

HEALTH PROMOTION WITHIN THE NHI – A PREREQUISITE TO ITS SUCCESS

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OUTLINE

- Why NHI must have a clear focus on health promotion/prevention of illness
- Crisis of NCDs
- Focus on NCD risk factors
- Fewer people with NCDs would have reduced Covid-19 deaths
- Economic benefits of interventions for health services and the economy
- Health in all policies approach
- The NHI Bill and health promotion
- Proposals for revised legislation
- Example: NHI and health promotion in Thailand
- Conclusion



NHI MUST INCLUDE HEALTH PROMOTION

- NHI will to a very large extent flourish or flounder on whether the numbers of people that will require health care can be kept to numbers where it is possible to provide good quality care to all that need it
- Simple fact: the more people that require care, and particularly care for chronic conditions, the more strain there will be on the NHI fund
 - Keeping numbers of people needing health care down is thus central to the survival of the NHI fund/sustainability of NHI
- Current health trends show increases in a range of critical diseases and their risk factors, and these must be urgently reversed, or at least substantially reduced, to give NHI a real fighting chance.

NHI MUST INVEST IN HEALTH PROMOTION

- It IS possible to prevent illness through evidence-based and cost-effective interventions
- However, reducing the numbers needing health care is complex and requires approaches that actively promote the health and well-being of citizens through a range of health and multi-sectoral interventions.
- This will require **investment in health promotion** as a vital element of NHI

PREVENTING BOTH COMMUNICABLE AND NON-COMMUNICABLE DISEASES

- Prevention needed to reduce the numbers of people that develop communicable diseases such as HIV, TB and Covid-19 but also NCDs such as cancer, diabetes, heart disease, lung disease and mental disorders
- In this presentation we focus primarily on the neglected areas of NCDs where there are known preventable risk factors and evidence based public health interventions to combat them
- Overwhelming and broad consensus, including from the United Nations General Assembly is that to comprehensively address NCD mortality and morbidity, a **“Health-in-all-policies”, “Whole-of-government” and “Whole-of- society” approach** is needed

THE CRISIS OF NCDs

- From in-depth analysis of health and risk factor trends in South Africa conducted within the SAMRC and elsewhere, there is an alarming rise in the incidence and prevalence particularly of NCDs and their risk factors
- If South Africa is serious about wanting to avert a major mortality crisis, we either:
 - need to urgently and dramatically reverse current trends by improving the health of the population
 - or we will have to extensively expand health services (even substantially beyond population growth) over the next decades
- Following are just a few examples of health trends that show why prevention is not negotiable for the success of the NHI

NCDs IN SOUTH AFRICA

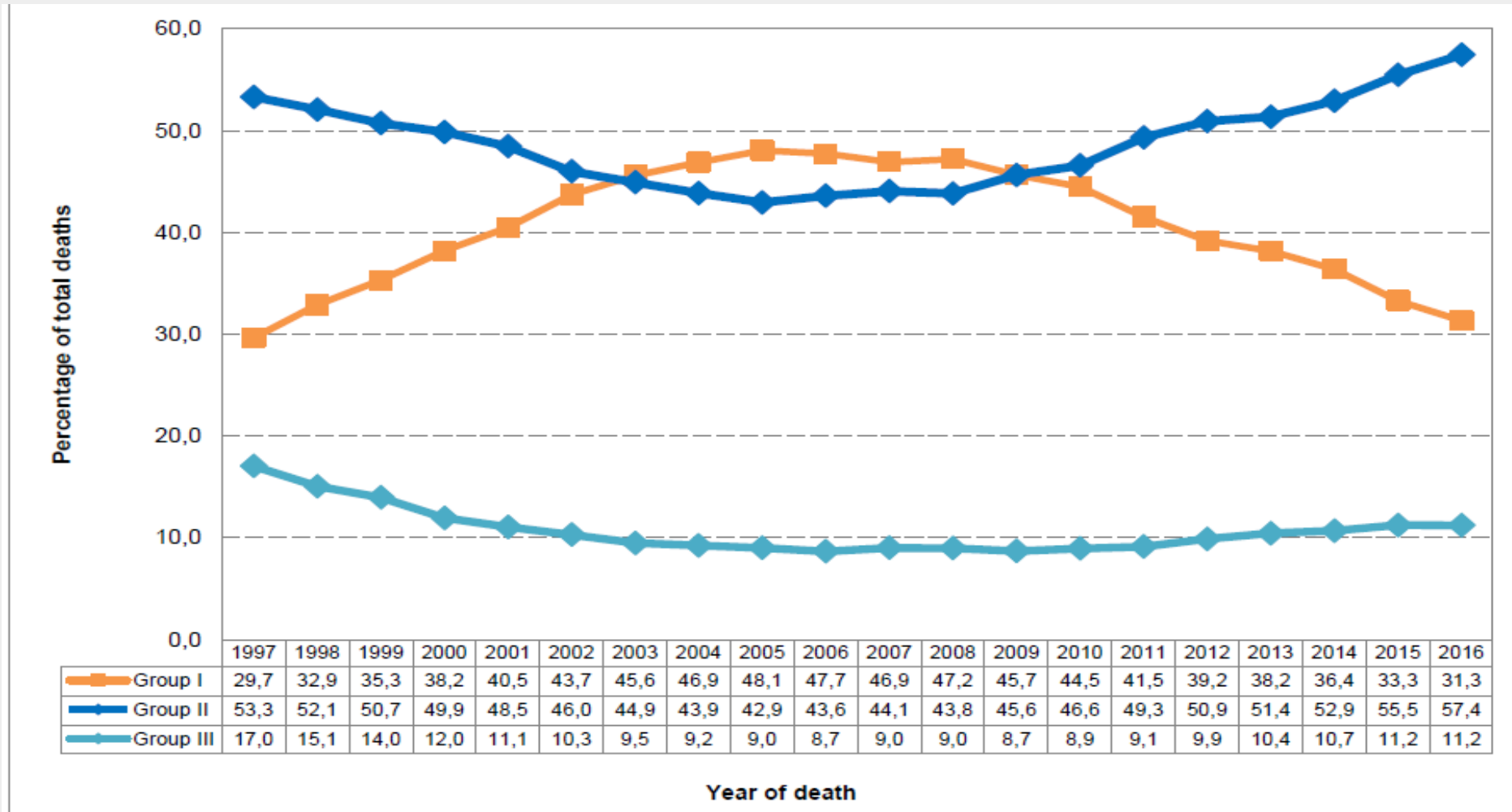
Growing prevalence of NCD risk factors in South Africa

NCD Mortality

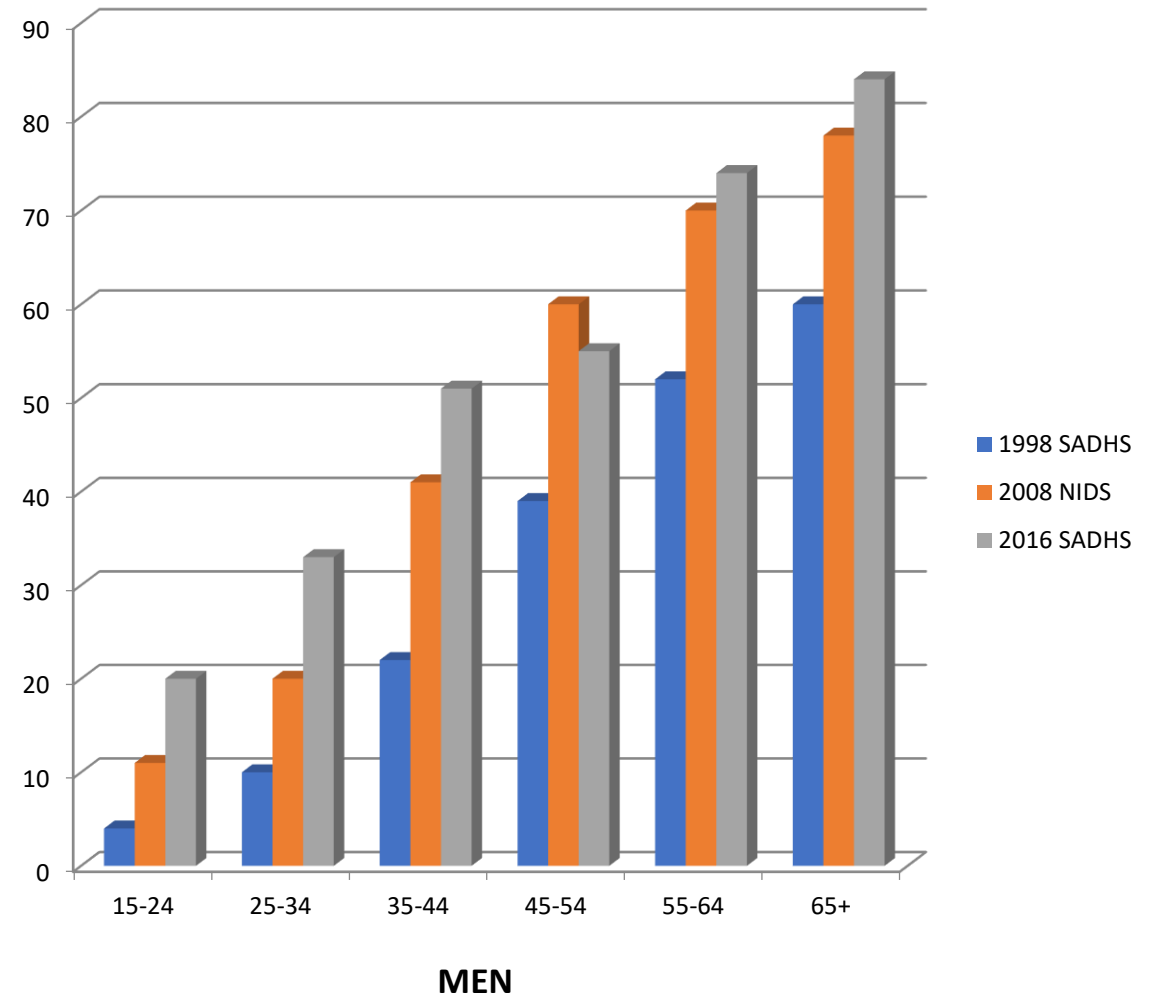
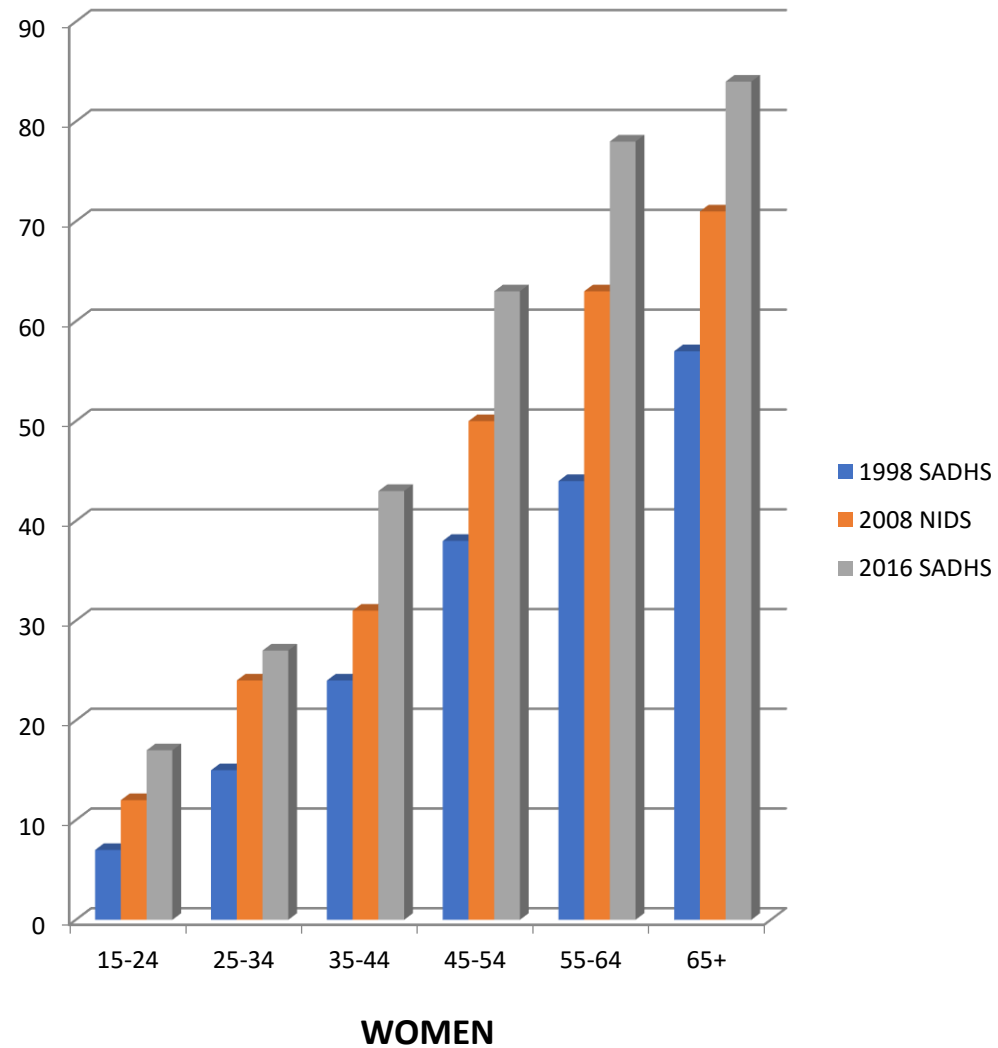
The probability of dying prematurely, between the ages of 30 and 70, due to selected NCDs including cardiovascular disease, cancer, diabetes & chronic respiratory diseases is 34% for males & 24% for females (29% for both sexes)

In terms of the SDGs we have a target to reduce this by one third by 2030!

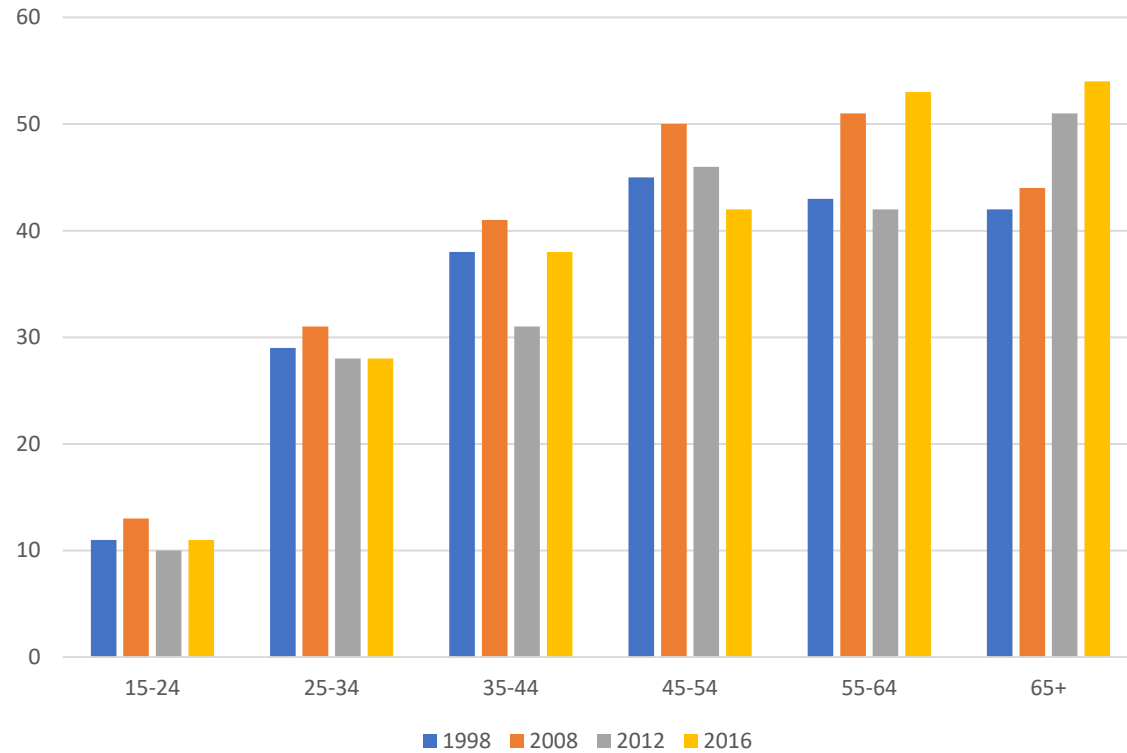
DEATHS FROM COMMUNICABLE DISEASES (ORANGE), NCDS (BLUE) AND NON-NATURAL CAUSES (GREY)



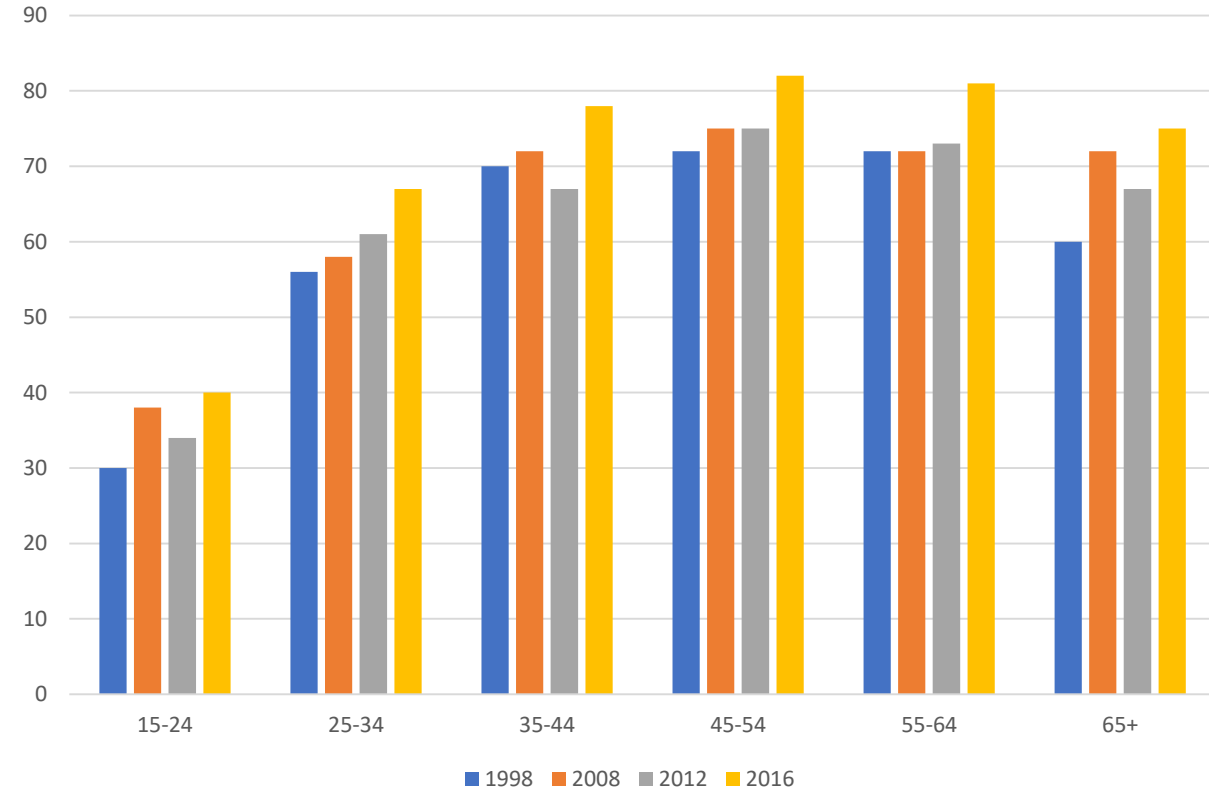
Increase in hypertension 1998,2008,2016



MEN OVERWEIGHT AND OBESITY BMI >25



WOMEN OVERWEIGHT AND OBESITY BMI > 25



WHY FOCUS ON NCD RISK FACTORS?

- Exact extent to which modifiable risk factors could prevent NCDs in South Africa has not been calculated, however the WHO in the region of the Americas (PAHO) estimated that **80% of all heart disease, stroke, and type 2 diabetes and over 40% of cancer is preventable through multi-sectoral action**
- Given that many of the countries in the PAHO region share socio-economic similarities with South Africa, **analogous figures are probable in South Africa too**

NCDs AND COVID-19

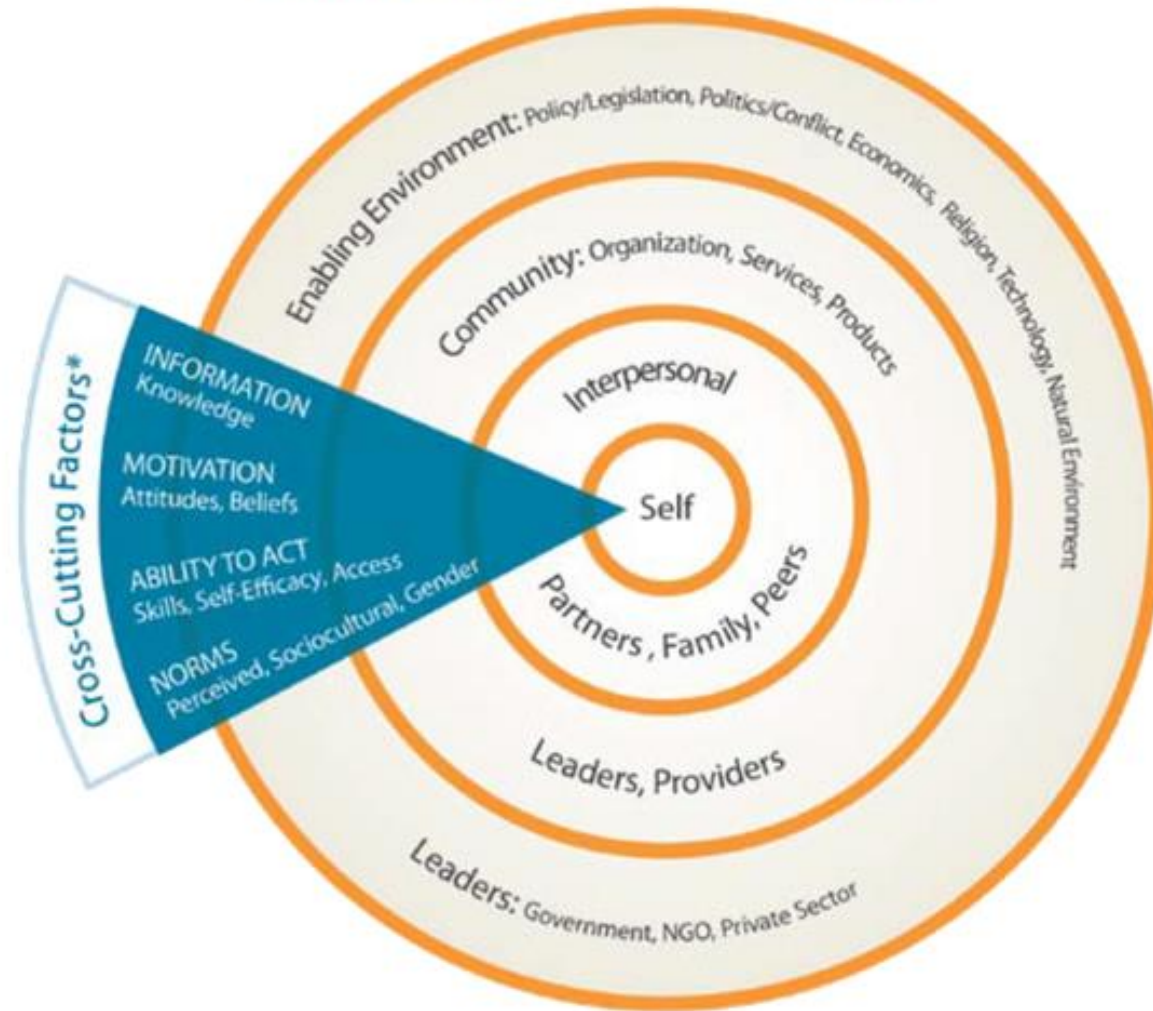
- Lower prevalence of NCDs (underlying health conditions) in the current context would have reduced numbers of people with Covid-19 and mortality from it
- From every point of view, fewer people with NCDs is good for the country. Achieving this is possible with sufficient commitment and evidence-based interventions

REDUCING RISK FACTORS WOULD SIGNIFICANTLY REDUCE MORBIDITY AND MORTALITY

- While health behaviours and choices are practiced by individuals, these are usually driven by forces that lie outside their direct control.
- Behaviour change involves a complex set of interventions that go beyond the individual and involve cultural, social and economic factors, including commercial determinants of ill-health
- Need to tackle both proximal and more distal causes of ill health

SOCIAL BEHAVIOUR CHANGE COMMUNICATION

Socio-Ecological Model for Change



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

ECONOMIC BENEFITS

- WHO's global business case for NCDs shows that if low and low-middle income countries put in place the most cost-effective interventions for NCDs, most of which are promotive/preventive, by 2030 they will see a return of around R100 (\$7) per person for every Rand/dollar invested
- While accurate costing of diseases and the longer term implications of not preventing diseases, including the proportion of cost from preventable diseases, is unknown, it is estimated that for diabetes alone, in 2018, the public sector costs of diagnosed patients was approximately R2.7 bn and would be R21.8 bn if both diagnosed and undiagnosed patients are considered.

ECONOMIC BENEFITS

- Unhealthy people place **an unnecessary burden on health services:**
- Moderate obesity is associated with an 11% ↑ in healthcare costs & severe obesity with a 23% ↑
- In real terms, it is estimated that the 2030 cost of all Type 2 Diabetes Mellites cases will increase to R35.1 bn. Such increases are simply not sustainable for the NHI – especially as diabetes is only one of several growing NCDs
- It has been estimated that the economic cost due to productivity losses arising from absenteeism, lack of presenteeism and early retirement due to ill health in South Africa, largely from NCDs, equated to a total of 6.7% of GDP in 2015 and is expected to increase to 7.0% of GDP by 2030

THE *WHO* HAS IDENTIFIED 5 MAJOR RISK FACTORS TO BE ADDRESSED TO REVERSE THE GROWING BURDEN OF DISEASE FROM NCDs



- diet (poor eating habits),
- tobacco use
- alcohol abuse
- physical inactivity
- air pollution

For each of these we know a lot of how to change patterns, but we lack commitment and resources to do it

THE NHI BILL

- The NHI Bill, as well as the Memorandum of Objectives and the Department of Health pamphlet explaining NHI, all mention the importance of prevention and promotion
- **However, this is not translated into concrete proposals of what will be done within the NHI context to achieve this**
- The conceptualization of prevention and promotion is extremely narrow and may merely translate into education and information programmes that are not evidence-based and that most health promotion experts regard as a waste of time and resources

- It is critical that health promotion within the NHI Fund is:-
 - 1. Multi-sectoral
 - 2. Evidence-based and
 - 3. Adequately resourced in order to make a real difference

EARLIER NHI DOCUMENTATION - NATIONAL HEALTH COMMISSION

- In 2017 the Department of Health circulated a document “NHI Implementation: Institutions, bodies and commissions that must be established” for public comment.
- This document stated that “promoting health and preventing illness is central to NHI as well as to social and economic growth and development in South Africa”.
- It further stated that a structure that would deal with determinants of health, including its social determinants, would be set up as part of NHI.
- It was proposed that a National Health Commission (NHCom) would be established with the primary objective and purpose being to “address the social determinants of health through a multi-sectoral and development approach involving key government departments and non-state actors”.
- This commission would “co-ordinate key sectors in implementing ‘a health in all policies’ and an all inclusive approach to the prevention and control of NCDs, including mental health”.

WHAT HAPPENED TO THIS STRUCTURE AND THIS THINKING?

- In later iterations of what the NHI would be comprised of and what it would do, particularly in the Bill published for comment, this proposal, which could be extremely important to reducing numbers needing health care, has completely disappeared.
- If not changed this omission may well prove the Achilles heel of the NHI

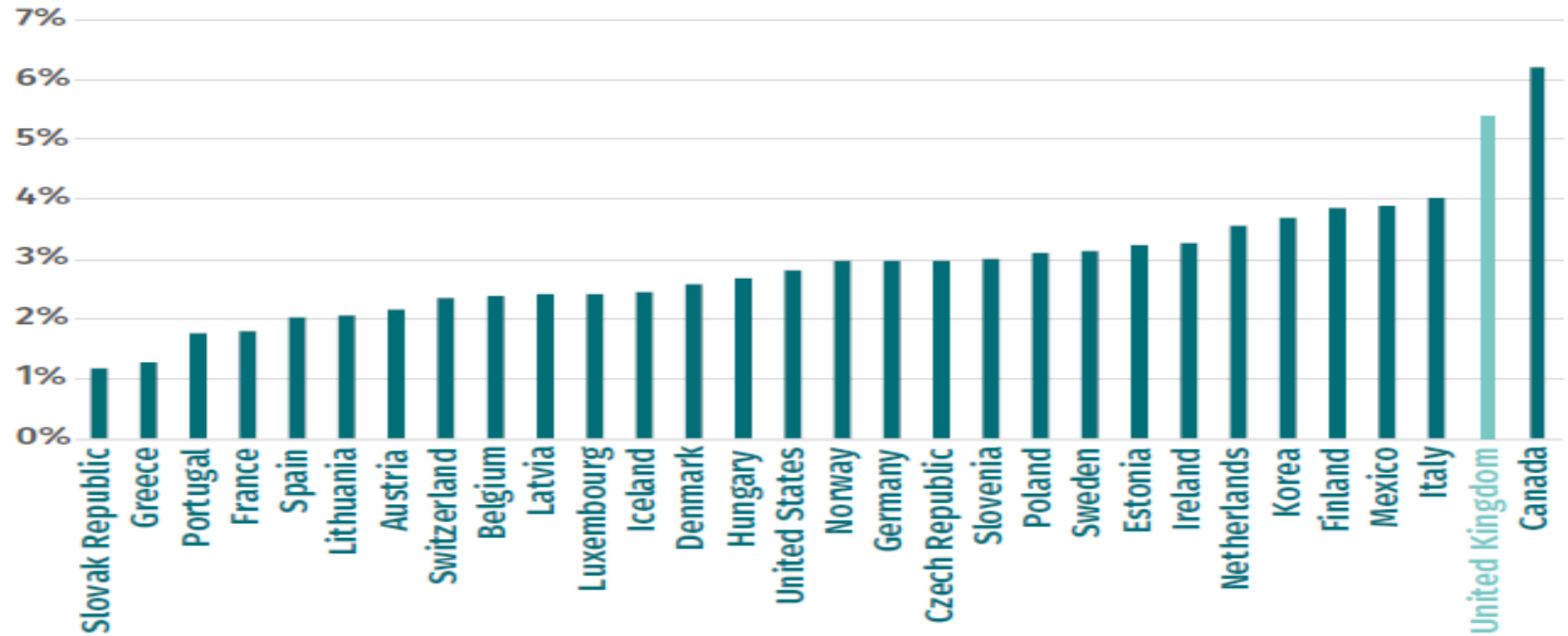
RESEARCH FOR EVIDENCE BASED INTERVENTIONS

- In order to ensure that interventions are evidence-based and do not merely waste resources, far more research on health promotion is required.
- This needs to be fed into NHI structures so that resources are channeled into interventions that reduce the health care costs of the NHI fund
- Should be paid for from resources committed by the NHI Fund to the National Health Commission or a Health Promotion Foundation
- SAMRC would be more than keen to play a role in conducting research in collaboration with the NHI structures

OUR SPECIFIC PROPOSALS FOR THE NHI TO BE INCLUDED IN THE NHI LEGISLATION

- A percentage of the NHI fund, minimum of 2%, must be earmarked in the legislation for health promotion from the NHI fund. (See next slide for comparisons)
- A multi-sectoral structure such as a National Health Commission or National Health Promotion Foundation must be established as part of the NHI, and **funded by the NHI Fund**, to promote health and ensure that fewer people require curative health care.

FIGURE 4.2: SPENDING ON PREVENTATIVE SERVICES AS PERCENTAGE OF OVERALL HEALTH SPENDING



Source: OECD 2019

Research the key to effective interventions

Research concerns that need to be addressed include:

- What health promotion works globally and can this be extrapolated to South Africa? If not, why not and what would work instead?
- What are the “best buys” for health promotion in South Africa? [The WHO “best buys” for prevention of NCDs are not based on studies that have been done in LMICs) Mainly the research studies have been done in more developed countries and extrapolated as if they apply equally to LMICs. Other studies have pointed to the poor evidence available even for what are commonly considered good health promotion interventions]
- What health promotion innovations could be introduced in South Africa that have not been tried elsewhere in the world?
- Demonstration projects with thorough evaluation of what works and why.
- Health promotion initiatives that are introduced must be thoroughly evaluated for both health and cost benefits.

NHI AND HEALTH PROMOTION IN THAILAND

- When Thailand started their NHI, they simultaneously established Thai-Health to focus on promotion and prevention issues. This has contributed significantly to the success of their NHI.
- Its focus is on the major NCD risk factors, i.e. tobacco, alcohol, physical activity and diet. However, where poverty, for example, is considered to be impeding people's ability to eat healthy foods, the structure allows them to involve Ministries that can assist, for example the Ministries of Treasury, Agriculture and Trade and Industry.

THAILAND HEALTH IMPROVEMENT

- For a population of around 69 million, the amount allocated to the Foundation is around US\$120 million (R1.8 billion). This translates to a per capita expenditure of around \$1.7 (R25) per annum
- Using the resources allocated, Thai- Health managed to
 - reduce tobacco smoking from 22.5% of the population in 2001 to 18.2% in 2014
 - reduce the annual per capita alcohol consumption from 8.1 litres in 2005 to 6.9 litres in 2014
 - contribute to the reduction in traffic accidents by 31% and road injury deaths by 10% between 2004 and 2009
 - increase the percentage of the adult population doing at least 150 minutes of moderate intensity exercise or 75 minute intensive exercise per week from 66.3% in 2012 to 72.9% in 2017

ISSUES IN PUBLIC HEALTH

Health promotion: How government can ensure that the National Health Insurance Fund has a fighting chance

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Health promotion – keeping people healthy – is critical to ensuring that South Africa (SA)'s National Health Insurance (NHI) services and funding will not be overwhelmed by having to service and pay for large numbers of people with avoidable disease. Although the 2019 NHI Bill mentions health promotion, its lack of emphasis and the narrow approach proposed in the Bill make it unlikely that health promotion will have significant impact on population health or reducing healthcare need. Health promotion experts submit that there is in fact huge potential for carefully planned and researched health promotion to impact on population health. The establishment of a multisectoral National Health Commission or an Independent Health Promotion and Development Foundation linked directly to the NHI Fund that includes several relevant government departments and civil society and researchers is proposed. Of the NHI Fund, 2% should be dedicated specifically to promoting health and preventing illness, which must support comprehensive, multisectoral health promotion interventions that go beyond awareness raising and health education. SA's specific realities and needs, including poverty and its related behavioural impacts and health consequences, must be taken into account.

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National Health Insurance (NHI) in South Africa (SA) will flourish or founder based on important forthcoming decisions. How to reduce the numbers of people who will require healthcare, and hence minimise the need to draw resources from the proposed NHI Fund, has received inadequate focus. The growing rates of non-communicable diseases (NCDs), their risk factors and the absence of good, broad-based and multisectoral health promotion interventions may contribute to the collapse of the NHI Fund and its services. For the affordability and sustainability of NHI, the causes of ill health, including the social, economic and commercial determinants, must be addressed. Reducing the numbers of people seeking healthcare can dramatically improve the quality of care provided, including the time spent per patient.

Physical and mental health is desired by most people. A healthy population is also critical for economic and social development. The accumulated losses to SA's gross domestic product between 2006 and 2015 from diabetes, stroke and coronary heart disease are estimated to be ~ZAR26 billion.¹ The economic cost due to productivity losses arising from absenteeism, lack of presentism, and early retirement due to ill health in SA, largely from NCDs, was estimated to be 6.7% of the GDP in 2015 and is expected to increase to 7.0% by 2030.² As good health is strategically important to the sustainability of the NHI Fund, it would have been expected that health promotion and disease prevention would be high on the agenda of NHI and an important part of the NHI Bill.

The extent to which modifiable risk factors could prevent NCDs in SA has not been calculated. However, the World Health Organization (WHO) estimated that in the Americas 80% of all heart disease, stroke and type 2 diabetes mellitus (T2DM) and over 40% of cancer is preventable through multisectional action.³ As many countries in the Pan American Health Organization (PAHO) region share

socioeconomic similarities with SA, analogous figures are probable in SA. However, without comprehensive approaches to reducing avoidable illness, healthcare costs will escalate hugely. For example, it has been estimated that for diabetes alone in 2018, the public sector costs of diagnosed patients amounted to ~ZAR2.7 billion, and would be ~ZAR2.8 billion if both diagnosed and undiagnosed patients are considered. T2DM costs are likely to increase to ~ZAR3.5 billion in 2030.⁴

With current rising rates of many NCD risk factors, increases in the prevalence and costs of various conditions can be expected. For example, hypertension is an important risk factor for cardiovascular diseases and chronic kidney disease and has high comorbidity with diabetes.⁵ The global age-standardised prevalence of raised blood pressure in 2015 was 24.1% in men and 20.1% in women.⁶ In SA in 2016, 46% of women and 44% of men aged ≥15 years had hypertension.⁷ This is almost double the world average. Since 1998, the prevalence of hypertension has nearly doubled, from 25% to 46% among women and from 23% to 44% among men, although different measuring instruments were used in these surveys.⁸ The 2016 South African Demographic and Health Survey indicates high levels of obesity, which has health and cost implications.⁹ Only 30% of women have a body mass index (BMI) in the normal range: 3% are underweight, 27% are overweight (BMI 25.0–29.9 kg/m²) and 41% are obese (BMI ≥30),¹⁰ with 20% severely obese (BMI ≥35). Of men, 59% have a BMI in the normal range, 10% are underweight, 20% are overweight and 11% are obese, with 3% severely obese.¹⁰ Moderate obesity is associated with an 11% increase in healthcare costs and severe obesity with a 23% increase.¹⁰ Many other examples would also illustrate the need to promote health for the NHI to thrive.

The NHI Bill presented to Parliament in 2019¹⁰ deals almost exclusively with curative and treatment approaches. However, two

Failing to respond to health promotion imperatives could scupper or hamper National Health Insurance efforts

As the process of finalising the National Health Insurance (NHI) Act intensifies, there is increasing concern that insufficient emphasis is being placed on addressing the demand side of health with people requiring healthcare, relative to the supply side of provision and funding of care and treatment. Freeman *et al.*¹⁰ argue that with increasing rates of non-communicable diseases (NCDs), the NHI Fund risks being overwhelmed by increasing numbers of people needing healthcare. They recommend that there must be a greater focus on broadly defined health promotion, which must be integral to the conceptualisation and implementation of NHI. This focus should include funding for health promotion from the NHI Fund and establishing an intersectoral structure to deal with the social determinants of health.

Reducing demand for healthcare is a good idea, but is this feasible and achievable in South Africa (SA)? Given serious social and economic determinants of health in SA such as poverty and unemployment, is it possible to promote health so that fewer people become ill and seek care, and if so, how? And is reducing the need for healthcare sufficiently important to be included in NHI legislation and plans, given the other critical NHI issues?

Unfortunately, there is no consensus in SA regarding precisely what health promotion is and which actions would most effectively reduce healthcare demand. Opinions also vary on the effectiveness of health promotion, compounded by insufficient local research and evidence to guide interventions. For some, health promotion is purely patient education and information on health issues, while others regard it as a critical vehicle for tackling the social, economic and commercial determinants of health. Between these poles there are a range of options, e.g. the Ottawa Charter on Health Promotion¹¹ and the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development.¹² Our definition of health promotion would include regulatory or legislative interventions, say to reduce salt, sugar, tobacco and alcohol use and to promote the consumption of healthier food, to reduce container sizes for malt beer, and to facilitate the creation of safe spaces for people to exercise in all communities.

It is inadequate and not cost-effective to reduce health promotion to health education and information, whether through health practitioner education, providing pamphlets to communities or putting up billboards.¹³ The importance of tackling the social and economic determinants of health cannot be underestimated. However, it is unclear what this means in practice and how far health sector policymakers and practitioners should be involved in redressing these issues. The global Commission on the Social Determinants of Health showed that people have dramatically different life chances depending on their country of birth, and that within countries, health and illness follow a social gradient, with the lower the socioeconomic position, the worse the health.¹⁴ They recommend that countries should urgently improve the conditions of daily life and tackle the inequitable distribution of power, money and resources.

Adopting a broad health promotion approach is not a new concept in SA. Perez *et al.*¹⁵ strongly motivated for developing a Health Promotion and Development Foundation, stating that the emphasis of such a foundation 'would be on reducing the effects of poverty, inequity and unequal development on disease rates and wellbeing'. Since SA has numerous social and economic challenges that fundamentally impact on health, how far should health promotion go

in attempting to redress social and economic determinants? Poverty, high unemployment, lack of housing, inadequate water supplies, gender inequality and violence, landlessness and many other issues affect population health status. Addressing these issues is a stated priority objective of the SA government, and they must be dealt with because of their own definite and essential importance. However, the impact of addressing them on individual and collective health outcomes cannot be understated or overlooked.

The calls from *inter alia* the United Nations General Assembly and the World Health Organization (WHO) for a 'whole of government', 'health in all policies' and 'whole of society' approach to health must therefore be strongly supported.¹⁶ Poor health status of indigent and rural people can, for example, be utilised as *added motivation* for poverty alleviation and rural development programmes, with health becoming an additional reason to reduce poverty or develop rural areas. Moreover, information collected on health can be employed to better understand poverty drivers, and the National Department of Health (NDoH) can advise other government departments such as agriculture, transport, trade and the environment on what may be required from them to impact positively on development and health. Moreover, the shaping of interventions by other sectors should be informed by health needs. For example, if promotion of jobs through energy generation is adopted as part of a poverty alleviation strategy, health advocates should argue that this should be in the renewable sector rather than in coal production, as the latter would result in more illness in the longer term. Similarly, in building human settlements, health experts could contribute by informing the lead department of the health benefits of open spaces and parks, bicycle lanes, disability requirements and ventilation in houses, so that health can be promoted.

While SA has done poorly in many aspects of health promotion recommended in international declarations, for example in building public health policies, strengthening community actions and establishing healthy cities, there have been important, and even world-leading, achievements to promote health. These include regulatory interventions such as taxation of sugar-sweetened beverages; limitations placed on salt in foodstuffs; banning of trans fats; increases in taxation of tobacco products and other control measures in the 1990s; and interventions of non-governmental organisations, for example education initiatives such as Soul City and Soul Buddies. More is needed to address behaviour change, including working in family spaces and across communities, to advocate and mobilise for opportunities to make and sustain healthy changes. These changes must also be supported at a legislative and political level, and to combat initiatives where economic policies adversely shape health behaviour choices and where the interests of commercial operators hold primacy.

The WHO identified five main risk factors as key to reducing and redressing NCDs. All of them involve actions from the NDoH and also other departments. Improving diet, eliminating tobacco use, reducing harmful use of alcohol, increasing physical activity and redressing air pollution cannot be achieved by the NDoH alone. Central to a whole of government, whole of society and health in all policies approach is the need for the establishment of a multisectoral structure such as a National Health Commission or a Health Promotion Foundation that can be linked, and should be funded by the NHI Fund. This would support a wide range of evidence-based

CONCLUSION

- NHI legislation (and SA) can:
 - EITHER plan to care for more and more ill people over the next few years as the numbers needing care increases beyond population growth - and in all likelihood fail to be able to provide the resources needed
 - OR it can put significant focus and resources into promotion of health and the prevention of illness and thereby make the NHI sustainable in the longer term.
- In particular the NHI legislation must:-
 - 1) Establish a National Health Commission (NHC) or Health Promotion Foundation (HPF) as part of its structures
 - 2) Legislate that at least 2% of the NHI fund must be dedicated to health promotion/prevention activities (probably through the MHC/HPF)