PREFACE

Chronic diseases are a growing cause of death and disability in South Africa. The pattern of chronic disease is changing as the determinants and risk factors for chronic diseases develop in this society in transition – a process dubbed 'the epidemiological transition' by Omran.[1] This epidemiological transition, therefore, is predicated upon demographic and nutritional transitions as socioeconomic development and increasing globalisation alter the patterns of chronic diseases in South Africa.

Though the classical risk factors for chronic diseases seem to operate in much the same way in all South African races as they do in high income countries, their manifestations differ somewhat. For example, stroke supervenes at a younger age and haemorrhagic stroke is more common than thrombotic stroke.

This MRC Technical Report catalogues the epidemiology of chronic diseases of lifestyle in South Africa, providing an excellent basis upon which evidence-based health promotion policies can be formulated. Prevention is of course the key, in terms of both likely efficacy and cost-effectiveness. These themes are broadly outlined in the pages of this report.

The intersectoral nature of the required responses to this epidemic are outlined, as well as the multidisciplinary approach required to do research and provide care in this field. Building upon a wealth of local and international data on the causation, epidemiology and management of chronic diseases, the report provides a state-of-the-art analysis of chronic diseases in South Africa.

As with the Technical Report of 1995, this document is likely to take its place as essential reading for both health care workers and policy makers concerned about preventing, monitoring, treating and rehabilitating chronic diseases of lifestyle in South Africa. The authors are to be commended on a job well done, in playing their part to stem the growing tide of chronic diseases in South Africa.

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[1] *Omran AR. The epidemiologic transition theory: A preliminary update. J Trop Pediatr 1983: 29: 305-316.*

INTRODUCTORY COMMENTS

Krisela Steyn and her colleagues have produced the MRC's second Technical Report on Chronic Diseases. Like the first, it is an exemplary example of how best to integrate evolving epidemiological, clinical and basic science with public health policy and health service issues. Over the last decade, the epidemiological challenges have increased in South Africa. HIV/AIDS has now ballooned to become the major cause of death, while injuries and violence remain important, and chronic diseases, especially cardiovascular disease (CVD), diabetes, chronic respiratory disease and certain cancers, have steadily emerged as major threats to health across the spectrum of South Africa's diverse racial and social class groupings.

The report draws heavily on the nationwide Demographic and Health Survey of 10 000 households to provide some of the best data on risks driving the increases in disease incidence available anywhere in the world. As Executive Director of the cluster responsible for chronic diseases at the World Health Organization (WHO) until 2003, I was acutely aware of how the lack of high-quality country-specific data frustrated our efforts to give priority to tackling the seedbed of epidemics we knew were being fuelled by tobacco, unhealthy dietary changes, a collapse of physical activity and high levels of alcohol consumption. This report fills such a gap for South Africa and provides a template for other low-middle income countries to emulate. It comes at a time when academics and the WHO have recognised the urgent need for action.[1,2]

The authors are drawn from many disciplines and have cited the most current research produced by South Africans over the last decade. They have not done so in a parochial way, rather they have interpreted trends in South Africa and the state of science within the context of global trends and knowledge. They are acknowledged international experts, and many of them are actively sought to provide high level policy advice by major international agencies, including WHO and international heart, diabetes, tobacco control, sports and cancer organisations.

Several unique features of the report deserve wider debate within South Africa. First, a number of authors highlight the reality of how infectious diseases and chronic disease risks interact in deadly ways. For example, chronic bronchitis is caused by tobacco, past tuberculosis (TB), exposure to domestic fuel and occupational exposures. All require attention. Yet there are few places in the world where a truly integrated approach to chronic bronchitis exists. Moreover, studies in South Africa, China and India indicate that smokers are at considerably greater risk of death from TB, yet no TB clinic anywhere integrates tobacco cessation with TB treatment. Authors indicate how the significant success being achieved in extending the lives of those with HIV/AIDS through use of antiretrovirals may be limited if the atherogenic consequences of the drugs are not considered in long-term users. And with increasing levels of obesity being reported, the possible effects on TB will need greater attention. The report calls implicitly for the arbitrary infectious-noninfectious disease divide to be bridged.

Second, the authors stress the need for comprehensive health systems responses that go beyond the current disease or risk factor specific approaches. If South Africa could develop and document the impact of such integrated approaches from a health and economic perspective, it would contribute not just to better health in South Africa but to an emerging global debate about the future of health systems and how they need to be transformed to address the new threats of chronic diseases, be they AIDS, diabetes, TB or CVD.

The broader determinants of chronic disease risks are well described. The downside of uncontrolled globalisation with mass marketing of unhealthy products, increased trade and foreign direct investment in sectors, that if left unregulated lead to increased consumption of tobacco and alcohol, and the impact of urbanisation on risks and diseases, are appropriately mentioned. However, the response to these threats are not as well described, and the positive aspects of globalisation – better access to knowledge

and research about prevention and cure, new technologies and drugs, better organisation, and ability of civil society to tackle common threats to many countries by working together across the borders through the Internet – receive scant attention.

The high quality of work on describing the impact of chronic diseases – especially tobacco and diet/physical activity – has led to South Africa being seen as a world leader in tobacco control and in efforts to tackle physical inactivity and obesity in low-income populations. During the negotiations for the WHO Framework Convention on Tobacco Control (FCTC), South Africa played a leadership role in ensuring that the final text encompassed the most effective measures that succeeded in reducing tobacco consumption in South Africa over the last decade. This leadership role continues during the evolving implementation process of the FCTC during which time South Africa is continuing to strengthen its tobacco control laws to better protect the health of its people.

Tackling obesity will be more complex; nowhere in the world is there an example outside of a war or famine of obesity levels going down in a large population.[3] The trends reported in the report on obesity and type 2 diabetes are extremely worrying and demand strong multi-sectoral action. South Africa has a chance to provide leadership in obesity control.

This report documents the size of the chronic disease problem, and the likely future impact of chronic diseases on health and the economy. By doing so the authors draw attention to the severe consequences of inaction for ill health and suffering. In the right hands, this report could significantly contribute to much needed action in South Africa and around the world.

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