Deputy Director-General in the Department of Health. “For example,” he said, “we need to work with the food and beverage and the tobacco industries. We cannot continue to think in siloes.”

He highlighted that although the life expectancy of South Africans has increased, “since 2009 the proportion of deaths due to non-communicable diseases has surpassed communicable diseases as a proportion of all deaths. Diabetes, heart disease and respiratory diseases are the second, third and fourth causes of deaths. South Africa won’t meet the WHO targets for reducing obesity.”

“We are behind the curve and must fast-track our response,” he continued. “Why isn’t there more noise about NCDs? The messaging has not been sufficient.”

“In particular we need to confront the factors that affect health that stem from a profit motive,” he added.

He pointed to the need for better screening, testing and monitoring of treatment; for strategies to improve treatment adherence; better point-of-care testing, home diagnosis, easy to take drugs; better use of ICT; as well as task shifting and sharing in the health sector; focused funding and the scale up of research.

He emphasised the need to take on measures that have worked in the HIV field – for example, the 90:90:90 strategy.

“We need to stop doing things that don’t work,” he added.

“We also need to ensure that NCDs are in the package of National Health Insurance – we can’t afford to miss this bus.”

The need to unpack the concept of personal risk was emphasised by a number of speakers. NCDs may remain undiagnosed for years while risky behaviours continue.

“60% of diabetes is undiagnosed,” said Dinky Levitt of the Chronic Diseases Initiative for Africa and the University of Cape Town. “There is an urgent need for better screening and early interventions including pre-conception, during the gestational period and in childhood.”

“If people don’t understand the concept of risk they cannot act on their own risk,” she added. “We have to present the information in a way that prompts action.”

Other issues that were highlighted by various speakers included the need to develop healthy cities that make provision for safe physical environments for people to be able to partake in physical exercise and access alternate transport options like walking and cycling.

It was also highlighted that health-seeking behaviour in South Africa has not always been a positive experience for people and that service provision has to be conducive to encouraging people to present early to be screened and treated, and, where possible, to change the behaviours that enhance the development of NCDs.

“We know what we must do but not how to do it,” said René English, Head of the Division of Health Systems and Public Health at Stellenbosch University. “There are a lot of well-constructed policies but we don’t always know how to implement and integrate. We need to strengthen the building blocks in the system.”

She also urged the need not to let complexity become a barrier to implementation.

The Symposium ended with a panel discussion on Evidence for Action which brought together a group of evidence users – policy makers, journalists, citizens and researchers - who presented ideas and case studies on how to bridge the ‘know-do’ gap to ensure that evidence is used in individual, community and policy decision making.

#### **About CEBHA+**

The goal of the CEBHA+ project is to build long-term capacity and infrastructure for evidence-based healthcare and public health in sub-Saharan Africa. CEBHA+ adopts a population perspective, encompassing disease prevention and care delivery. The research contributes to achieving many of the SDGs, especially Goal 3. In South Africa, the three CEBHA+ partners are the Chronic Diseases Initiative for Africa, Cochrane South Africa at the South African Medical Research Council and the Centre for Evidence-based Health Care at Stellenbosch University. The broader project includes collaborators from Germany, Ethiopia, Uganda, Rwanda and Malawi.

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South African Minister of Health, Dr Zweli Mkhizewith (middle), Prof Taryn Young (left) and Prof Jimmy Volmink (right).