

Executive Summary of NHI Policy Brief 19

Projected Non-Communicable Diseases Update

Policy Brief 18 dealt with the revised population and HIV/AIDS projections by the Actuarial Society of South Africa (ASSA). The ASSA2008 model was released in March 2011 and projects a larger population than the earlier ASSA2003 model. This policy brief uses the revised population and new information to update projected future chronic disease and cancer in South Africa.

In early 2011 the World Health Organisation (WHO) released a new report on the worldwide status of non-communicable diseases (NCDs). That report sets out a menu of options for addressing NCDs through population-wide interventions, largely aimed at prevention; individual interventions, aimed at early detection and treatment; and health system interventions to strengthen the health system.

The WHO argues that “the main focus of health care for NCDs in many low- and middle-income countries is hospital-centred acute care. NCD patients present at hospitals when cardiovascular disease, cancer, diabetes and chronic respiratory disease have reached the point of acute events or long-term complications. This is a very expensive approach that will not contribute to a significant reduction of the NCD burden. It also denies people the health benefits of taking care of their conditions at an early stage.”

Importantly for cancer projections, the WHO International Agency for Research on Cancer (IARC) has begun to release new figures in GLOBOCAN 2008. The rate of incidence of cancer by type of cancer, age bands and gender has been improved with more age bands being used at middle and older ages. Mortality rates have also been released but prevalence rates will only be published in mid-2011.

The projection with ASSA2003 and GLOBOCAN 2002 (the “old projection”) was for 75,644 cases in 2010 and 93,060 in 2025. The projection using ASSA2008 and GLOBOCAN 2008 (the “new projection”) gives 80,585 cases in 2010 and 109,956 in 2025. This is an increase of 6.5% in 2010 and 18.2% by 2025. The increase in cases from 2010 to 2025 will be different for each cancer type as there is now much better information about the incidence by age and gender.

The best information in South Africa on the prevalence of chronic diseases by age and gender is still the private sector data extracted for the Risk Equalisation Fund (REF) tables during the REF Study 2005. The prevalence rates for “treated patients” are used together with ASSA2008 to produce revised projections. It is expected there will be a significant increase in the total number of people on chronic medication by 2025: from 6.6 million using ASSA2003 to 8.6 million people using ASSA2008 (131% of the earlier estimate). This is made up of a 10% increase in those being treated for the 25 CDL chronic diseases and a doubling of those needing ARVs. These figures have important implications for the funding and staffing of primary care services and for the funding of the purchase of chronic medicines into the future.

The provinces have very different age and gender profiles and thus even if the prevalence rates by age and gender were the same across all provinces, the provinces would experience different overall levels of NCDs. Care needs to be taken to prevent false conclusions about equity and access to treatment by always considering the impact of the demographic differences.

The key issue remains for planning in South Africa – that the number of elderly people is expected to increase rapidly and that chronic disease and cancer prevalence and need for hospital facilities are strongly related to age. While the extent may be difficult to quantify precisely, there is no doubt that there will be an increasing burden on the health system in future.

The graph overleaf summarises the new estimates of CDL chronic disease, cancer and HIV for South Africa. The previous projections gave a total of 11.3 million people being treated for a CDL chronic disease or being HIV+ by 2025. The new projections give a total of 12.3 million people, a 9% increase. The revised figures show that the burden of chronic disease on the health system is going to be greater than initially expected. This is an important consideration for planning future financing for healthcare in South Africa.

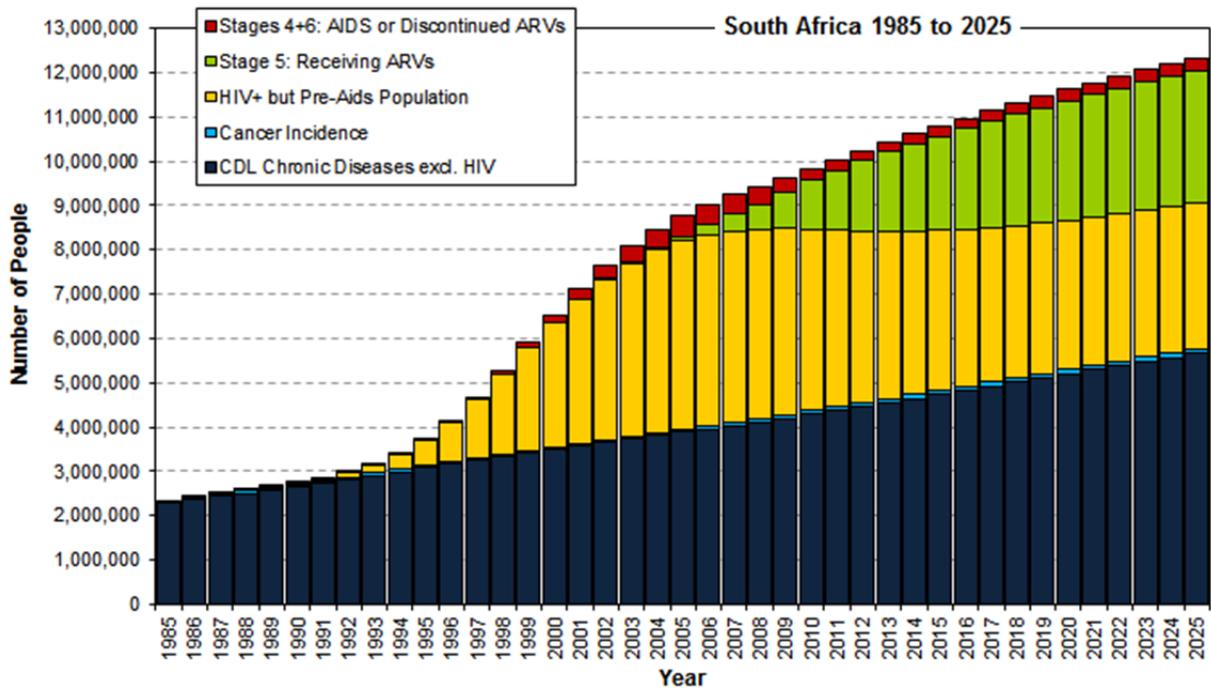


Figure 1: The Burden of CDL Chronic Diseases, Cancer and HIV/AIDS in South Africa, 1985 to 2025

Summarised for IMSA by **Heather McLeod**
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New resources on the IMSA NHI web-site

http://www.innovativemedicines.co.za/national_health_insurance.html

- The full policy brief and slides used.
- Tables from GLOBOCAN 2008 on the rates of incidence for South Africa and the World for each type of cancer [as Excel spreadsheets].
- A spreadsheet giving the expected incidence of cancers by site and type, from 1994 to 2025.
- Spreadsheets giving the expected numbers with CDL chronic diseases from 1994 to 2025, showing Diagnosed Cases and Treated Patients.

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