

The Second Comparative Risk Assessment for South Africa: A call to action for evidence-based health promotion and disease prevention

The Second Comparative Risk Assessment study conducted by Bradshaw *et al.*^[1] has highlighted once again the importance of preventable causes of disease in South Africa (SA). This study is critical, as the analysis takes us beyond a focus on causes of death to the importance of understanding the trends in underlying risk factors, which are the focus of our work in disease prevention. The findings present some scope for optimism to the extent that the attributable age-standardised death rates for most risk factors have decreased since 2000, yet at the same time they demonstrate that there is no room for complacency. If we are to improve the health of South Africans, we have to reduce the underlying drivers of mortality. Knowing that this is possible, should strengthen our resolve to ensure that this is accomplished.

So how may this be done? Ensuring the resilience of the health system post the COVID-19 pandemic in an effort to attain universal health coverage via steps such as National Health Insurance (NHI) constitutes an important first step. However, it is common cause that disease prevention is, and will continue to be, a key platform for health improvement and reducing the burden on the healthcare system and communities. As it is currently envisaged, the preparations for NHI do not adequately address the need for health promotion and disease prevention. To the extent that the NHI Bill mentions health promotion, commentators have argued that the approach is very narrow and the vision, in scope and likely funding, falls far short of what is to really impact population health.^[2] It is hard to see how this could be accomplished without the establishment of an entity that is equipped and resourced for evidence-based health promotion and protection. There are several international models that can inform this, such as the Health Protection Agency in the UK or the Thai Health Promotion Foundation (ThaiHealth). The SA response needs to be located and driven from within the health sector, informed by the science of health promotion and interventions that promote behaviour change, and constituted in a manner that recognises the contributions of all sectors to strengthening health and the need for health to be embraced as a multisectoral issue with strong community participation.

The SA Medical Research Council (SAMRC) is determined to play its role in supporting the evidence base for this work. The SAMRC has engaged in a process of reimagining the structure of

the intramural research units of the organisation to most effectively generate knowledge to drive innovation and chart progress within the health sector and communities, to improve the health of the population. In 2012 the organisation underwent revitalisation, with reorientation of research and funding priorities toward the major causes of mortality in the country, informed by the first National Burden of Disease study, which highlighted the four colliding disease epidemics. In 2022, the time is right to use the comparative risk assessment findings to reimagine the structure of the SAMRC. We need to consolidate and strengthen research on amenable causes of disease, and how to prevent these, strengthening research on health promotion and disease prevention, with a focus on interpersonal violence prevention, non-communicable diseases and nutrition, alcohol, tobacco and mental health, sexual and reproductive health and rights and environmental health, and improving the health of key populations of the elderly, children, adolescents and young people, people with disabilities and marginalised populations. Furthermore, the SAMRC reaffirms its commitment to supporting the national health surveillance system so that high-quality population health surveys are conducted, data are reported and made accessible for further analysis, and interventions are developed and progress tracked. The SAMRC will continue to invest strongly in developing technical capacity to synthesise data and generate estimates to guide policy, as well as gathering more epidemiological data to understand the impact of the COVID-19 pandemic on the trends in population health.

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2. Freeman M, Simmonds JE, Parry CDH. Health promotion: How government can ensure that the National Health Insurance Fund has a fighting chance. *S Afr Med J* 2020;110(3):188-191. <https://doi.org/10.7196/SAMJ.2020.v110i3.14499>

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