SOUTH AFRICAN
NON-COMMUNICABLE DISEASES ALLIANCE

CIVIL SOCIETY STATUS REPORT 2010 - 2015

MAPPING SOUTH AFRICA'S RESPONSE TO THE EPIDEMIC OF NON-COMMUNICABLE DISEASES

Compiled by VJ Pinkney-Atkinson
September 2015

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COMPILED BY:
DR VICKI PINKNEY-ATKINSON
SA NCD Alliance Johannesburg, South Africa
vicki@phango.org.za | www.sancda.org.za
FaceBook: www.facebook.com/sancda
Twitter: @ncd_sa

DESIGNED BY:
PETRUS SCHOEMAN
Eye-D Solutions - CAPE TOWN
petrus@eyedsolutions.co.za

1. FOREWORD

Non-communicable diseases (NCDs) are the world's number one killer, accounting for 60% (35 million) of all global deaths.

No country or community is spared from the impacts of NCDs, affecting rich and poor countries alike. The NCDs burden is increasingly damaging the social and economic stability of low- and middle-income countries (LMICs) like South Africa. Approximately 86% of all preventable NCD deaths occur in LMIC.

Without immediate and collective action, NCDs will continue to have a severe impact on individuals, communities and countries. If we work together it is more likely that a world free from the preventable suffering, disability, and death caused by NCDs.

In the global space broad-based NCDs coalitions as advocacy strategy are a relatively new phenomenon.

- Civil society network
- 2,000 organisations
- 170 countries
- Founded in 2009

- Global & national NGOs
- Scientific &
- Academic & research institutions
- Private sector entities
- Dedicated individuals

Key partners include

- World Health Organisation
- United Nations

The NCD Alliance's capacity building programme Strengthening health systems, supporting NCDs action, funded by Medtronic Philanthropy, is assisting civil society organisations in Brazil, Caribbean region and South Africa (SA). The goals of the programme are to:

- build networks of action;
- conduct national level research and analysis;
- develop dialogue with governments and other key stakeholder groups;
- advocate for improved NCD policies programmes and health systems strengthening.

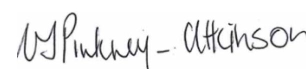
The South African NCD Alliance (SA NCDA) is proud to be part of The NCD Alliance global capacity building programme and the beneficiary of successive grants from Medtronic Philanthropy.

The purpose of this report is to monitor and evaluate progress on the implementation of the global and regional commitments undertaken by the SA government. The report is framed by a civil society "watchdog" role. It is hoped that the language and presentation style encourage easy reading by people living with NCDs (PLWNCDs) and those that advocate on their behalf.

The SA NCDA affirms its unequivocal support for universal health coverage with its goal to ensure that "all people obtain the health services they need without suffering financial hardship when paying for them."

1. A strong, efficient, well-run health system that meets priority health needs through people-centred integrated care (including services for NCDs, HIV, TB, malaria, maternal and child health) by:
   - informing and encouraging people to stay healthy and prevent illness;
   - detecting health conditions early;
   - having the capacity to treat disease; and
   - helping patients with rehabilitation.
2. Affordability including a system for financing health services so people do not suffer financial hardship when using them.
3. Access to essential medicines and technologies to diagnose and treat medical problems.
4. A sufficient capacity of well-trained, motivated health workers to provide the services to meet patients' needs based on the best available evidence.
5. Recognition of the critical role played by all sectors in assuring human health, including transport, education and urban planning.

Adapted from "What is universal health coverage?" World Health Organization Online Q& A, October 2012[1]



Dr Vicki Pinkney-Atkinson
Person Living with NCDs, PhD, RN
Strategic Development Manager, SA NCD Alliance

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Government and government bodies

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  - MP: Sarah Gumede
  - NC: Nomhle Gumbo & Mariana Loots
  - WC: Unita van Vuuren

3. GLOSSARY OF ACRONYMS

The language of NCDs is peppered with abbreviations some of which may be hard to contextualize.

APP Annual Performance Plan - An accountability document used at a national and provincial government levels and by publicly funded bodies. It must strategic activities and link these to the budget one financial year (April to March.) Quality check for government and public.

BME Benchmarking exercise undertaken to link the NCDs GAP targets to measurable outcomes in SA and its provinces.

CANSA Cancer Association of South Africa - NGO founding member of the SA NCDA that enables research, educates the public and provides support to all people affected by cancer.

CCM Chronic care model aims to integrate care for chronic (communicable and NCDs) at a primary level. Also known as "integrated chronic care model" and "the integrated chronic services model" currently being implemented in NHI and HIV/AIDS counselling and treatment sites. The aim is to "integrate" NCDs into existing HIV/AIDS and TB care. However, NCDs stakeholders are not involved in the developments.

CHW(s) Community health worker(s) a group of health workers with an ill-defined role that are increasingly used at a community level NCDs prevention & control.

CVD Cardiovascular disease -stroke, myocardial infarction, hypertension, peripheral vascular diseaseand RHD.

CSR Civil society NCDs status report – This document which contextualises the outcome of the BME. It summarises the extent to which the SA government meets its global commitments to combat NCDs. To be published annually from 2015.

DSA Diabetes South Africa NGO founding partner of the SA NCDA that promotes diabetes care and support.

EC Eastern Cape province.

EML Essential Medicines List.

DMoH Deputy Minister of Health.

FS Free State province.

FCTC WHO Framework Control on Tobacco Control global benchmark for tobacco control.[2]

GAP WHO Global Action Plan for the prevention & control of NCDs 2013-2020[3].

GP Gauteng Province.

HCT HIV Counselling and Treatment - A policy & "vertical" PHC programme of the NDoH which allows for NIMART.[4] It is the service through which NDoH proposes to integrate NCDs prevention & care into at a PHC level.

HPV Human papilloma virus.

HSFSA Heart and Stroke Foundation South Africa - NGO founding partner SA NCDA that plays a leading role in the fight against heart disease and strokes.

KZN KwaZulu-Natal province.

LMIC(s) Low- and middle-income country (countries) - many were formerly known as developing countries. SA is a middle-income country with a very unequal distribution of wealth. This classification according to economic measures helps to focus on challenges and resources.

M&E Monitoring and evaluation.

MDGs Millennium Development Goals – 8 global targets set from 2001-15 primarily focussed on HIV/AIDS, TB & malaria together with a strong emphasis on mother and child health. NCDs largely neglected with no indicators. To be replaced with SDGs in 2015.

MoH Minister of Health.

MTEF Medium term expenditure framework (3 year budget framework) that takes place within a 5 year planning framework (medium term strategic framework).

NC Northern Cape province.

NCAS National Council Against Smoking a non-governmental organisation.

NCD(s) Non-communicable disease(s) - a diverse and vast range of illnesses with differing screening & treatment needs all requiring the active involvement of PLWNCDs and their significant others. In SA emphasis is placed on cancer, CVD, diabetes, mental health and respiratory disorders. NCDs are also chronic conditions of long duration not passed from person to person and are generally slow to progress. There may be shared common risk factors some of which may be modifiable and preventable. E.g., results of long-term exposure to harmful lifestyle behaviours such as unhealthy diets, lack of exercise, smoking & binge drinking.

NCDA The Non-communicable Disease Alliance a global NGO alliance that advocates for NCDs prevention & control.

NCDsCom The NCDs or National Health Commission a proposed body for co-ordinating NCDs in SA.

NCDs SP SA NCDs Strategic Plan 2013-2017[5] NDoH policy on NCDs.

NCM/NCDs National co-ordinating mechanism for the prevention and control of NCDs.

NCoP National Council of Provinces 1 of 2 houses of parliament to make sure that provincial interests are taken into account at a national level. Its focus is on co-operative governance and intergovernmental relations.

NDoH National Department of Health.

NDP National Development Plan is a plan to eliminate poverty and reduce inequality by 2030. It contains a broad plan for health equity.[6]

NEMLC National Essential Medicine List Committee a committee of experts appointed by Minister of Health.

NGO(s) Non-government organisation(s) or not for profit organisations.

NHI National Health Insurance the SA government's plan for universal health coverage to be implemented over the next two decades. It involves redesigning PHC as one of its key elements.

NIMART Nurse Initiated Management of Antiretroviral Treatment. NDoH authorised nurses to initiate AIDS treatment in April 2010.[7] It involves "task shifting" from medical practitioners to registered nurses.[8] Nurses start patients onto antiretroviral treatment (ART), continue prescriptions for patients stable on ART. Referral to doctors as necessary. Nurses monitor and manage the patient comprehensively. This is also known as "scaling up" of care. This model must be implemented for NCDs.

NSDA Negotiated Service Delivery Agreement. A performance agreement linked to a political term of office to which the Minister of Health commits the health sector. NSDA 2010-2014 covers the period of this report.[9] Output 1 (increasing life expectancy) relates to NCDs and other chronic conditions.

PDoH(s) Provincial Department(s) of Health in SA system explain the place.

PHANGO Patient Health Alliance of Non-Governmental Organisations – A NGO founding partner SA NCD Alliance bonding 20 mainly NCDs-related NGOs to improve the quality of care for all S Africans.

PHC Primary health care - Essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable. This approach is organised to reduce exclusion and social disparities in health, is people-centred, intersectoral, collaborative, and promotes the participation of all stakeholders.

PLWNCDs People Living with NCDs - highlights advocacy for people-centred NCDs prevention and care.

RHD Rheumatic heart disease - considered a proxy indicator for maternal and child health in relation to NCDs. When performance cannot be measured directly so an 'indirect' or proxy measure is used.

SA South Africa(n).

SANAC South African National AIDS Council is a voluntary association that brings together civil society, government and the private sector to co-ordinate the national response to HIV/AIDS, TB and sexually transmitted diseases. The NDoH funds SANAC to the tune of R15-million as well as other sources.

SA NCDA South African Non-Communicable Diseases Alliance - Essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable . This approach is organised to reduce exclusion and social disparities in health, is people-centred, intersectoral, collaborative, and promotes the participation of all stakeholders.

SP Strategic Plan(s) 5 year planning document used to monitor and evaluate achievement.

StatsSA Statistics South Africa a government support institution tasked with being the "fact finder" of SA.

TB Tuberculosis.

UN United Nations.

USAID United States Agency for International Development a programme of the US State Department that funds international aid programmes. Of relevance is funding for HIV/AIDS President's Emergency Plan for AIDS Relief (PEPFAR).

WC Western Cape province.

WHO World Health Organization.

4. EXECUTIVE SUMMARY

NCDs make up one part of the quadruple burden of disease causing increasing morbidity and mortality in South Africa.

NCDs accounted for 51% of all deaths in SA in 2013 of which 20% is due to cardiovascular disease and cancers alone. The SA government is party to global and regional commitments to prevent and treat NCDs and has a national strategic plan for the prevention and control of NCDs until 2017.

The purpose of this NCDs Civil Society Status Report is to map the SA government's response to NCDs-related global and regional commitments. The report is seen through the eyes of people living with NCDs and represents a civil society "watchdog" view compiled by the SA NCD Alliance.

The report centres on a benchmarking exercise developed to measure the response to the six main areas of the NCDs Global Action Plan 2013-2020. The benchmarking tool, which structures data collection, was used with small adaptations and covers the period from 2010 to March 2015. Data was collected from policy documents, published reports and from insights gained from stakeholder groups.

The SA NCD Alliance together with key NCDs stakeholders from multiple sectors have formed the NCDs Network as an informal advocacy, support and communication mechanism. The work undertaken by the SA NCD Alliance outlined in this report was funded by a generous grant from Medtronic Philanthropy and supported by The NCD Alliance.

Area	Findings
1 ↑ NCDs priority via international co-operation & advocacy	• 1.1 Inclusion of NCDs in National Development Plan • 1.3 Operational national NCDs network of NGOs engaging PLWNCDs • 1.4 Government led national NCDs summit last 3 ys active NGOs participation • 1.5 Government endorsed public media campaign partnering with NGOs in last 2 yrs
2 Strengthening national capacity, multisectoral action & partnerships for NCDs	• 2.1 Operational national NCDs plan with all 4 criteria • No NCDs commission for co-ordination • 2.2 # of provinces with operational NCDs plan 0/9 • 2.3 # of operational NCDs PPP supporting NCD plans • 2.4 National government partnerships with NGOs on NCD initiatives
3 ↓ NCDs modifiable risk factors & social determinants	• 3.1 # tobacco mPOWER policies in existence 2/6 • 3.2 National strategies on major modifiabe risk factors • 3.3 ↑ taxes on alcohol in last 5 years. • 3.4 National policies & controls on marketing to children • 3.5 National action on salt reduction • 3.6 School physical education with resources & incentives
4 Strengthen & re-orient health systems to address NCDs	• 4.1 Government initiatives to strengthen PHC centres capacity for NCDs • 4.2 Government initiatives strengthening PHC capacity • 4.3 % NCDs medicines included EML to patients with limited resources • 4.4 National EML list updated in line with WHO • 4.5 NCD-related services & treatments covered by private health insurance • 4.6 Operational NCDs surveillance system
5 ↑ national NCD capacity for R & D	• 5.1 National research agenda for NCDs • 5.2 Government funding support national research • 5.3 # published articles on NCDs in SA
6 Monitor & evaluate progress on NCDs	• using national NCDs targets/indicator with monitoring mechanisms in place

Figure 1: Summary of benchmarking exercise findings

KEY TO TEXT: Achieved/In place | Not achieved/ not in place | Partial achievement/In progress | No or limited information

Recommendations

The findings of the NCDs benchmarking exercise were discussed with delegates to the NCDs Health Systems Strengthening Kopano in November 2014. Delegates unanimously accepted an urgent call for urgent action by the National and Provincial Departments of Health in five main NCDs areas of concern. This meeting of key stakeholders gave a mandate to representatives of the SA NCDA and the NCDs Network meet with Deputy Minister of Health (DMoH) to bring these matters to his attention before the end of 2014.

On 10 December 2014 the "call for NCDs action" was presented to the DoMH in Pretoria, South Africa. The SA NCD Alliance and the NCDs Network gave their in principle support for the NDoH's NCDs Strategic Plan 2013 - 2017. However it cautioned that failure to address the issues below would impede success on this important matter:

- An operational high level **intersectoral National Health Commission (NCDsCom) or national NCDs coordination mechanism (NCM/NCDs)** should be established by July 2015;
- The allocation of **dedicated funding for critical functional areas is requested to ensure action on NCDs** at both national and provincial levels;
- Ongoing regular **involvement of, and communication with, the SA NCDA and other key stakeholders in all NCDs-related initiatives;**
- **Human resources equipped and legally enabled to provide person-centred care** for the prevention of NCDs and the treatment of PLWNCDs; and
- **Standards, practice guidelines and processes for NCD prevention and treatment must be managed at a national level** and updated regularly according to international norms.

5. SA NCD ALLIANCE & THE NCDs NETWORK

The NCDs Network is an informal intersectoral network of organisations and individual sharing a passion to stop the epidemic of NCDs in SA.

SOUTH AFRICAN
NON-COMMUNICABLE DISEASES ALLIANCE
STOPPING THE EPIDEMIC OF NCDs

THE HEART AND STROKE FOUNDATION SOUTH AFRICA

Founded 2013
Over 160 years of civil society NCDs support and advocacy experience
Proudly part of the NCD Alliance's capacity building programme
1 of only 7 national NCDs alliances in Africa
Established a national of civil society organisations - NCDs Network

6. GLOBAL COMMITMENTS FOR NCDs ACTION

The SA government has committed to the international resolutions listed in Table 1.

Table 1: Timeline of global commitments to NCDs prevention and control

2000	Resolutions WHA53.17 (May 2000) on the Prevention and Control of Non-Communicable Diseases
2003	Framework Convention on Tobacco Control (FCTC) (WHA56.1)[2]
2004	Global strategy on diet, physical activity and health (WHA55/7)
2008	Prevention and control of non-communicable diseases: implementation of the global strategy (WHA61.14)
2010	The Global strategy to reduce the harmful use of alcohol. (WHA 63.13)
2011	Brazzaville Declaration on NCDs prevention and control in the WHO Africa Region[10]
2011	Moscow Declaration on NCDs prevention and control[11]
2011	UN High-level Meeting on the Prevention and Control of NCDs and its resulting Political Declaration[12]
2013	WHO Global Action Plan to prevent and control NCDs 2013- 2020 (GAP)[13] with its global targets and indicators

Commitments to environmental issues are not addessed and are not directly covered in GAP and require consideration.

7. OVERVIEW OF THE NCDs EPIDEMIC IN SOUTH AFRICA

By Kim Nguyen[a], June-Rose Zandile Mchiza[b], Mukesh Muke[b], Helene Mwamba[c], Lushiku Nkombua[c], Victoria Pinkney-Atkinson[c], Andre Pascal Kengne[b]

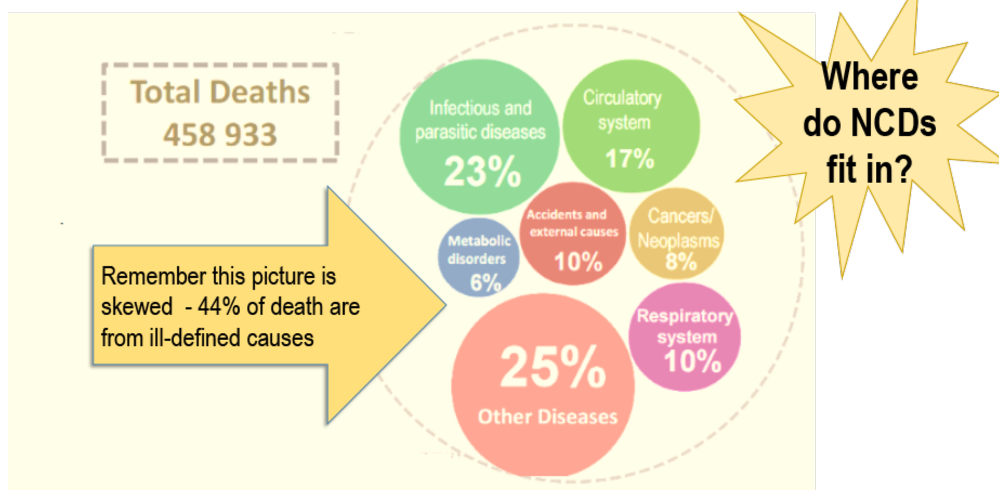
South Africa has a quadruple burden of disease which is influenced by the social determinants of health:

- NCDs;
- HIV/AIDS and TB receiving the greatest attention, largest budgets;
- maternal-child mortality; and
- trauma and violence.

Like other LMIC countries South Africa it is undergoing nutrition transition because of urbanisation and globalisation. SA is facing a growing epidemic of NCDs alongside those related to poverty and HIV/AIDS. The burden of NCDs has been estimated to be two to three times higher in South Africa than in developed countries and predicted to rise even further if there are no effective approaches to counteract this rise. In 2013 NCDs including stroke, ischaemic heart disease, hypertension, diabetes and chronic respiratory diseases are among the ten leading causes of SA adults' death (Table 2). Together NCDs account for at least 18% (65 000) of adult deaths per annum. Over the past 16 years mortality from diabetes, stroke and hypertensive diseases has substantially increased. Ischaemic heat disease is among the top leading causes of death in men, while stroke, diabetes and hypertensive diseases are frequent in women.

a Non-communicable Diseases Research Unit, South African Medical Research Council.
b Family Medicine Department, University of Pretoria, Mpumalanga Campus
c South African NCD Alliance

How did South Africans die in 2013? Insights



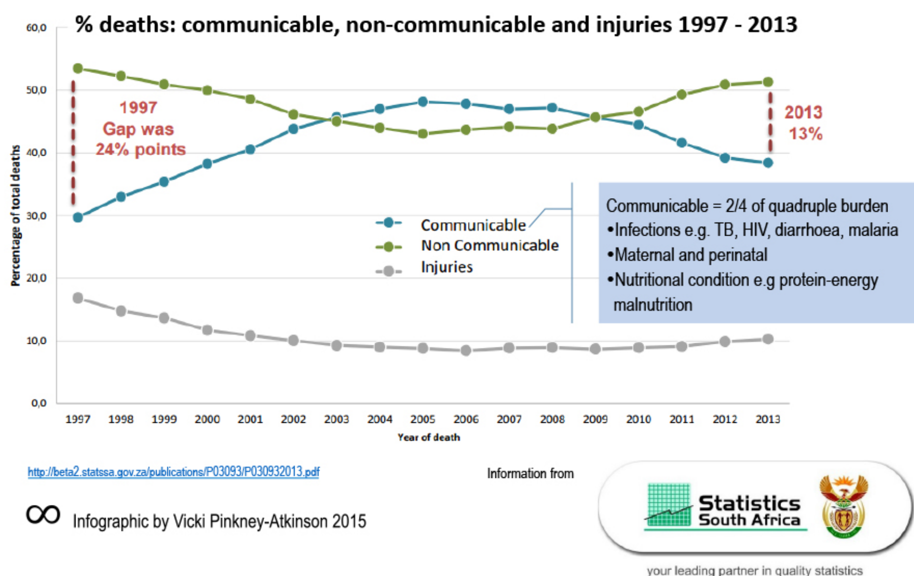


Figure 2: Causes of death in South Africa 2013 - fitting in NCDs

South African studies 2002-2012 (see Annexure for Tables 2A- 8A)

The annexure to this report contains the data from relevant SA studies. https://goo.gl/R1H3M1

Although data at national level is limited the evidence presented in the annexure Tables 2A-4A suggest a substantial increase in the prevalence of hypertension, diabetes, high blood cholesterol and metabolic syndrome over the past two decades, with non-Caucasian South Africans being the most vulnerable. The detection and control of these conditions remains non-optimal.

Very high and increasing rates of overweight and obesity (which are powerful risk factors for NCDs) have been reported among adults, with women being the most vulnerable (Table 5A). The situation is complex in children where, overweight/obesity often coexists with underweight the same household. Other lifestyle-related risk factors including smoking (Table 6A), excessive alcohol intake (Table 7A) and physical inactivity (Table 8A) are very common both among adults and adolescents.

There is urgent need for effective health interventions to prevent and control NCDs in South Africa, considering the huge impact on individuals, families, the national economy and a healthcare system that already is not coping with this disease burden. Further research is needed to map and refine the burden of NCDs and to contextualise existing evidence on prevention and control.

Table 2: South Africa's ten leading causes of death 1997-2013

	1997		2001		2003[14]		2005[15]		2007[16]		2010		2013[16]	
Causes of death	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%
Tuberculosis	1	6.9	1	11.3	1	12.2	1	12.5	1	12.8	1	11.6	1	8.8
Influenza & pneumonia	4	3.6	2	7	2	8.2	2	7.7	2	8.3	2	7.2	2	5.2
HIV disease	–	–	–	–	10	2.3	10	2.5	9	2.2	7	3.4	3	5.1
Cerebrovascular	3	5.3	4	5	3	5	4	4.1	5	4.2	5	4.5	4	4.9
Diabetes mellitus	5	3.4	7	3.2	6	3	6	3.1	6	3.4	6	3.9	5	4.8
Other forms of heart	2	6.3	3	5	5	4.3	5	4.1	4	4.3	4	4.7	6	4.6
Hypertensive	9	2.4	10	2.4	8 ♀	2.7 ♀	9 ♀	2.6 ♀	10	2.2	8	2.7	7	3.7
Intestinal infectious	9 ♀	2.5	5	3.6	4	4.4	3	4.8	3	6.2	3	5	8	3.4
Other viral diseases	–	–	–	–	–	–	–	–	–	–	10	2.6	9	2.6
Chronic lower respiratory	6	3.4	6	3.2	7	2.9	8	2.7	7	2.5	9	2.4	10	2.6
Ischaemic heart diseases	7	3.1	8	2.6	9	2.4	8 ♂	2.5 ♂	8 ♂	2.4 ♂	9 ♂	2.5 ♂	–	–
Certain disorders immune mechanism	–	–	9	2.6	8	2.7	7	2.7	8	2.5	10 ♀	2.1 ♀	–	–
Malignant neoplasms digestive organs	8	2.8	9 ♂	2.3 ♂	–	–	–	–	–	–	–	–	–	–
Respiratory & CV disorders - perinatal	10	2.2	–	–	10	2.3	9	2.6	–	–	–	–	–	–

– **Category not in top ten**

Burden and impact of non-communicable diseases

SA is in the midst of a profound health transition that is characterised by a quadruple burden disease. NCDs are emerging in both rural and urban areas, most prominently in poor people living in urban settings, and are resulting in increasing pressure on acute and chronic health-care services.[18]

NCDs accounted for 51% of all deaths in South Africa in 2013; 20% alone due to cardiovascular disease and cancers.[17]

Over 80% of the SA population relies on the state services for health care.

Impact of NCDs on human development

Poverty and unemployment contribute greatly to poor health, and they have to be tackled as much as the health services to improve the health of the population. Households that face catastrophic health care expenditure are frequently pushed into breadwinners become sick. For those in marginal poverty, the burden of NCDs care and the resulting disability leads households to impoverishment.

The 2011 watershed of global NCDs commitments. It was noted

> "....with grave concern that NCDs and their risk factors lead to increased burdens on individuals, families and communities, including impoverishment from long-term treatment and care costs, and to a loss of productivity that threatens household income and leads to productivity loss for individuals and their families and to the economies of Member States, making NCDs a contributing factor to poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the MDGs."
>
> *United Nations General Assembly Political Declaration of the High Level meeting on the prevention and control of NCDs 2011.*[12]

Burden on health systems

The NDP alludes to SA's failing health system despite ongoing attempts to weak health care systems worsen the impact of the NCD epidemic. The young age at death from NCDs in LMIC may be due to weak health care systems.

The capacity of health system to provide effective services should be strengthened through the availability of adequate skilled human resources, essential medicines, technology and supplies in health facilities, to meet the need of the population they serve.

> "The roots of inadequate performance in SA's health system have been the subject of a number of studies...These reveal consensus that SA's health system provides low value for money, and that there is a large gap between good health policies and implementation of these. Despite the access and equity gains of the last 17 years the performance of PHC in SA has been poor compared with other countries, and prospects of achieving the Millennium Development Goals for health appear increasingly remote. The causes of this inefficiency have been described as systemic with both "structural" (e.g. weak DHS) and "regulatory" (e.g. lack of accountability) dimensions."
>
> *South African Health Review 2011 Chapter 2 Naledi, T. Baron P and Schneider, H*[19]

Both national and provincial health systems and governments ought to ensure allocation of adequate financial resources and ensure availability of adequate number of human resources for health and procure adequate logistical and material supplies towards effective implementation of quality health care service.

Economic burden

NCDs present major impediments to economic growth. The economic impacts of NCDs are felt at the individual, workplace, societal and state levels. At the individual and workplace levels, poor health and wellbeing lead to a significant decrease in productivity.
In addition, due to their chronic nature, NCDs require costly medicine and treatment over a number of years, which can lead to substantial declines in household income and savings.

At a national level, unhealthy populations and premature mortality decrease the quality and the quantity of the country's productivity and production, thus reducing its gross domestic product (GDP). Improved health and wellbeing can increase the quality of human capital,x subsequently increasing productivity and GDP by eliminating the costs associated with sick days and disability and redirecting the resources for treatment and medicine to other areas such as improving education and reducing poverty.

SA urgently needs to implement and effective policy on NCDs that includes the population-wide prevention and health care interventions. Population-wide interventions that change behaviours of the whole population combined with cost effective primary care interventions for the individuals at high risk. At the same time effort to reduce inequalities in income, employment and educational achievement have an important role to play in averting NCDs epidemic.

8. NCDs CIVIL SOCIETY STATUS REPORT

This NCDs Civil Society Status Report (CSR) is a part of the national accountability process in which the SA government is held "responsible for implementing policies and programmes to meet the UN commitments"[1] and includes Africa region commitments as shown in Table 1. The 2011 National Development Plan[6] highlights that action on NCDs is needed.

This benchmarking exercise (BME) aims at assessing key aspects of the SA government's response and capacity for the prevention and control of NCDs. It is undertaken by civil society in terms of its advocacy role.

> "Benchmarking identifies a realistic sense of the capacity of the organisation and it is the "comparison of performance and process to improve practice and performance.""
>
> *Department of National Treasury, South Africa p. 40 (2011)*[20]

The core of the CSR documents NCDs-related policy and action with the 2013 NCDs SP is a public health strategy designed to reduce the incidence and mortality of NCDs and to improve the life of PLW NCDs.[3,21] The characteristics of acceptable public policy documents are described elsewhere.[22]

The scope of the BME is limited to the SA government's role as the custodian of health in terms of the Negotiated Service Delivery Agreement (NSDA.) In terms of the NSDA the Minister of Health is responsible for achieving outcomes to improve health of the nation as part of its five year planning cycle. The 2010 - 2014 NSDA charter states that "new and innovative ways" would be found to detect NCDs."

> "We are already engaged in a rigorous effort to prevent and manage non-communicable (NCD) conditions"[9]

Methodology

The six objectives of the WHO GAP[3] outlined below form the framework for the benchmarking tool (BMT):

- international cooperation and advocacy (section 1);
- country-led multisectoral response (section 2);
- risk factors and determinants (section 3);
- health systems and universal health coverage (section 4);
- research, development and innovation; and (section 5)
- surveillance and monitoring (section 6).

The BME is framed around a core set of questions provided by The NCD Alliance in support of global civil society NCD monitoring efforts. The BMT, a structured questionnaire, was developed in a process sponsored and spearheaded by an NCD Alliance expert committee.[23]

The SA NCDA was tasked to co-ordinate the compiling of the BME in South Africa. However, after initial local consultation it was obvious that much of the information needed was not readily available or easily accessible. It indicated the need for a SA national benchmark in relation to global NCDs commitments with the goal of creating a baseline for ongoing monitoring and evaluation by civil society groups.

The period covered in this research between 2010 and March 2015 which covers the period of the NSDA, marks the halfway point SA NCDs strategic plan 2013-2017 and government's financial year end.

Information about the BMT was made available through the SA NCDA websites, newsletters, presentations and by the development team from the NCD Alliance at the NCDs Call to Action meeting in February 2014. Invitations to participate were made at all stages.

Data sources

Approximately 600 data sources were consulted and the mainly unstructured nonnumeric data was categorised into themes with the use of the qualitative software package NVivo10.

The primary source of information are the SA government publications at national and provincial level. Public sector institutions are required to publish plans and reports electronically on websites.[25] Figure 3 shows the framework of outcomes-based planning documents which form part of the national monitoring and evaluation programme. It give examples of the most commonly used documents including examples.[(25-29)]

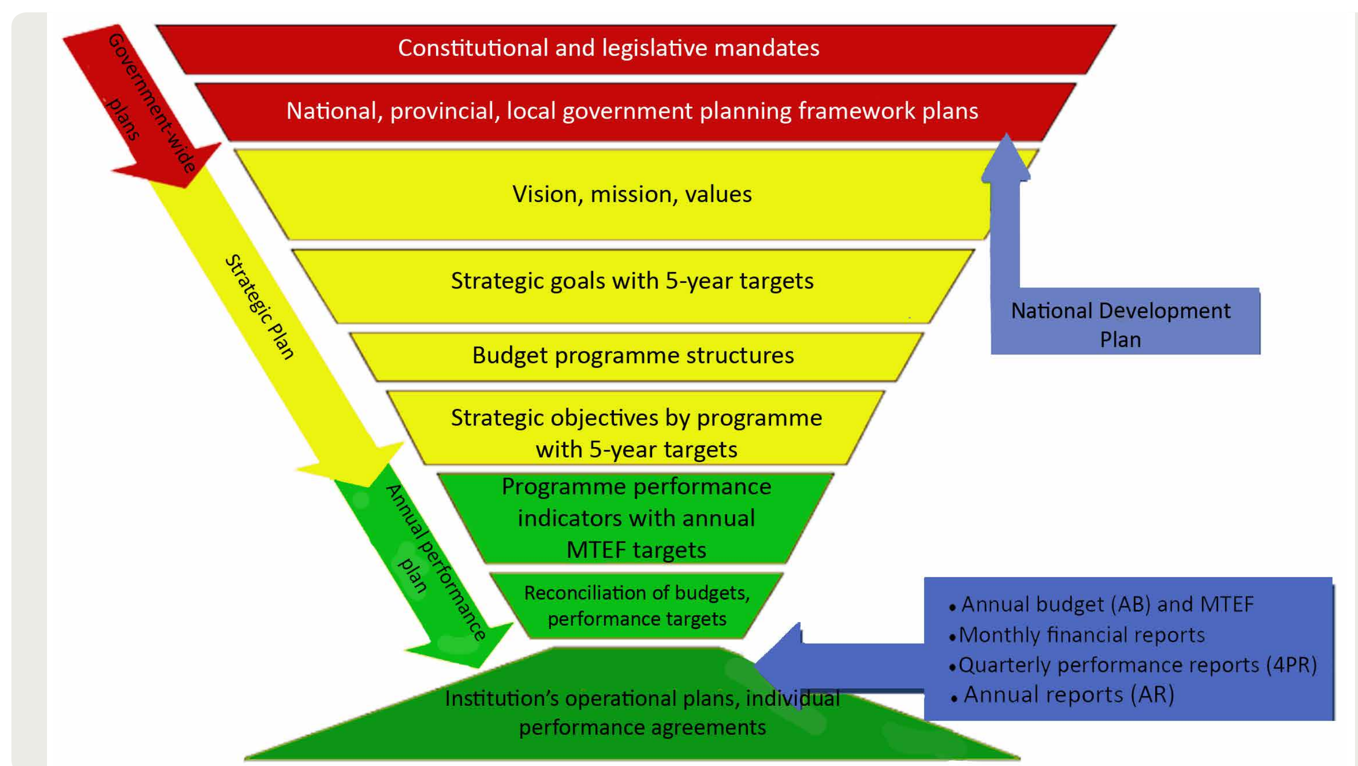


Figure 3: Cascade of government planning and related documents

Others sources include:

- press releases from the SA Government News Agency;
- Parliamentary Monitoring Group reports of all parliamentary committees; and
- publications external to government were consulted and cited to compare contrast as relevant.

Decision makers from sectors involved in health including civil society were invited to review the content and make inputs. Each updated version was place in the SA NCDA website and mailed for further transparency. A full list of is listed in the acknowledgements section of this reports. Government was invited to participate and amend information.

The responses were categorised as being as one of the following categories which are used in the results section:

In place | In process/partially implemented | Not in place | No information

Participants / reviewers comments were used to assist in coding analysis. Where necessary further communication and follow-up interviews were made.

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

RESULTS SECTION 1: RAISE PRIORITY OF NCDs THROUGH INTERNATIONAL COOPERATION & ADVOCACY

1.1 INCLUSION OF NCDs IN NATIONAL DEVELOPMENT PLAN[6]

The target in the NDP is to reduce the incidence of NCDs by 28% by 2030

1.2 GOVERNMENT INCLUSION OF NCDs IN UN DEVELOPMENT ASSISTANCE FRAMEWORK (UNDAF)

Difficult to assess as the focus is mainly on MDGs no documentation seen. Other sources of assistance for NCDs are United Kingdom Department for International Development (DIFD) funded the SANHANES study[30] and United States of America (USAID & PEPFAR) covering work on integrated chronic care model.[31]

1.3 OPERATIONAL NATIONAL NCDs ALLIANCE/COALITION OF NGOs ENGAGING PEOPLE LIVING WITH NCDs (PLWNCDs)

SA NCDA (founded July 2013) and PHANGO founded in 2006.[24]

NCDs Network, an informal network of NCDs advocates founded in 2014 with the potential to engage more PLWNCDs.

1.4 GOVERNMENT-LED NATIONAL NCDs SUMMIT HELD IN THE LAST 3 YEARS WITH ACTIVE PARTICIPATION OF NGOs

National summit held in September 2011 with limited participation by NGOs in the NCDs sector. The outcome was stated as a NCDs declaration.[32]

1.5 GOVERNMENT-LED / ENDORSED PUBLIC MEDIA CAMPAIGN ON NCDs AWARENESS / PREVENTION PARTNERING WITH NGOs & HELD IN THE LAST 2 YEARS

Salt Watch (see 5.3 below.) National nutrition week (October) and national health days.

RESULTS SECTION 2: STRENGTHENING NATIONAL CAPACITY, MULTISECTORAL ACTION & PARTNERSHIPS FOR NCDs

2.1 OPERATIONAL NATIONAL NCDs PLAN (4 KEY ELEMENTS OUTLINED BELOW)

health
Department: Health
REPUBLIC OF SOUTH AFRICA

A 'whole of government' approach, i.e. with areas for action beyond the health sector.

NCDs SP[5] partially implemented.

Functional NCDs intersectoral NCDs commission or national coordinating mechanism including NGOs, PLWNCDs and private sectors.

No progress on NCDs or Health Commission which was meant to be functional early in 2014.[33] Now linked to long delayed NHI White Paper and does not appear to be linked to NCDs. Neither timelines not budget specified.[34]

National budgetary allocation for NCDs: treatment, prevention, health promotion, surveillance, monitoring/ evaluation, human resources.

No budget attached to NCDs SP.[5]

NCDs part of the PHC Service programme budget of R93,3-million which decreased by 14.9% in real terms.[35]

In 2014/15 the NDoH's cluster of NCDs sub-programmes account for just over half of the above budget (R25.718-million for NCDs and R 21 768-million for Health Promotion and Nutrition). In terms of economic classification up to 63.2% of the PHC programme budget is allocated for personnel and consultant costs.

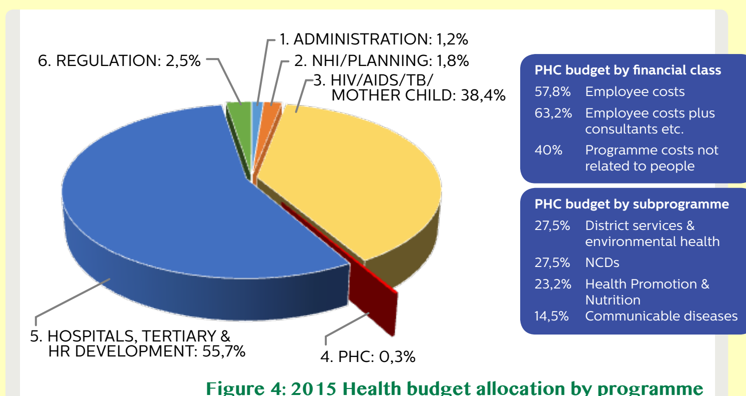


Figure 4: 2015 Health budget allocation by programme

The only other mention NCDs is in the new grant of R200 million for two financial years to rollout HPV vaccination aimed at preventing cancer of the cervix in HIV/AIDS /TB/ Mother Child programme.[36]

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

NGOs & PLWNCDs engaged in national NCD plan development. (see 1.4 above).

Limited <10 % of total delegates from NGOs sector on invitation list to NCDs summit in 2011[37] with no attendance register available. No pubic written or verbal consultation of draft NCDs plan following the NCDs Summit.

2.2 NUMBER OF PROVINCES WITH AN OPERATIONAL NCDs PLAN = 0/9

No province meets the NCDs plan criteria with official sanction, participation of PLWNCDs and budget allocation.
No plans are available on official websites.
EC, FS, LP, NW, NC No web documentation found & no response to request for NCDs plan. WC development in progress.[38]

All are in draft form with no budget and not approval by provincial authorities.

GP Completed NCDs plan[39], intersectoral meetings and district coordinators.

KZN NCDs plan[8] used as an operational document. Discussed at intersectoral provincial NCDs meeting June 2014. Not widely distributed. Partial implementation.

MP NCDs Operational Plan 2014.[40]

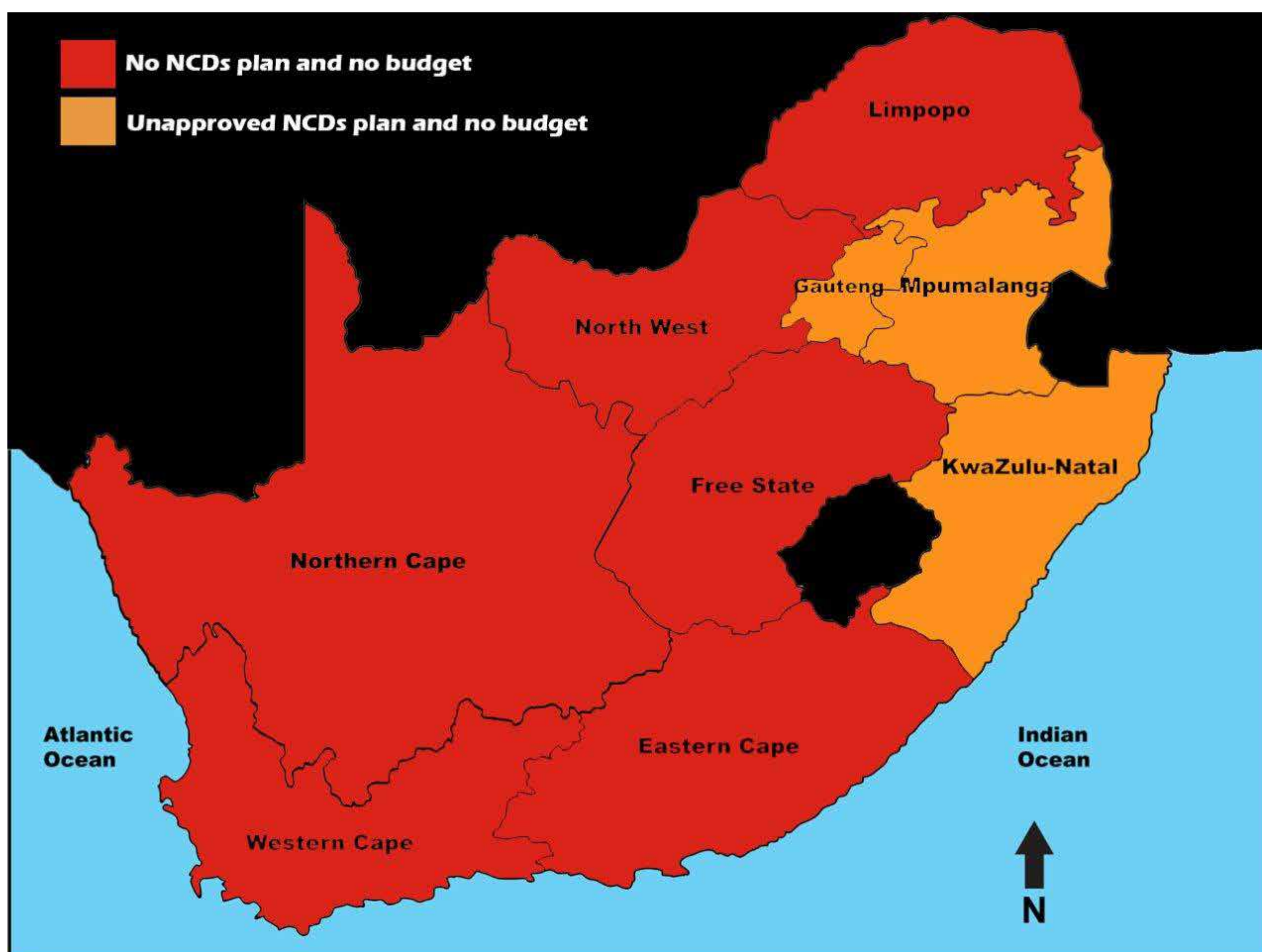


Figure 5: Operational provincial NCDs plans

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

2.3 NUMBER OF OPERATIONAL NCD PUBLIC-PRIVATE PARTNERSHIPS SUPPORTING ELEMENTS OF NATIONAL NCD PLANS

Unknown - no information found.

2.4 NATIONAL GOVERNMENT PARTNERSHIPS WITH NGOs ON NCD INITIATIVES

NGOs include are those that are listed in government documents. Unless stated the purpose of funding is unknown. Benchmark for HIV/AIDS NGOs funding is the funding of the SA National AIDS Council which received funding for R15 million.[34]

- Soul City R2 million[34] in NDoH Annual report no further information.
- Heart & Stroke Foundation SA (HSFSA) Salt Watch Campaign see 3.5 below.
- National Council Against Smoking (NCAS) for the smoking quit line.
- SA Federation for Mental Health report no further information.

RESULTS SECTION 3: REDUCE NCDs MODIFIABLE RISK FACTORS & SOCIAL DETERMINANTS

3.1 NUMBER OF TOBACCO MPOWER POLICIES/ INTERVENTIONS IN EXISTENCE (2 OF 6)

Existence of recent nationally representative information on youth & adult prevalence of tobacco use

Date studies conducted 2003[41], 2009[42], 2011[43] and 2012[30]

National legislation banning smoking in healthcare & educational facilities & in all indoor public places including workplaces, restaurants & bars

Regulation in place[44] smoke-free health- and educational facilities and indoor public places.

Restaurants and bars have designated smoking areas (25% of the floor area).

Tobacco Products Control Act and amendments.[45-48]

Existence of national guidelines for the treatment of tobacco dependence

Smoking cessation guideline, including tobacco dependence, developed by the SA Thoracic Society 2013[49] However, this guideline is not supported by NCAS as it does not meet the FCTC requirements for guidelines.

CANSAs Quitline national cessation phone support service.

"Kick Butt with CANSA" online quitting smoking support programme.[50]

Pharmacologic treatment for cessation, nicotine replacement therapy, is not available in public sector.

Legislation mandating visible & clear health warnings covering at least half of principal pack areas

Tobacco Products Control Act, 1993[45] and regulations.[51] Health warnings on package:

- primary warning covers 15% of front;
- secondary warning covers 25% of back;
- tar and nicotine yields cover 20% of one side panel.

Legislation comprehensively banning all forms of direct tobacco marketing, covering all forms of media & advertising

Tobacco Products Control Amendment Acts[46-48] regulation.[52] However, policing of the legislation is difficult.

Tobacco taxation policy of between 2/3 and 3/4 of retail price

Excise tax is 52% (just over half of retail price.)

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

3.2 NATIONAL STRATEGIES ON THE MAJOR MODIFIABLE NCDs RISK FACTORS

Tobacco

Contained in NCDs SP[5] with no separate stand-alone strategy.

Harmful use of alcohol

Contained in the Mental Health Policy & Strategic Framework 2012[53] Substance abuse & mental illness co-morbidity.

Department of Social Development is aiming for tighter legislation within the alcohol industry.

Soul Buddyz Clubs with >7000 clubs across SA for children between 8-14 yrs aim alcohol and drugs.[54]

List of actions recommended in NCDs SP with many still outstanding.[20]

Unhealthy diet

National guidelines for healthy eating and the food guide giving healthy food choice and portion control for people > 5 years.[55]

Annual public awareness campaign Nutrition Week (October) for since 2011 focussing on promotion of healthy eating.

Legislation entacted: Reduction of sodium in certain foodstuffs and related matters (March 2013) to proctect consumer. Target date for full implementation is 2016.[56]

Legislation proposed changes to existing regulations of into labelling and advertising. New regulations and guidelines are voluminous and complex with many challenges expected following comment period. Includes sugars, transfats, advertising and marketing of foodstuffs to children.[57]

Still outstanding are population-based strategies and best buys for childhood obesity: action of sugar, marketing to or near schools, sports events, school lunches.[58]

Physical activity

Promoted as part of the draft obesity strategy and also a key pillar of the ongoing health lifestyle programme.

Policy developed by Department of Sport & Recreation with a conditional grant of R32-million for mass participation.[59,60]

3.3 INCREASED TAXES ON ALCOHOL IN LAST 5 YEARS

Transparent alcohol excise tax last adjusted 2012 differentiates between alcoholic beverages (wine 23%, clear beer 25 % & spirits 48 %.) Transparent discussion document for public comment in 2014.[61]

3.4 NATIONAL POLICIES & REGULATORY CONTROLS ON MARKETING TO CHILDREN OF FOODS HIGH IN FATS, TRANS FATTY ACIDS, FREE SUGARS OR SALT

Draft regulations (see section 65 plus a guideline) which prohibit marketing of all unhealthy foodstuffs to all children up to the age of 18 to children.[57] See 3.2.3 above.

3.5 NATIONAL ACTION ON SALT REDUCTION

Salt Watch Programme is an intersectoral advocacy initiative spearheaded by the HSFSA.[62] A national targeted media campaign to create awareness of the need reduce salt intake. NDoH funding for 2014/15.

The Salt Watch website is a comprehensive resource for salt reduction in partnership with commercial operation.

National policies/regulatory controls on salt reduction. Regulations to reduced salt content of foods promulgated with targets for action by 2016.[56]

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

3.6 PHYSICAL EDUCATION IN SCHOOLS WITH RESOURCES AND INCENTIVES

(See also to 3.2.1.) Sport in schools gets more space than NCDs in the NDP and recommends adequately resources and facilities budgets increasing and line item for school sport.

2011 Integrated School Sport Framework involves Departments of Basic Education and Sports and Recreation investing in school sports increasing at a rate for 18% per year.[63] Over 11 000 out of 28,000 schools were registered for the Schools Sports Programme.[64,65]

Integrated school Health Programme (2012) to maximise access to sport, recreation and physical education in every school in South Africa.[63]

Portfolio Committees on Sport and Recreation and Basic Education signed a memorandum of understanding with the South African Local government Association (SALGA) allowing schools without facilities to utilise municipal facilities for school sport.[66]

Figure 6: Health status of children in relation to modifiable risk factors[64]

RESULTS SECTION 4: STRENGTHEN & RE-ORIENT HEALTH SYSTEMS TO ADDRESS NCDs

> "An assessment of strategic challenges facing the public health system in 2008 showed several inherent systemic problems; for example, that PHC was still weak in most places in SA. It concluded that "in general, patients access the health system at inappropriate levels and by-pass the PHC clinic structure and attend hospitals for their initial contact visits and often receive primary level care at expensive tertiary institutions". This sparked a series of policy reforms and public commitment on the part of Government to strengthen the health system and reduce inequities."
>
> *Naledi T, Barron P, Schneider H. Primary health care in SA since 1994 and implications of the new vision for PHC re-engineering.[19]*

The NDoH is involved in "overhauling" the health system including "re-engineering" PHC. The exceptionally well resourced HCT and related NIMAART programmes are producing results of which all South Africans can be justly proud. The NCDs SP notes that the chronic conditions (TB, HIV/AIDS and NCDs) are to be integrated in to a unified programme. This is also known as the integrated chronic service model (ICSM) or ideal clinic or CCM.[66]

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

4.1 GOVERNMENT INITIATIVES TO STRENGTHENING THE CAPACITY OF PHC CENTRES for NCDs

Cancer (number of evidence-based guidelines for the cancer prioritized in the national care plan = 0)

Primary prevention of modifiable risk factors is per formed. (see 3.1 and 3.2 above).

Only cancer of the cervix is mentioned in NCDs SP as part of the HCT programme (HIV/AIDS Program)[5] with guideline developed in 2002[67]. Later version by national professional group[68] and a later draft reported to be awaiting publication by NDoH. No national plans for high SA prevalence cancers: prostate and breast.

July 2014 draft cancer control plan[29] was rejected by civil society and other stakeholders. A revised draft plan which is to be fast tracked following transparent intersectoral collaboration and should include a budget (Feb 2015).

KZN is only province with a public sector breast cancer screening or treatment programme.[69]

Cancer registries: National Cancer Registry is a pathology-based[70] and does not have separate funding or resources. CANSA partially funds data capturers.

The SA National Children's Tumour Registry (founded 1986) is the only children's cancer registry in Africa[71] and partially funded by Childhood Cancer Foundation SA (CHOC). Voluntary reporting by paediatric oncologists.

No budget for the implementation of recommendations made by the Ministerial Advisory Committee on Cancer which hampers its effectiveness.

No PHC essential medicines for stabilised cancer treatment e.g. tamoxifen.[72]

Patient advocates and caregivers express concern about access to morphine for palliative care at a PHC level and legal enablement prescription by certified palliative care nurses.

Community-based hospice and palliative care mainly provided by NGOs.[73] See 4.2.4

Cardiovascular disease

Hypertension, stroke, heart failure and vascular disease included in training manual. RHD not clearly covered.[74]

Current indicator: hypertension only routine screening is via the HCT programme in 2015. Revision has been recommended.

RHD prevention and control not mentioned in the NCDs SP or in school or maternal-child health plans.

PHC level EML contains hypertensive/cardiovascular medication (thiazide diuretic, ACE inhibitor, furosemide, digoxin, amlodipine.)

Long-acting penicillin injection for treatment and for secondary prevention of RHD is frequently not available.

Chronic respiratory diseases

Environmental issues and risk factors neglected.

Asthma target in NCDs Plan. Asthma, COPD and lung cancer not listed in any provincial plans. Perhaps the most neglected in policy documents and programme implementation.

Current indicator PHC level is for asthma and relates to screening and counselling not treatment.

PHC level EML contains inhaled steroids and short-acting bronchodilator.

Diabetes

2014 NDoH Diabetes type 2 guideline[75] closely resembles the national professional associations linked to the International Diabetes Federation. Electronic copy available.

Indicator: blood glucose screening and control glycosylated haemoglobin needs should be the indicator and results available immediately to PLWNCDs for assessment and control through point of service devices.

PHC level EML contains diabetes type 1 and 2 medication (insulin, metformin, sulphonylureas).

Insulin is not available at most clinics. Undocumented policy is that nurses should not be trained on the management of patients requiring insulin therapy.

Very poor availability of blood glucose test strips for screening and monitoring not well documented and unacknowledged. Many reports of rationing of test strips to patients.

Mental health

SA National Health Policy Framework & SP 2013-2020 includes substance abuse and intellectual impairment.[17]

2012 National Mental Health summits in provinces first mental health policy & strategic plan.

Indicator used: monitoring number of psychiatric clinic visits and EML coverage basket of conditions proposed. Provincial initiatives mentioned in FS, WC, GP reports.

The revised PHC level EML for publication in 2015 lists some on the WHO NCDs EML.[72]

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

4.2 GOVERNMENT INITIATIVES STRENGTHENING THE CAPACITY OF PHC FOR NCDs

NCDs health promotion and prevention

HPV immunisation to girls in the communities with least access commenced 2014.

Hepatitis B virus national programme of immunisation.

Overarching integrated health promotion and prevention policy completed but not available March 2015.[34]

Screening and early detection

Screening for asthma, cancer of cervix, hypertension, diabetes and mental ilness listed as indicators in NCDs SP.

No national screening plans for highest prevalence cancers: breast and prostate. Lack of awareness of childhood cancer by health personnel hampers diagnosis.[76] Respiratory disease most neglected.

Treatment and referral

Essential medicine list (EML) including standard treatment guidelines.[23,77] Updating on-going through NDoH Programme 2 subprogramme Sector Wide Procurement.[33] A chronic medicines distribution service is being rolled out to ensure patients receive medicines conveniently but it is too early to comment on its efficiency.

Operation Phakisa commenced towards the end of 2014 to look at the "ideal clinic" and integrating NCDs into HIV/AIDS and TB programmes. It is too soon to comment as no results or detailed outcomes have been published or made accessible. The process lacks transparency and does not involve PLWNCDs or their advocates.

Rehabilitation & palliative care

Rehabilitation draft service model has been developed in consultation with stakeholders in the disability sector.[34] Document not found.

Palliative care is provided by a few public hospitals but more commonly provided by NGOs as a community-based service.[73]

2012 Petition presented to MoH calling for "accessible ensure that palliative care is accessible, available and affordable to those facing advanced illness, and to ensure that at the end of their lives patients are treated with dignity and experience relief of suffering".

2014 CaSIPA, a project of the Hospice Palliative Care Association of SA, and others awarded grant in 2014 to integrate comprehensive care and support-palliative care into health systems for better outcomes.[78]

4.3 % OF NCDs MEDICINES INCLUDED IN NATIONAL EML MADE AVAILABLE AT LOW COST TO PATIENTS WITH LIMITED RESOURCES

WHO list[79,80] at a PHC level 80% .

Blood glucose test strips not in ready supply at PHC and it appears as if there are no tenders for this item.

4.4 NATIONAL EML LIST UPDATED SINCE LAST TIME WHO UPDATED EML

NCDs included on the update. Review of PHC EML[77] to be completed by 2015[33,81]

4.5 NCD-RELATED SERVICES AND TREATMENTS ARE COVERED BY HEALTH INSURANCE SYSTEMS

Interpreted as "private health care" available through medical schemes and those people who pay for medical care as an out-of-pocket expense.

A chronic disease list of 25 "common conditions" which that must be covered as part of the Prescribed Minimum Benefit package was legislated in 2002. The list includes those of concern in the GAP: asthma, chronic obstructive airways disease, diabetes type 1 and type2, hypertension, bipolar mood disorder, schizophrenia.

The methodology selecting the 25 "common" chronic conditions is not transparent and there are glaring inconsistencies. For example Addison's disease which is fairly uncommon was selected over more common cystic fibrosis.[82]

Other NCDs may be covered to varying amounts.

4.6 OPERATIONAL NCDs SURVEILLANCE SYSTEM

Cause-specific population-based mortality related to NCDs is included in national health reporting system. However, 44% of causes of death are poorly specified StatsSA.[83]

RESULTS KEY: In place | In process/partially implemented | Not in place | No information

RESULTS SECTION 5: PROMOTE NATIONAL CAPACITY FOR RESEARCH & DEVELOPMENT ON NCDs

5.1 NATIONAL RESEARCH AGENDA FOR NCDs

No national research agenda for NCDs[24] event though NCDs are noted as important.[84]

5.2 GOVERNMENT FUNDING SUPPORT FOR NATIONAL RESEARCH ON NCDs

Health research funding overall especially by the NDoH is inadequate with 0.38% of 2011/12 budget which falls short of 2% goal.[84] Underfunding for health research.[85]

SA Medical Research Council cannot tell what proportion of the budget supplied by NDoH is related to NCDs. SANHANES funding through DIFD not sure of portion contributed by NDoH.[30]

5.3 NUMBER OF PUBLISHED ARTICLES ON NCDs IN COUNTRY IN THE LAST 5 YEARS

Number of published articles on NCDs not know but a number published. Note a number have been quoted in this report. See Annexure of Tables. https://goo.gl/yJva9o

RESULTS SECTION 6: MONITOR & EVALUATE THE PROGRESS ON NCDs

6.1 NATIONAL NCDs TARGETS/INDICATORS WITH MONITORING MECHANISMS IN PLACE

APP 2013/15-2015/16[33] and the NCDs SP[5] list targets and indicators for asthma, diabetes, obesity, hypertension, and mental health screening and control.

Deputy Minister Dr Joe Phaahla noted at a national consultative meeting about indicators that SA was behind on developing and implementing indicators (October 2014).

October 2014 at NDoH and WHO meeting on indicators, monitoring and evaluation the outcomes of which are still to be published and implemented. New indicator for essential medicines and equipment coverage recommended. Budget for NCDs monitoring and evaluation and a monitoring mechanism is needed urgently needed. WHO lists of indicators available.[86]

Figure 7: Delegates bid farewell at the Health systems strengthening meeting - Kopano November 2014

9. NCDs WINS, CHALLENGES AND GAPS - DISCUSSION

Figure 8: Meeting at NDoH. Left to right: Prof Priscilla Reddy, Razana Allie (DESSA) and from the NDOH Sandhya Singh, Prof Melvyn Freeman and Deputy Minister of Health Dr Joe Phaahla

The findings of the NCDs benchmarking exercise were discussed with delegates to the NCDs Health Systems Strengthening Kopano in November 2014.[87] Delegates unanimously called for urgent NCDs action to be taken by the NDoH and PDoHs in five main NCDs areas of concern. The meeting of key stakeholders gave a mandate to representatives of the SA NCDA and the NCDs Network to seek an urgent meeting with the Deputy Minister of Health (DMoH) to bring these matters to his attention before the end of 2014.

The requests were presented to the DMoH on 10 December 2014 at a meeting held at the NDoH in Pretoria with the original document presented to the DMoH and the draft minutes of the meeting are available.[88,89]

Following on the presentation of the results of the BME we requested urgent action on the matters below. In principle there is support for the NDoH's NCDs SP however, the issues below were amongst those requiring urgent attention.

- An operational high level intersectoral NCDs/National Health Commission (NCDsCom) or national NCDs coordination mechanism (NCM/NCDs/) by July 2015;
- The allocation of dedicated funding for critical functional areas is requested to ensure action on NCDs at both national and provincial levels;
- Ongoing involvement of, and communication with, the SA NCD Alliance and other key stakeholders in all NCDs-related initiatives;
- Human resources equipped and legally enabled to provide person-centred care for the prevention of NCDs and the treatment of PLWNCDs;
- A range of standards, practice guidelines and processes for NCD prevention and treatment must be co-ordinated managed at a national level and updated regularly according to international norms.

10. CALL FOR URGENT ACTION

This is a modified version of the presentation to the DMoH made in December 2014.

10.1 National coordinating mechanism for the prevention and control of NCDs (NCM/NCDs)

An operational a high level intersectoral NCDs/NCM or NCDsCom was requested by July 2015. Without such a NCM/NCDs effective national action will be delayed to the detriment of South Africans.

The terminology relating to "whole of government" approach is confusing with the terms multisectoral and intersectoral being used interchangeably. In this document multisectoral refers to interaction among the administrative agencies of the government and intersectoral includes government and other stakeholders such as NGOs, universities, business, etc. in a "whole of society" approach.[90]

The NDP proposes intersectoral collaboration to address the social determinants that effect health and disease.

> In 2013 Minister of Health Motsoaledi noted that functioning intersectoral plans, structures and monitoring are "not objectives that can wait."[5]

However, no progress has been made on the government's proposed intersectoral co-ordination mechanism, the National Health Commission. Its implementation is further delayed and is now linked to the universal health coverage rollout via the National Health Insurance (NHI) white paper.[34] (see 2.1.2). Confusion surrounds a proposed health promotion and development foundation which does not have the same NCM/NCDs functions and is likely to compete for funding.[91]

The urgent implementation of a high level broad-based national body that is representative of all of society and all of government.[33]

- The NCDsCom's purpose is to ensure co-ordinated, consultative and critical action for NCDs treatment and prevention (including the promotion of health lifestyles and addressing the social determinants of health.) This includes oversight of the national response to NCDs.
- It follows that the input and collaboration of NGOs and other stakeholders are essential.
- The NCDsCom/ NCM should be place back on track with a plan to catch up lost time.
- It should be disassociated from the publication of the NHI White Paper publication and discussion as it is a matter for all of health care and society.
- The DMoH rejected the request for the NCDsCom issue to be placed on the agenda for the next National Health Council meeting and that draft terms of reference be published by February 2015.
- It was agreed with the DMoH that the SA NCDA and the NCDs Network may work with the NDoH in drafting the terms of reference. The draft should include among other matters: mission, membership, functions, action plan, to ensure effectiveness.

10.2 Dedicated funding for NCDs related issues

Funding for NCDs forms less than 0,1% of the national health budget. It is understood that there are constraints on spending however, there is an urgent need for the allocation of dedicated funding for critical functional areas to ensure action on NCDs at both national and provincial levels.

The suggested priority areas to be covered dedicated budgets are systems wide issues that will make large impact:

- Intersectoral NCDsCom / NCM/NCDs;
- Community-based education and information programmes dedicated to NCDs prevention;
- Surveillance and research;
- Monitoring, evaluation and revision of targets, policy and standards;
- Training/capacity building for healthcare professionals and community health workers to enable efficient and effective person-centred self-care for PLWNCDs; and
- Intersectoral provincial co-ordination mechanism to enable regular and ongoing communication and support.

10.3 Ongoing inclusion with SA NCDA on all NCDs initiatives

We call for the ongoing involvement of, and communication in all NCDs-related initiatives irrespective of which NDoH programme or cluster is responsible for the implementation. A number of critical initiatives occur outside of the ambit of the NCDs subprogramme and NCDs civil society is not involved.

The urgent development of a communication and consultation mechanism to inform, involve and seek feedback on initiatives. It is suggested that this is a national version of the NCDs / WHO Global Coordinating Mechanism[92] and may flow out of the NCDsCom. This initiative is now aligned with the NHI programme and that programme does not routinely communicate with those in the NCDs space.

Sufficient transparency and communication at all levels on developments and progress including:

- The chronic care model (CCM) and its local iterations[31] based on the WHO chronic conditions mode[93];
- The "Ideal Clinic" and Operation Phakisa at a PHC level and its iterations[94,95];
- Educational material including implied national clinical standards e.g. Primary Care 101[74];
- Healthy lifestyle programmes such as the iChange4Health programme[96];
- Referral systems between different levels of care for patients; and
- Essential medicines list and standard treatment guidelines.

10.4 Human resources NCDs

We call for human resources for health to be capacitated to provide person-centred care for the prevention of NCDs and the treatment of PLWNCDs. This includes:

- A commitment to adopting a multidisciplinary approach at district level with the necessary amendments to the scopes of practice via statutory health profession bodies, where necessary, to enable quality person-centred care;
- Engagement on the personnel policy relating to the use, job descriptions and contracting of health care workers (professionals and community health workers) providing NCDs care at a clinics, out-reach and district teams.
- Holistic and systematic alignment of training and education with the National Qualifications Framework (NQF) and due consideration of the recognition of prior learning[97,98];
- Urgent attention to the legal enablement of health care workers so that they can prevent and treat PLWNCDs according revised scopes of practice and not according to terms of employment. For example, registered nurses with the requisite NQF levels of education are able to prescribe medication ('initiate' treatment) in both the public and privates sectors. A shining example is the provisions made for NIMART.
- Available resources to be enabled. For example, consider the use of retired personnel which may require revision of employment contracts.
- Sufficiently certified human resources qualified in NCDs are to be incorporated into district specialist teams and be able to contract for NHI system and in the private sector.

10.5 Quality management of NCDs standards, practice guidelines and processes for NCDs

We call for the prevention and treatment to be co-ordinated and managed at a national level with regularl updates according to international norms. The standards, guidelines and processes that are used for NCDs prevention and treatment of NCDs and their integration into primary health care have a major role in determining policy.

- Development and adoption process needs to be linked to a national structure like the Office of Health Standards Compliance (OHSC) and/ or the National Essential Medicines List Committee (NEMLC) appointed by the Minister of Health.
- Adoption processes must adhere to internationally accepted standards for evidence and consultation. This includes the use of the AGREE standards and domains used by the SA Medical Journal: scope and purpose; stakeholder involvement; rigour of development including evidence; clarity of presentation; applicability; and editorial independence[99].
- The NEMLC is aligned with the AGREE standards[99] with the exception of broad stakeholder involvement and communication. The information and outputs must be accessible in the public domain on a website timeously. Changes must be clearly indicated and if comment is needed then sufficient time allowed. A patient representative on this NEMLC would add to its greater transparency and align that its recommendations are increasingly patient-centre according the NDP.
- A system for the regular consistent review and updating of evidence-based NCDs standards, guidelines and processes need clarification, adoption and funding. For example the prevention of rheumatic heart disease guideline, last revised in 1999, which is integral to the prevention of long term disability and heart disease[100].

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