The World Health Organization estimates that Non-communicable diseases (NCDs) kill 38 million people each year, with almost three quarters of NCD deaths, occurring in low- and middle-income countries. In terms of mortality, sixteen million NCD deaths occur globally before the age of 70 years, and 82% of these “premature” deaths occurred in low- and middle-income countries. In addition, cardiovascular diseases account for most NCD deaths or 17.5 million people annually, followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million). Tobacco use, physical inactivity, the harmful use of alcohol, and unhealthy diets all increase the risk of dying from an NCD.1

In South Africa, NCDs and injuries account for 49% of mortality, and approximately 2 out of 5 deaths were attributable to NCDs in 2015. Some 40% of NCD deaths among men and 29% among women are reported to be premature. In addition, hypertension affects 42.2% of the population, 10.6% suffer from elevated blood glucose and 34.0% have high serum cholesterol levels.2 With these startling facts on NCDs in mind, the question to ask is: “What are we doing to prevent and effectively manage these diseases among our patients?” There are increasing prevalence rates of over-weight, obesity, diabetes mellitus, and hypertension in both children and adults in the community.

Between 2006 and 2015, the accumulated losses to South Africa (SA)’s gross domestic product from diabetes, stroke and coronary heart disease alone were estimated to have cost the country US$1.88 billion. Employers face additional costs in the form of high staff turnover and absenteeism, because these conditions are not only a source of morbidity but also a leading cause of death in working-age population.3 With all these ramifications associated with NCDs, the focus should be on simple preventive primary health care strategies. What can we do to stem the increasing use of tobacco, alcohol abuse, and unhealthy diets?

The solutions are obvious if we collectively address the risk factors associated with NCDs. For example, the South African government is proposing a tax on sweetened beverages from 2017. This decision based on epidemiological data have shown that obesity levels having risen among men and women over the past decade in the country. This is attributable in part, to increased sugar consumption, and other products, such as meat and oils. In 2014, Mexico introduced a 10% sugar tax with the resultant effect that the purchase of sugary beverages fell by 12% in the first year. In addition, studies showed that since the tax was implemented people switched to drinking water. This sounds like a positive behavioural change among the population.

Research from the Global Burden of Diseases Nutrition and Chronic Diseases Expert Group shows that chronic diseases result in one death every hour. Obesity not only shortens a person’s life span, it also affects their quality of life, leading to lifestyle diseases that result in strokes, blindness, amputations, and kidney failure.4 According to the World Health Organisation, people should not consume more than six teaspoons of sugar a day. However, most 330ml fizzy sugary beverages, which have no nutritional value, contain nine teaspoons of sugar, while fruit juices have ten teaspoons of sugar. If the sugar tax is implemented, hopefully, it will reduce the health burden associated with obesity, diabetes mellitus, and other NCDs. Reduction in sugar consumption and unhealthy diets with increased physical activity are simple strategies that can be implemented to change the physical profiles of our patients. However, as the saying goes - “charity begins at home” - health care practitioners have to live by example by adhering to these simple strategies in order to convince their patients of their benefits to counter the deleterious effects of NCDs. We must not lose the battle as the economic and health impact are catastrophic. We can turn the tide on NCDs by our collective determination to follow these simple strategies.

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References