

Health promoting foundation needed

Rising deaths from preventable diseases can be cut if healthy lifestyles are promoted

HOW we die gives surprisingly useful insights into how we can live. Do we die through violent crime, road accidents or infectious diseases? Are we dying younger or older over time?

The latest Stats SA report shows that even as our death rate slows down, There's a shift towards preventable lifestyle-related illnesses. While this is alarming it is also empowering, because as a country and as individuals and communities we can do something about it.


The Stats SA report, Mortality and Causes of Death in South Africa, 2012: Findings from Death Notification, is a useful tool for evidence-based health policy making. It points directly at the causes of death and those most affected. It shows that "healthcare for all by 2030", as stated in the National Development Plan, will not be achieved unless preventable health conditions such as heart disease, strokes and other noncommunicable diseases are drastically reduced.

Stats SA says 480 476 deaths were registered in South Africa in 2012, down by 6.2% from the 512 310 deaths in 2011. It notes that there was an increase in deaths from 1997 to a peak of 613 198 in 2006. Improved health services for communicable diseases, including TB and HIV, contributed significantly to this decline, which has continued since 2006.

The major causes of death are classified into three key areas, communicable diseases (TB, STDs, pneumonia, diarrhoea), maternal and perinatal causes (maternal haemorrhage and birth trauma, malnutrition), noncommunicable diseases (cancer, diabetes, stroke) and injuries (accidents, assault and suicide).

Noncommunicable diseases are noninfectious and generally progress slowly. They can also be described as lifestyle diseases and include cardiovascular, diabetes mellitus and ischaemic heart diseases, Stats SA says. Communicable diseases are infectious and include tuberculosis, intestinal infectious diseases and influenza and pneumonia.

Prior to 2004 the proportion of deaths due to noncommunicable diseases showed a steady drop while those of communicable diseases increased. In 2003 there were almost equal



Voice of Government
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KEY POINTS

- » How we die gives surprisingly useful insights into how we can live
- » The major causes of death are classified into three key areas, communicable diseases, maternal and perinatal causes, non-communicable diseases and injuries
- » Non-communicable diseases are non-infectious and generally progress slowly
- » They can also be described as lifestyle diseases
- » We need to address lifestyle choices by providing South Africans with both information, healthy public policy and an enabling environment

proportions of noncommunicable deaths and communicable deaths.

From 2004 to 2009 Stats SA recorded an increase in communicable deaths, with a drop in noncommunicable deaths. This equalled out in 2009 before an upward trend in the proportion of deaths due to noncommunicable diseases from 46.6% in 2010 to 50.6% in 2012.

What is unusual about last year's death rate is that more deaths are now from noncommunicable diseases than communicable diseases, with a decline in communicable diseases from 44.5% in 2010 to 39.5% in 2012. This reflects the role that individual food and behaviour choices are making on our mortality rates.

It highlights the urgent need to establish a national health promotion and development foundation which will conduct ongoing research, advocacy and campaigns to promote healthy lifestyles and lobby for environmental and policy change that supports this.

We need to address lifestyle choices by providing South Africans with information, healthy public policy and an enabling environment that, for example, ensures the availability

of affordable healthy food, safe and attractive outdoor spaces to exercise in and a reduction in the availability of foods with high sugar, fat and salt content and harmful products such as alcohol and tobacco.

Such a foundation would enable inter-sectoral collaboration across government departments so that health promoting policies and infrastructure can be supported and created. It would support the work of the Department of Health (DOH) but, critically, would need an interdepartmental engagement and delivery of services and infrastructure.

The DOH can identify the health needs of South Africans like the easy availability of fast foods but it is the Department of Trade and Industry (DTI) that can change this. Likewise, cycling lanes or safe outdoor spaces need to be provided but it is the departments of transport and human settlements that need to make them a reality, not the DOH.

It is not enough for the government and civil society to speak to the need for South Africans to live healthier lifestyles on one or two days of the year. This prevention work needs to happen every single day of the year as people make lifestyle choices each and every day.

Such foundations are funded in countries such as Thailand and Australia through levies on alcohol and tobacco. This provides a dedicated income stream which does not use existing resources from the Treasury, it is an additional levy on these harmful products.

An added benefit is that an additional tax on alcohol and tobacco products will reduce alcohol and smoking. An important factor here is that the R17.1bn direct cost of alcohol-related harm in 2009 was found to be more than the R16bn income from alcohol sales in that year.

The DTI commissioned a study of alcohol-related harm in 2011 that found the cost of direct and indirect harm to be R38.5bn. So resources are already being used to address health but only after harm has been caused.

We need to be proactive and stop harm and this costs a fraction of treatment.

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