

South African Academy for Family Physicians 2024 Congress NCDs in South Africa



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Policy context of NCDs/Diabetes in South Africa

National policy context

- 1994 - Reconstruction and Development Programme
- 1996 – South African Constitution
- 2012 - National Development plan

Economic policies

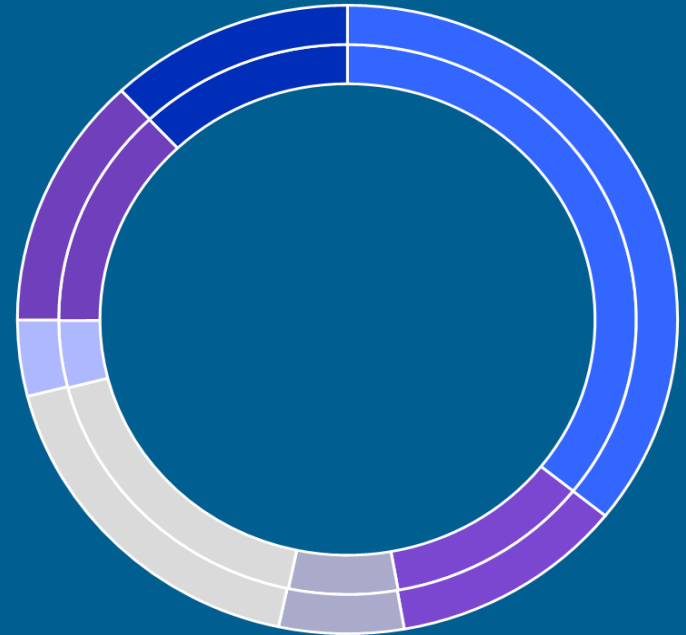
- 1996 – Growth, Empowerment and Redistribution (GEAR)
- 2004 – Accelerated Growth initiative (ASGISA)
- National Industrial Policy framework (IPAP)
- New Growth Path (NGP – 2010)

Department of Health policies

- 1997 – White paper for the Transformation of the health System
- 1999 – National Cancer Control Programme
- 2004 – National Health Act
- 2004 – Traditional Health Practitioners Act (Act 35)
- 2006 – National Guidelines: Non-communicable Diseases: A strategic Vision
- 2012 – National Plan for NCDs
- 2014 - **Management of T2D in adults at primary care**
- 2016 – National Health Insurance White paper
- 2017 – **Updated Management of T2D in adults at primary care**
- 2022 – NSP for NCD prevention and control 2022-2027

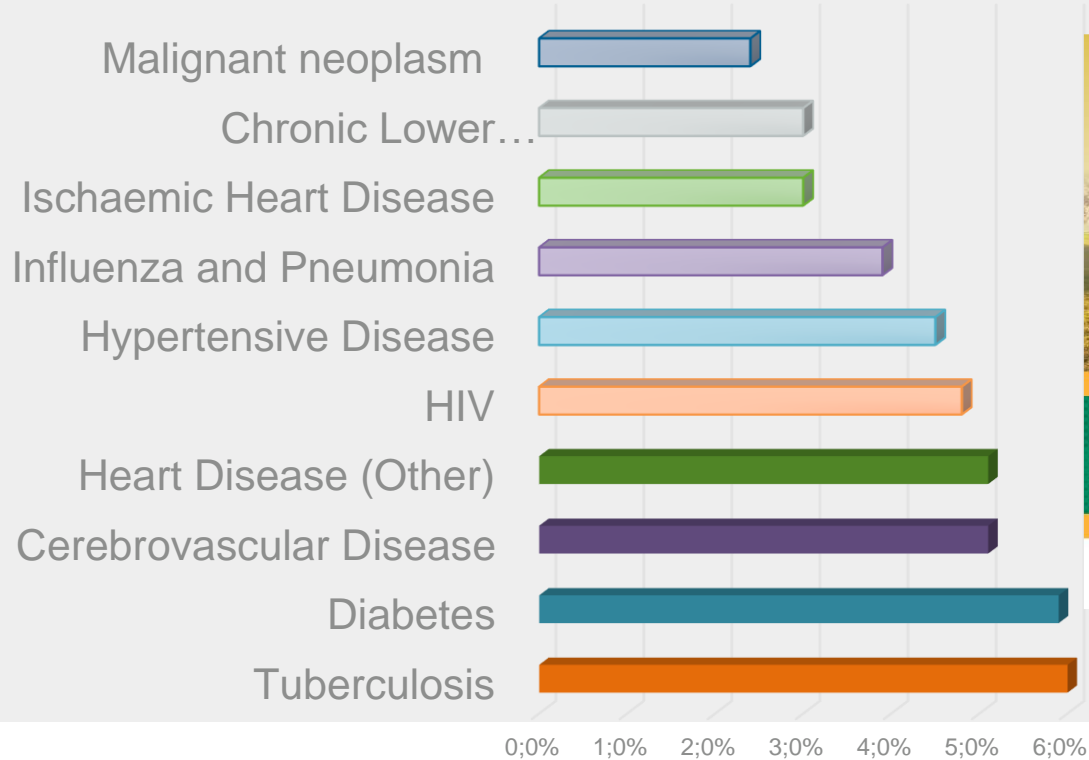
Mortality (% of all deaths), all age, both sex in 2019 in South Africa

- 35.7% Communicable, maternal, perinatal and nutritional conditions
- 11.5% Malignant neoplasms
- 6.1% Diabetes mellitus
- 17.7% Cardiovascular diseases
- 3.9% Respiratory diseases
- 13% Injuries
- 14.4% Other NCDs



NCDs accounted for 49.7% of the 495,000 Deaths in 2019

TOP 10 CAUSES OF DEATH SOUTH AFRICA (2016-18)



NSP–NCD Goals



90-
60-
50



stats sa

Department:
Statistics South Africa
REPUBLIC OF SOUTH AFRICA

<http://www.statssa.gov.za/?p=14435>

<https://www.spotlightnsp.co.za/2023/06/19/90-60-50-can-sa-meet-its-diabetes-targets-and-would-we-know-if-we-do/>

Hospital landscape – South Africa



10 Academic hospitals

- GP: 4, KZN: 2, WC: 2



15 Tertiary hospitals

- GP: 3, KZN: 2, WC: 1



44 Regional hospitals

- GP: 9, KZN: 14, WC: 4

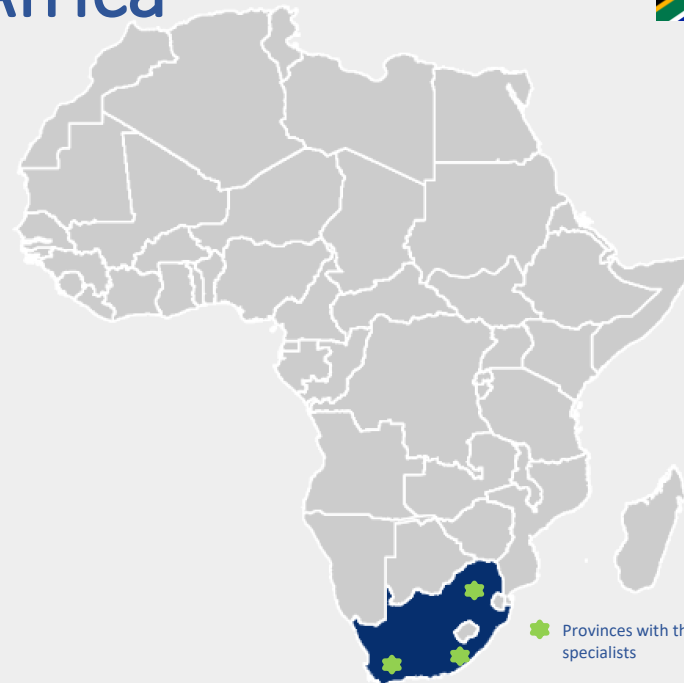


211 District hospitals

- GP: 11, KZN: 37, WC: 20



3863 public clinics



★ Provinces with the most specialists



Population: 62 million people



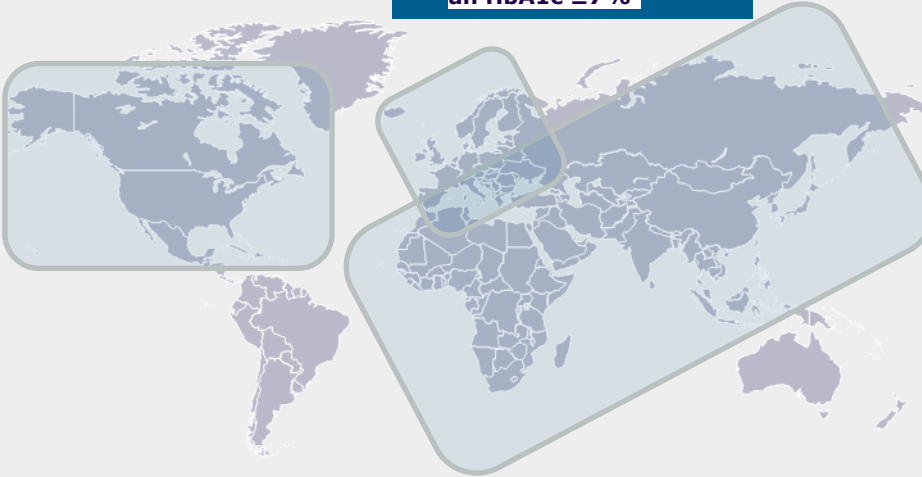
DM population: 4.2 million people



114 Endocrinologists

Despite several treatment options, many people with T2D do not meet their glycemic goals

- In Europe, 37.4% of adults with T2D have an HbA1c $\geq 7\%$ ⁴



- In the US, 50.5% of adults with diabetes have an HbA1c $< 7\%$ ¹

- In the US^{†2} and Canada,^{‡3} nearly 15% of adults with diabetes have an HbA1c $\geq 9.0\%$

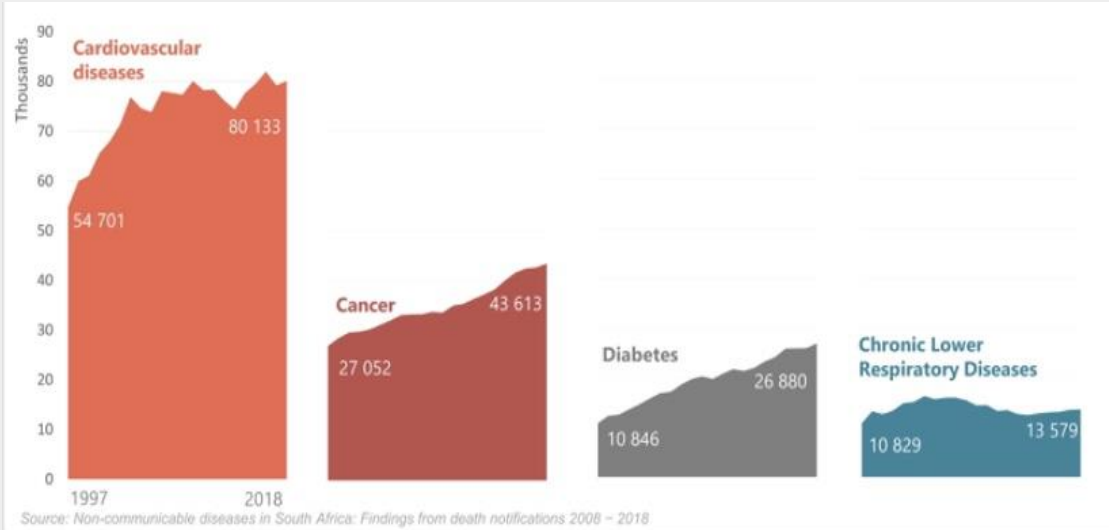
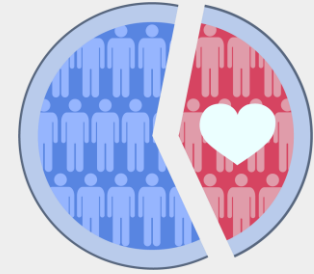
- In LMIC countries, **<50% of people with T2D achieve glycemic targets**⁵
- Additionally, **~80% of adults with T2D in LMIC treated with premix or basal insulin have an HbA1c $\geq 7\%$** ⁶

[†]According to the US CDC of individuals ≥ 18 years in the US (2013–2016). [‡]Data from 10,590 people with T2D from the Canadian LMC Diabetes Registry. CDC, Centers for Disease Control and Prevention; LMIC, low- and middle-income countries; T2D, Type 2 diabetes; US, United States.

1. Fang M, et al. N Engl J Med 2021;384:2219–28; 2. CDC. The National Diabetes Statistics Report 2020. Available at: <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf> (Last accessed April 2022); 3.

Aronson R, et al. J Diabetes 2016;8:76–85; 4. Pablos-Velasco P, et al. Clin Endocrinol 2014;80:47–56; 5. v.

6. Ramachandran A, et al. Poster presented at EASD 2019 #873.



Globally, approximately a **1/3** of patients with T2D have CV disease*¹

CAD 22%

Heart failure 15%

Stroke 7.6%

The “legacy effect” and “metabolic memory”

Evidence from UKPDS 88



All-cause mortality

1% reduction in HbA_{1c}
at diagnosis



18.8% risk reduction

1% reduction in HbA_{1c}
10 years after diagnosis



2.7% risk reduction

Myocardial infarction

1% reduction in HbA_{1c}
at diagnosis



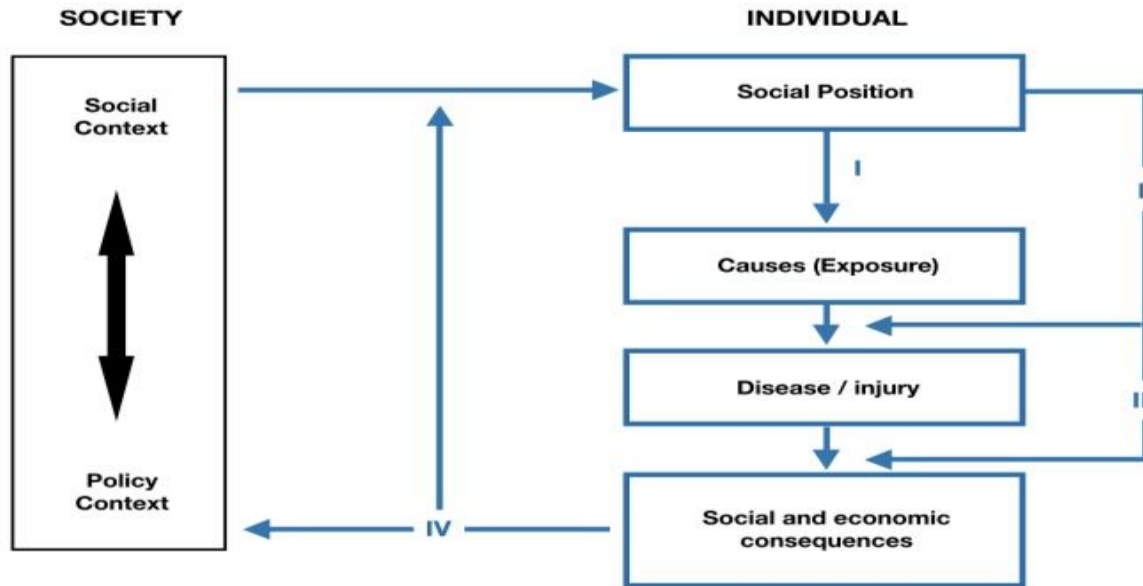
19.7% risk reduction

1% reduction in HbA_{1c}
10 years after diagnosis



6.5% risk reduction

Figure 1. Model of the social production of disease



Education
Capacitation
Screening
Lifestyle

Source: Reproduced with permission from Diderichsen et al. (2001)

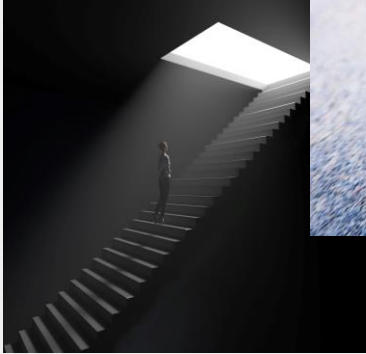
Income inequality and health



- Social Status: enforces social hierarchies -> chronic stress -> poorer health outcomes
- Social cohesion: Income inequality erodes social bonds -> less trust and civic participation, higher crime
- Individual income: Income inequality translates to lessened ability to prevent disease, cure illness or prevent injury
- Social disinvestment: income inequality in social and environmental conditions necessary for health among the poor



- The poorest in any society are the sickest. High income inequality results in overburdened health systems
- Poor health leads to poor earning potential



Summary

Education

Preventative strategies and screening initiatives need to be strengthened

Low hanging fruit – (diabetes/HPT)

Inequality needs to be addressed for the NCD goals to be realised on a much larger scale