SASCI

South African Society of Cardiovascular Intervention

SASCI Submission on the Draft National Department of Health on the National Multi-Sectoral Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2021-2026

Cardiovascular Disease (CVD) is the leading cause of death in South Africa after HIV/AIDS. More South Africans die of CVD than of all the cancers combined. CVD is responsible for almost 1 in 6 deaths (17.3%) in South Africa. Approximately 215 people die every day from heart disease or strokes. Every hour in South Africa, 5 people have heart attacks, 10 people have strokes, 10 of whom die from these complications.

There are about 200 registered cardiologists in the country, 160 of whom are still in practice. This represents a ratio of three cardiologists per million population. To put that into context, the average country in European Union has average of 200 cardiologists per million population. South Africa is woefully short with >40% of practising cardiologists facing retirement age within the next 15 years. Despite this, the South African cardiology community have maintained standards of excellence equivalent to the best in the world with many becoming frequent faculty guests and participants in the major conferences of Europe, USA and elsewhere.

The South African Heart Association is the official professional body recognised by the HPCSA and comprises of several subspecialty interest groups within this specialty. The South African Society of Cardiovascular Intervention (SASCI), one such special interest group of SA Heart, is an organisation of physicians, scientists and allied professionals with the purpose to advance the development of cardiology and to provide minimally invasive, image-guided diagnosis and treatment of cardiac medical conditions. It also acts in an advisory capacity to funders; industry; members and the government on matters relating to interventional cardiology. The society is also a key enabler of CPD accredited education in interventional cardiology.

SASCI represents cardiologists with an interest and activity in interventional cardiology which deals with invasive vascular procedures to open obstructive and diseased coronary and peripheral arteries. The technology used in these procedures is potentially lifesaving in patients having a myocardial infarction (heart attack) and stroke, and it improves life expectancy and quality of life in many other patients. Although many other health professionals are involved in the fight against cardiovascular disease, cardiologists remain the cornerstone of diagnosis and treatment of these patients. Therefore, any analysis of needs and resources must take into account the

availability and requirements of cardiologists in a national health service. This is where the South African Society of Cardiovascular Intervention (SASCI) comes in.

1. TIMING AND TIMELINES SET FOR COMMENT

SASCI take this opportunity to thank NDOH for extending the invitation to comment on the document.

SASCI would like to contribute in the process of commenting on the National Multi-Sectoral Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2021-2026. However, the request to comment appears to be made at short notice making the compilation of contributions and comments extremely difficult and in some cases impossible as we would not have adequate time to consult with our members and make a meaningful collection of data on the matter. The request for comment came during the throes of the COVID-19 Pandemic, at which time there are hardly any health care professionals to comment as they are mostly at the frontline of the COVID-19 battle.

Kindly find below SASCI's submission on the Plan.

2. INTRODUCTION

The Plan seeks to address NCDs. There is a very close resemblance with the WHO guidelines and "toolbox" supplied by WHO. There is much repetition of "goals, targets, principles, implementation, actions, objectives " etc which makes it difficult to follow the thread at times, and as a result it leaves one with insufficient detail in terms of what is likely to be realistically achieved within the economic environment in South Africa. There should be less generalised information and more concrete information on what exactly should be done to combat the NCD problems faced by the country.

SASCI is particularly involved in the management of CVD at all stages and with multiple co-morbidities and is concerned that these highly cost-effective activities are not receiving the priority they deserve for the programme

to yield any success. Early intervention in acute myocardial infarction, by thrombolysis or Percutaneous Coronary Intervention, for example has a greater impact on CVD mortality than any other strategy in management of this most important NCD which is increasing in an alarming rate in SA. Yet it is given no mention in the Plan "Prevention and Control of NCD" Document.

The advent of COVID-19 will change much of what has been proposed here. However, it is an opportunity to trim this ambitious wish list and target the vulnerable, elderly, Low Middle Income Communities (LMIC) groups and implement the "best buys" to yield best results.

Consideration should be given to effectiveness, cost-effectiveness, affordability, implementation capacity, feasibility, according to national circumstances, impact on health equity of interventions, and to the need to implement a combination of population-wide policy interventions and individual interventions.

3. COMMENTS ON SPECIFIC SECTIONS OF THE BILL

3.1 Chapter 1: Background

The plan identifies cardiovascular diseases as one of the NCD (non-communicable disease) priorities (page 24). The plan references the mortality and morbidity and targets a 25% relative reduction in the overall mortality from among other diseases, cardiovascular diseases. SASCI agrees with the statistics that the "highest single cause of death from NCDs is cardiovascular disease…" (at page 15). However, SASCI notes regrettably that there has been no significant change in the premature mortality rates as a result of NCDs between the years 2011 and 2016.

SASCI supports the notion of equity in health service delivery in order to achieve the targets set in the plan. However, at stake is how the State seeks to achieve this outcome. The introduction of the National Health Insurance referenced, though noble, still needs a lot of work through amendments to the National Health

Insurance Bill currently before parliament, where after issues of funding and practical implementation, in an incremental manner, still have to be addressed.

3.2 Chapter 3: National Strategic Agenda for NCDs

Benefit-cost ratios vary between interventions and country-income levels, with an average ratio of 5·6 for economic returns but a ratio of 10·9 if social returns are included. Investing in cardiovascular disease prevention is integral to achieving Sustainable Development Goal (SDG) target 3.4 (reducing premature mortality from NCDs by a third) and to progress towards SDG target 3.8 (the realisation of universal health coverage). Whilst adopting the holistic approach offered in this document is an admirable social contract, this extensive wish list is unrealistic and unaffordable: The advent of the COVID-19 pandemic will undoubtedly have a huge current impact on the project, although it is unlikely to be as enduring as HIV/AIDS. The critical impact of NCDs should continue to have priority and the style of the NCD programme should be changed from the current admirable holistic approach and hone down on the specific most cost-effective measure, as identified by WHO. It should be focused on the most vulnerable population groups viz the Low Middle Income Communities (LMIC); focus on the most important risk factors that exist in those communities and adopt actions towards the Diseases that have the most direct impact on SA and the economy at present.

Chapter 3.1 deals with the National NCD Goals and Targets. The Plan lists nine disease targets to be tackled. At the bottom of the list is "*Drug treatment to prevent heart attacks and strokes...deemed "not available"*. This strategy is top of the list in the World Health Organisation (WHO) "best buys" similarly several other activities encouraged by WHO as being the most important strategies to tackle CVD and Diabetes, these include glycaemic control, drugs for hypertension, heart failure; the provision of thrombolysis anticoagulants, PCI for patients with STEMI, primary prevention of rheumatic fever.

It is not clear what the provisions below this list are, they are classified as "Essential medicines" and "basic technologies" with no clear indication as to what is meant. It should be noted that, the fact that EML regulations have never been promulgated under the National Health Act, means it is not done according to known, consistent

principles that must be adhered to, there is no regularised review of it, etc. These interventions are considered low hanging fruit for cost-effective prevention and management of any NCD programme, but no mention is made of these specifics. They cannot be referred to as "*unavailable*". Throughout the Plan, seems to run an undercurrent of the incorrect belief that technologies are unaffordable, where WHO and other countries throughout the world recognise that technology does actually save lives. It must be remembered all through this Plan that improving basic care, screening and identifying risk factors for NCD will lead to a dramatic increase in the number of cases of established disease detected, necessitating increased access to more than just essential drugs and basic technology. Properly instituted programmes using appropriate medications and technology are clearly recommended by WHO as "best buys" Treatment protocols for tertiary care must be more clearly catered for. Controlling risk factors does not equate to "halting" or "preventing" disease.

A holistic programme such as this is all encompassing and socially appealing but would be more cost-effective if applied to a targeted population. It has been said that focusing preventative measures on ages 30-69 and therapeutic measures on the elderly who are more likely to have already stablished disease, would yield better cost-effective outcomes.

This is a quote from the Plan as per Chapter 2 dealing with the process of developing national NCD map and is aptly suited herein.

"*Preventive measures for NCDs (including, primordial, primary, secondary and tertiary preventions) within an integrated health system are critical as the early detection and treatment of these conditions would avoid interventions that are far more stressful to these individuals and their families and costlier, e.g. cardiac bypass surgery, draining both individual and government budgets*. "

3.3 Chapter 4: Implementation Plan

This policy of categorising actions in terms of relative cost-effectiveness is strongly advocated by WHO in terms of listing 'Best buys". The concept is referred to in the Plan but frequently not adhered to, particularly is terms of managing NCD diseases.

The Plan discusses up to 88 interventions that could be applicable to a Global Action Plan programme and identify 16 “best buys” which the Plan considers feasible and provide guidance as to which intervention strategies are likely to yield the most effective results.

The most prevalent risk factors in no order of priority are :-

1. Tobacco
2. Obesity
3. Alcohol
4. Low physical activity.
5. Air pollution

These risk factors require behavioural and legislative changes which have been dealt with in the Plan. Reducing other risk factors also invokes behavioural changes, and although they may have more limited demands on resources, they historically have limited impact on the intended outcomes. There are frequent references to mental health issues, for example, whilst such is important and could carry political weight, this should not be prioritised over the proven cost-effective targets.

The majority of NCD deaths in South Africa are caused by the following diseases in no particular order :-

1. Cardiovascular Disease
2. Cancer
3. Diabetes
4. Hypertension

Guidelines as to the “best buys” for the various interventions on these diseases have been well studied. WHO emphasises the value of focusing efforts towards the most important targets in a planned programme. The Plan makes mention of specifically targeted actions consistent with a “best buy” philosophy, towards NCD diseases but focuses almost entirely on the less effective categories of broad widespread primary care prevention policies which may not always be the most cost effective and are low down on the “best buy” lists, and this is at the

expense of the categories of interventions which yield more effective results. Invariably, these will require secondary and tertiary efforts for the treatment of diseases which are likely to yield better outcomes .

3.4 CHAPTER 5: Costing the plan and financing of NCD map

The costing of the plan (page 38) is crucial and had to be done prior to the plan being circulated for comment, or rather being drafted in order to determine if the interventions proposed are feasible, against the concept of cost-effectiveness highly elaborated in the plan. This is further evidenced by the fact that the Plan intends to be supplemented once there is detailed costing at a later stage.

SASCI notes that attempt to justify why the costing of the plan would not be "relevant" in this instance. However, SASCI notes that, such costing, though indicated to be irrelevant, is in progress.

Issues of financing the NCD map have not been incorporated succinctly, though the heading of Chapter 5 makes reference to the financing, it is not adequately fleshed out in the Plan, bearing in mind, that, there is an intention not only to deal with the priority NCD's but to eventually include all NCDs. This refers to financing the care that is listed in the Plan and the cost of the administration of the Plan taking into account that, under the South African Constitution, healthcare service provision is a provincial matter. This raises important issues as to how care that are outlined in this Plan, would have to be funded by provinces, and whether provinces would be obligated to implement the Plan, and if so, whether it would be subject to conditional grants.

4. Chapter 6: Monitoring and Evaluation

Plan monitoring and evaluation are important components and are critical to sound strategic planning. SASCI agrees with the establishment of a national NCD surveillance, monitoring and evaluation unit to monitor the implementation of the Plan.

5. CONCLUSION

5.1. SASCI is of the view that there are flaws in the National Multi-Sectoral Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2021-2026 which need to be addressed.

5.2. SASCI would also welcome the opportunity to make verbal submissions to the National Department of Health and to provide any additional information that could assist the Department in its work on the plan.

5.3. SASCI can be contacted at;

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