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Dr MJ Phaahla National Department of Health Private Bag X828, PRETORIA, 0001 Sent by email

Dear Honourable Minister

Using the Department's 3rd NCDs+ National Strategic Plan (NSP) 2022-29 to strengthen outcomes & implementation through collaboration with NCDs civil society and provinces

The South African NCDs+ Alliance (SANCDA+) congratulates the Department on the launch of its NCDs+ NSP last year after a long and convoluted multi-year process. The policy is an important step forward, enabling South Africa to achieve SDG target 3.4 to reduce by 1/3 premature mortality from NCDs and promote mental health and wellbeing. The SANCDA+ participated in the lengthy policy process, being the only civil society representative on the Technical Committee, and for this, our partners and we are grateful.

The SANCDA+ wants the challenging but fruitful détente to continue at the national and provincial levels to achieve SDG 3.4 and related NCDs+ targets, especially SDG 3.8 universal health coverage.

The SANCDA+ wishes to support and collaborate with the Department to achieve SDG targets through policy coherence interventions to improve the prevention and

treatment of NCDs+. This has been our goal since 2013, but our written advances in the form of letters and reports are unfortunately not acknowledged by the Department's political and executive official levels.

The 3rd NCDS NSP highlights that over half of the deaths in South Africa are due to NCDs+ conditions, particularly cancer, cardio- and cerebrovascular, and diabetes, with the latter being the leading cause of death in women. Obesity and mental health conditions in our society are at epidemic levels. These data do not speak to the burden of multiple morbidities.

The SANCDA+ is a health and social justice advocacy grouping of 100 organisations and individuals seeking to uphold the human rights of people living with NCDs+ (PLWNCDs+). Our

mission is for PLWNCDs+ to access equitable and affordable quality, NCDs+ prevention and treatment. PLWNCDs+, their families and caregivers must receive essential prevention and care without suffering financial hardship. Our definition of NCDs is expanded (NCDs+ [plus]) to outline the broad sweep of risk factors and health conditions, including mental health, disability and injuries. Annexure A shows the current members, allies and partners.

1. To co-establish an NCDs+ National Coordinating Mechanism with civil society for NCDs policy coherence to achieve SDG 3.4 Goal 1 of the NCDs+ NSP seeks to prioritise the prevention and control of NCDs+, for which there is a bouquet of

Points 1-4 below outline our proposed plan for collaborative action to effectively implement the NCDs+ NSP

policy coherence interventions. NCDs are complex and interconnected and existing siloes of care are unlikely to be effective, with the exclusion of several groups.

The establishment of an NCDs+ National Coordination Mechanism (NNCM), is an essential platform to achieve SDG 3.4. This intervention will bring relevant stakeholders together to share expertise and pool resources to address this goal. The SANCDA+ is offering to collaborate with the NDoH to co-establish the NNCM in order to bring the necessary stakeholders and resources together to create integrated person-centred health service solutions.

Cardio- & cerebro-vascular

**GROUP II:** Non-communicable diseases

NCDs

50.9%

#### South African NCDs+ Alliance

An important area is the need for the revision and integration of over 20 health and other policies that require coordinated implementation using accepted national processes (Annexure B). The NNCM will provide an ideal mechanism for a refreshed partnership to enable the NDoH and the SANCDA+ and civil society partners to coproduce effective and robust policy outcomes.

Another example is the recently published HIV NSP with NCDs+ components (mental health, diabetes, hypertension, etc.) that require capacitation and policy coherence beyond CDs. This remains a missing component that also requires adequate consultation to achieve positive outcomes.

# 2. Provincial NCDs+ strategy capacitation and rollout

For the first time, the NCDs+ NSP clearly places the responsibility with the provinces for the start of the planning and implementation process and also laid out in the Annual Performance Plan 2022/23. We celebrate and support this important clarity, the SANCDA+ and its partners continue strengthening our existing cordial relations with the Provincial Health Departments. We have an extensive repertoire of resources and experience in training, prevention, screening and treatment programmes, etc. and are happy to work collaboratively with provinces to implement the NCDs+ NSP.

## 3. Financial resources for NCDs+

We are mindful of the constrained financial environment of the Department and government as a whole. We are aware that throughout policy from the National Development Plan through MTSF 2019-2024 to budgets that NCDs+ and especially NCDs+ civil society and NPOs are unfunded and unprioritised.

Over the last 10 years, officials have indicated that there is "no funding for NCDs+", which was reiterated in July 2022 at the national NCDs+ NSP provincial launch. The video makes it very explicit that provinces must do more with fewer resources. The SANCDA+ has frequently cited that the Health budget shows that NCDs+ not-for-profit organisations receive less than 1% of Programme 3 NPO budgets and without support for a NNCM. This starkly contrasts with the HIV, TB and STIs subprogramme, which is funded by conditional grants. **Annexure C** provides an annotated analysis of the Health budget line items for the NCDs+, HIV NPOs and SA National AIDS Council (SANAC) and tracks what appears to be the allocation and expenditure of the Health Promotion Levy (HPL) since 2018/19. It shows that the HPL allocations to the NCDs sub-programme were approximately R 216.2 million, of which R193.4 million (approximately 90%) was returned to the Treasury unspent. It would appear that the very soft-earmarked HPL could indeed be utilised for items 1 and 2 above.

The SANCDA+ requests that a portion of the HPL is allocated to resource it and its members congruent with items above 1 (NNCM) and 2 (support of provincial health departments) from this financial year 2023/24.

#### 4 Suggested next steps

We kindly request that the Minister nominate a person or persons during April 2023 to commence multiple stakeholder discussions and to establish the NNCM and coordinate a plan of action to improve the prevention and control of NCDs according to the NCDs+ NSP, the Consitution and global Political Declarations.

Yours sincerely

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Kuliney Attenson

Elize Joubert

Margot McCummisky

**Prof Pamela Naidoo** 

**Director: SANCDA+** 

CEO: Cancer
Association of SA

National Manager Diabetes SA CEO: Heart & Stroke Foundation SA



## Annexure A: South African NCDs+ Alliance - Members, Allies and Partners

#### Founding members

Cancer Association of South Africa (CANSA) I Diabetes South Africa I
Heart and Stroke Foundation South Africa I Patient Health Alliance of South Africa I

#### Organisational members

- Arthritis Foundation of South Africa (AFSA)
- Arthritis Kids South Africa
- Axial Spondyloarthritis Foundation
- Cancer Alliance South Africa ▲
- Dementia SA
- Epilepsy SA
- Global Mental Health Peer Network
- Hospice & Palliative Care Association SA

- Myeloencephalopathy Chronic Fatigue Syndrome South Africa (ME/CFS)
- National Kidney Foundation South Africa (NKFSA)
- Palliative Treatment for Children South Africa (PatchSA)
- Physician's Association for Nutrition SA (PAN SA)
- Psoriasis Foundation South Africa
- South African Disability Alliance ★
- South African Federation for Mental Health (SAFMH) ◆
- Stroke Survivor's Foundation

#### ▲ Cancer Alliance South Africa incorporates 29 organisations

amaBele Project Flamingo, Ari's Cancer Foundation, Breast Cancer Awareness, Breast Course 4 Nurses (BCN), Breast Health Foundation (BHF), CANSA, Cancer Heroes, CanSurvive Cancer Support (CanSurvive), Care for Cancer Foundation, Childhood Cancer Foundation of South Africa (CHOC), Gladiators of Hope, Glynnis Gale Foundation, HPCA, Look Good Feel Better (LGFB), Love Your Nuts (LYN), Lymphoedema Association of South Africa (LAOSA), Machi Filotimo Cancer Project, Men's Foundation, National Council Against Smoking, National Oncology Nursing Society of SA (NONSA), People Living With Cancer (PLWC), Pink Parasol Project, Pink Trees for Pauline (Pink Trees), Rainbows and Smiles, Reach for Recovery (R4R), South African Oncology Social Workers' Forum (SAOSWF), The Sunflower Fund (TSF), Wings of Hope (WoH)

#### \* South African Disability Alliance incorporates 17 organisations

Autism South Africa, Blind SA, Cheshire Homes SA, Down Syndrome South Africa (DSSA), Epilepsy South Africa, Muscular Dystrophy Foundation SA (MDSA), National Association of Persons with Cerebral Palsy (NAPCP), Occupational Therapy Association of South Africa (OTASA), Quad Para Association of South Africa (QASA), Quadriplegic & Paraplegic Charitable Trust – South Africa; South African National Association of Blind and Partially Sighted Persons (SANABP); South African National Deaf Association (SANDA), Shonaquip Social Enterprise, Stroke Survivor's Foundation (SSF), South African National Council for the Blind (SANCB), South African Federation of Mental Health (SAFMH), Rare Diseases South Africa (RDSA).

#### ◆ South African Federation for Mental Health incorporates 17 mental health societies.

Port Elizabeth Mental Health, Mpumalanga Mental Health, Vaal Triangle, Cape Mental Health, Northern Free State, Uitenhage Mental Health, Durban and Coastal, North Gauteng Mental Health, Pietermaritzburg Mental Health, Limpopo Mental Health, Rehab Mental Health, Zululand Mental Health, Central Gauteng Mental Health, Laudium Mental Health, North West Mental Health, Southern Free State, Northern Cape Mental Health

## Independent members

Razana Allie I Kwanele Asante I Karen Borochowitz I Chantelle van Straaten I Anne Croasdale I Peter Dellobele I I Kathy Dennill I Tyy Ford I Salih Hendricks I Linda Greeff I Peter Hers I Vimla Moodley I Salomé Meyer I Laila Murtah I I Catherine Ndinda I Busi Nkosi I Vicki Pinkney-Atkinson I Ganzamungu Zihindla I Lindsay Zurba I

#### **Partners**

Dullah Omar Institute (DOI) I Human Science Research Council South Africa (HSRC)

The SANCDA+ is a member of the global NCD Alliance

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# Annexure B: List of policy requiring coordination and update by date and government Department

NCDs+ related Policies using short names with links.	Responsible government (sub) programme and links to APP
NDoH DBE Integrated school health policy 2012	Programme 3 Subprogramme Health Promotion & Nutrition Department of Basic Education.
NDoH Food-based dietary guidelines adult and Paediatric 2013	Health Promotion and Nutrition
Roadmap for Nutrition in South Africa 2013-2017	Health Promotion and Nutrition
NDoH Mental Health NSP 2013-2020	2022/23 NDoH programme 3 APP outcome NSP updated & tabled at the National Health Council for approval However, this is developed through forensic Mental Health Programme 1
NDoH Management of Type 2 diabetes adults PHC level 2013	2022/23 NDoH programme 3 APP: Diabetes implementation plans for development at the provincial level are required.
NDoH R429 Labelling and Marketing of Foodstuffs 2014	Health Promotion and Nutrition draft regualtion released for public comment by 14 July 2023
NDoH Health promotion strategy 2015-2020	Health Promotion and Nutrition
NDoH Obesity Prevention & Control NSP 2015-2020	2022/23 NDoH programme 3 APP: NSP updated & published Health Promotion and Nutrition Obesity is now considered a health condition
NDoH Disability & rehabilitation services NSP 2015-2020	
DSD White Paper on Disability 2016	2022/23 DWYPD undertaking external review.
DSD National Drug Master Plan 2019-2024	
NDoH NHI Bill 2019 links to APP Programme 2 Outcomes for packages of services available See Error! Reference source not found.	APP 2023 NDoH programme 2 APP: Q4 5,5 million patients registered on CCMDD which conditions less that 1/3 are NCDs+ alone. What are the packages?
NDoH National Public Health Institute of SA 2020 (NAPHISA) 2020	NCDs+ division + National Institute of Non-Communicable Diseases remains unimplemented. Cancer surveillance is partially implemented via the National Cancer Registry. Occupational health exists (Existing structures not integrated
NDoH HIV, TB and STIs NSP 2023-30	2022/23 NDoH programme 3 APP; NSP updated & published Managed by SANCDA+
NDoH National cancer strategic framework 2017-2022	
NDoH Breast cancer control policy 2017-2022	Linked to the Department of WomenDWYPD
NDoH Cervical control policy 2017-2022	Linked to the Department of Women –DWYPD, programme 3 CDs, School Health HPV
NDoH National policy on palliative care 2017-2022	Revision started and now stalled.
NDoH National adolescent & youth health policy 2017	Focus primarily on CD subprogramme. Mental healht, substance abuse, obesity,
Medium-Term Strategic Framework 2019- 24 Priority 3 National Development Plan	DPME, Presidency and Treasury Chapter 3 Health NCDs+ not a priority
NDoH NCDs+ NSP 2022-2027	2022/23 NDoH programme 3 APP outcome: 9 PDsoH report on the implementation of their NCDs+ plans
NDoH Tobacco Products & Electronic Delivery Systems Control Bill 2022	Health Promotion and Nutrition

NDoH programme 3 subprogramme Health Promotion and Nutrition existing Chief Director Dr Lynn Moeng Mhlangu. Historically part of the MDG condition cluster, including, HIV, TB, school, women and child health.
NDoH programme 3, subprogramme NCDs+ No Chief Director, No DDG
Operationally managed through Programme 4 PHC DDG Hunter recently returned after many years seconded.
NDoH Programme 3, CDs programmes
NDoH not Programme 3
Department of Social Development
Presidency cluster



#### ANNEXURE C: CONTEXTUALISATION NDOH NCDs+ SUBPROGRAMME ALLOCATIONS (2010-2026) WITH THE HEALTH PROMOTION LEVY (HPL) & HIV NPOS

Medium Term Expenditure Framework (also known as Medium-Term Expenditure estimates (MTEE) as shown in the budget) R million									adjusted appropriation	2	Returned To Treasury <sup>3</sup>			ی		097			
	14/15 (3)	15/16 (4)	16/17 (5)	17/18 (6)	18/19 (7)	19/20 (8)	20/21 (9)	21/22 (10)	22/23 (11)	23/24 (12)	adjuste approp	Audited outcome	Return To Tre	Estimated HPL allocation <sup>4</sup>	HPL revenue Refs(1) (2)	Estimated % of total HPL	SANAC	4 HIV NGO	Total HiV
2010/11												25.7						132.1	132.1
2011/12												24.2						157.0	157.0
2012/13												22.7						178.5	178.5
2013/14											25.9	25.5	0.4				26.0	187.6	213.6
2014/15	25.7										25.7	25.3	0.4				15.0	184.3	199.3
2015/16	27.0	28.3									23.5	20.6	2.9				19.3	128.7	148.0
2016/17	28.6	29.2	21.6								21.6	19.4	2.2				16.7	138.8	155.5
2017/18		29.5	22.6	22.5							22.5	21.2	1.3				17.5	143.9	161.4
2018/19			25.1	23.6	74.2						74.0	28.5	45.5	52.8	3,248.2	1.6%	17.1	158.1	175.2
2019/20				25.3	125.7	65.7					67.6	35.4	32.2	39.1	2,512.8	1.6%	18.1	164.0	182.1
2020/21					177.1	167.2	112.9				51.1	31.9	19.2	15.7	2,113.6	0.7%	18.1	169.8	187.9
2021/22						217.1	133.6	90.3			85.3	28.7	56.6	53.4	2,259.8	2.4%	28.9	179.9	208.8
2022/23							122.2	86.4	85.0		83.9	44.0	39.9	55.2			19.4	185.8	205.2
2023/24								87.2	88.6	86.6							20.2	186.4	206.6
2024/25			·						91.1	89.1		·							
2025/26										95.2						Avg			
Total	81.2	86.9	69.3	71.4	377.0	450.0	368.7	263.9	264.7	270.9	361.9	168.5	193.4	216.2	10,134	1.6%	216.3	2,294.9	2,511.2

Budget NCDs+ programme3 2018-2023

Health budget programme 3 CD/NCDs	Health budget Programme 4:Primary	Health Promotion Levy (HPL)	 HIV/TB Sti Organisations & SA National AIDS	l
Subprogramme NCDs	Health Care 2010 in Subprogramme NCDs	2018/19 onwards	Council (SANAC)	

Notes

HPL figures from start of to current (2018/19-22/23): A total R216 million was allocated to NDoH Programme 3 NCDs+ subprogramme with the source being the HPL via the National Revenue Fund (NRF), R193.4 million (or 89.5%) was returned by the NDoH to the Treasury (estimated). The HPL is a very softly earmarked tax with few specifications for its use.

SANAC allocations range from R15.0 -R 28.9 million 2013/14-2023/24 HIV TB NGOs (4 main) = R163.9 per year from 2010/11

<sup>&</sup>lt;sup>1</sup> **Adjusted appropriation** –Indicates Treasury's NRF adjusted allocation to the NCDs+ subprogramme (in the Adjustments Appropriation Act) for the previous financial year. It confirms or changes the corresponding amount in the published MTEF number in the corresponding column published in the Estimates of National Expenditure (ENE) budget.

<sup>&</sup>lt;sup>2</sup> Audited Outcome – Published for the 3 previous financial years Between 2013 and 2017/18, there is little difference in the adjusted appropriation, thereafter, there is a large variation.

<sup>&</sup>lt;sup>3</sup> **HPL Returned to Treasury**- Calculated by subtracting the audited outcome from the adjusted appropriation. Before the HPL introduction total unspent amount was < R3 million. Thereafter the amounts range from R19 to R56.6 million

<sup>&</sup>lt;sup>4</sup> **HPL Estimated allocation by Treasury to the NDoH** – An estimate of the total allocation by Treasury from HPL. It is calculated by subtracting the Audited Outcome for a financial year from the final Adjusted Allocation for the same financial year. E.g., the 2018/19 budget or estimate of expenditure. Calculated from different yearly ENEs.

<sup>&</sup>lt;sup>5</sup> HPL Estimated % of the total revenue – The % of the HPL allocated to the NDoH is calculated as the full amount allocated from HPL calculated by the adjusted appropriation from the Adujusted appropriation of year 2 previous year minus the previously Audited Outcome. E.g. Financial year 2017/18, Adjusted Appropriation of R74 million minus the 2017/18 audited outcome R21.2 million = R52.8 million. These are published in different ENEs 2 years apart. No written record or report is available of this information.



# References for the Annexure C

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