Comments on the Strategic Plan for the Prevention and Control of Non-Communicable Diseases South Africa 2013-17

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This document unfortunately reproduces the tone and errors of the WHO zero draft WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases. My comments on that document[1] can therefore apply to the current document and should be read together with them. The same headings are used.

Universality and Causality

While it is important to increase awareness of non-communicable diseases (NCDs) the vertical approach is inappropriate. It introduces barriers in planning and interventions as people, the determinants of health, and services are inter-related.

Disease categories

More diseases are included in the list of NCDs in the South African document than in the WHO draft but the list is still arbitrary, incomplete, and complicated by the anomalous position of chronic communicable diseases like AIDS. It is better to focus on the chain of causality of all diseases with specific reference where indicated to NCDs especially if chronic in nature and to other chronic conditions.

The Role of Industry

It is disconcerting that the predominant contribution of sugars to the development of most NCDs is only noted twice in the whole document and then almost casually. The sugar industry is implicated directly and via its network connections with the rest of BIG FOOD, related NCD-determining consumer industries like tobacco and alcohol, and agribusiness – in particular its use of endocrine disrupting chemicals. The omission of sugar begs the question – is it a manifestation of BIG FOOD's influence.

Legislation

This important area has not been adequately addressed. In addition to my comments on the WHO draft framework it should be noted that the document records that the regulations on tobacco and trans-fats still need to be expanded, the regulations on salt have still to be promulgated, and regulations on alcohol are still being planned. Is this not a bit late especially since the South African summit on NCDs held two years ago in September 2011 had surely identified these measures as targets?

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1 http://www.effieschultz.com/files/pdf/2012_comments-WHO-prevAndControl-NCDs.pdf

There is no reference to formulating regulations on the production and marketing of foodstuff[2] high in sugars – a glaring omission. The only reference to mandated codes on served food is to meals for "the workforce (e.g.in the army)" but not to meals for other people for example in state and state-supported institutions and organisations, NGOs, schools, and other centres of education and training. There is no mention of legislation on agribusiness and the needed revision of legislation on food labelling.

Definitions

It is essential that terms such as a healthy diet and its opposite an unhealthy diet and their components are correctly defined in accordance with continuously updated unbiased scientific evidence. Contrary to what is in the document South African staples high in starch like mealiemeal and potatoes are healthy and should make up the major part of any diet. Legumes and other vegetables are also healthy while fruit, meat, and fish are non-essentials with dairy products occupying an intermediate position. Sugars and salt in excess are unhealthy[3] and the jury is still out on fats.

Sharing Best Practice

The methodology of chronic disease management such as patient registers, structured encounter records, continuity of care, and area-based service irrespective of disease category should be adopted. This would also promote a patient-centred approach. The need to refer to and use unpublished clinical data[4,5] is re-iterated.

Targets

It is not useful to set dates with quantitative outcomes as targets. Rather a "to do" list with items ranked as essential, useful, nice to have, and luxuries and a systems approach comprising status quo analysis, planning, implementation, and evaluation with the findings becoming the new status quo – and then indefinite cycle repeats.

Establishing a dedicated "structure for planning and monitoring" as a target or per se would duplicate existing "structures" and be wasteful of resources. The national department of health is mandated by law to plan, draft legislation, and interact with other state sectors and provincial departments of health are mandated to monitor. Moreover state bodies have the authority and independence to act in the interests of the public and not of industry, commerce, agribusiness, and other third parties.

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2 definition in http://www.effieschultz.com/files/pdf/2013_diet-and-cardiovascular-disease.pdf
3 http://www.effieschultz.com/files/pdf/2009_ndp_poster.pdf
4 http://www.effieschultz.com/files/pdf/2011_msis.pdf
5 http://www.effieschultz.com/hrforhealth.php