

Longer lives put strain on NHI plans

INFECTIOUS diseases such as HIV and tuberculosis are no longer South Africa's only major problem. According to health experts, the country now faces a dual epidemic of both infectious and non-communicable diseases. Statistics South Africa's latest mortality report attributes 40 percent of deaths in the country to lifestyle diseases such as diabetes, heart disease, lung diseases and cancer. The national health director-general, Precious Matsoso, said the colliding epidemics were now common in developing countries where people who had one disease were predisposed to more illness. She said that someone with HIV, for example, had a compromised immune system and was at risk of more infections. They were likely to develop mental health problems and the nature of their medication made them susceptible to heart disease.

Research has shown that lifestyle diseases normally emerge from mid-life onwards. Antiretroviral drugs (ARVs) have increased the life expectancy of people with HIV. But these same people have now become more susceptible to non-communicable diseases. According to the Health Department, over two million people are on its state-funded HIV treatment programme. Stephen Tollman of the University of the Witwatersrand's school of public health, said unfortunately, with the increased life expectancy [South Africans now live six years longer than in 2005, according to Stats SA, mainly due to the impact of ARVs] came the increased risk of chronic non-communicable diseases. Matsoso has warned that the dual epidemic poses a threat to the country's planned National Health Insurance (NHI) system. She said health services would simply be overrun with people suffering from non-communicable diseases and the country's resources would not be able to handle the combinations of both chronic care and HIV.

Rural areas hardest hit

Tollman said that the impact of the colliding epidemic was most evident in rural areas where access to healthcare was limited and the health facilities that are available did not have the resources to provide treatment for people with chronic diseases. He said that poor children who had lost their parents and were in the care of grandparents would be hardest hit by South Africa's high levels of mortality, morbidity and disability. According to Tollman, addressing factors such as poverty and inequality is important in reducing the high burden of non-infectious diseases in rural and poor areas. For example, he said, stroke resulting from hypertension was strongly linked to poverty, mainly due to late diagnosis and poor access to healthcare in rural areas. In addition, poor people had less access to cheap, nutritious foods. However, several studies have shown that non-communicable diseases are also common among middle-class South Africans. The conditions are strongly linked to lifestyle choices such as how much alcohol they consume or what type of food they eat.

The South African National Health and Nutrition Examination Survey released last week found that 40 percent of South African women and 11.6 percent of men were obese. According to the Heart and Stroke Foundation, 6.3-million people in South Africa have high blood pressure, of which most cases are caused by a high salt diet. The World Health Organisation recommends one teaspoon of salt a day. It estimates that "130 heart attacks and 240 strokes occur daily in South Africa". The National Kidney Foundation has said 60 percent of kidney failure in South Africa is due to high blood pressure and 20 percent to 25 percent due to type 2 diabetes. The International Diabetes Federation estimates that 1.9-million South Africans have the condition.

Matsoso said the Health Department is addressing the social norms that contribute to the risk of developing non-communicable diseases through legislation. She said the department was on the verge of releasing a piece of legislation regulating alcohol advertising. Most recently regulations about the control of salt content were passed. Matsoso said the Health Department is also starting to integrate care for people with infectious and lifestyle diseases, which involves regular screening for non-infectious diseases such as hypertension and diabetes for HIV and TB patients or vice versa. She said the "reorganisation of the health system" is part of the preparations for the implementation of NHI.