

EVENT

Webinar: The Link between Access to Safe and Nutritious Food and NCDs

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On 18 March 2021, the Socio-Economic Rights Project at the Dullah Omar Institute hosted its first webinar in a series entitled 'Human rights and non-communicable diseases [NCDs] in South Africa'. The rise of NCDs has been described as a 'public health emergency in slow motion' and is now the leading cause of mortality in South Africa and estimated to account for 51 per cent of the country's annual deaths. These diseases have been driven by five major risk factors: air pollution tobacco use; physical inactivity; the harmful use of alcohol; and unhealthy diets. Research has shown that diet-related factors are now associated with more premature deaths than any other factor.

This webinar explored the intersection between access to safe and nutritious food and NCDs in South Africa with the aim of sparking meaningful conversation. Given that this situation has been compounded by the Covid-19 pandemic, the webinar also sought to explore how the proliferation of NCDs has been exacerbated by high levels of food inaccessibility and weakening health systems overburdened by a welter of challenges. The webinar endeavoured to provide a platform to identify collective solutions in responding to the increase of diet-related NCDs in South Africa. Similarly, it hoped to extend the conversation to advocacy strategies and approaches to addressing this challenge.

The first panellist, Prof Rina Swart, looked at the extent of diet-related NCDs in South Africa and asked the questions, 'What is the "nutrition transition"?' and 'How are our consumption habits perpetuating NCDs?' She noted that while numerous data collection activities have been undertaken on access to safe and nutritious food in South Africa, the methodologies vary and NCDs occur among different groups, so there are many gaps in the available statistics.

She noted that the food we consume, and the consequences of this diet, form part of a complex set of circumstances which are all interlinked – known as the quadruple burden of disease. There are socio-economic factors at play including poverty, unemployment, inequality and the commercial determinants of health, which feed both undernutrition and overnutrition. These factors are also the underlying drivers of many NCDs in the South African context. Prof Swart said that 55 per cent of households are living below the upper poverty line (R1268) and 25 per cent are living below the lower food poverty line (R585). Alarmingly, even in a food-secure nation, extreme inequality is reflected in the fact that 60 per cent of the country has access to only 7 per cent of its wealth.

Between 1997 and 2012, more people died from NCDs than from HIV/AIDS. However, this does not correlate with the national budget for NCDs, and specifically diet-related NCDs, which are not receiving the attention or resources necessary in terms of the appropriate strategic response. Notably, while NCD death rates are extremely high, millions of people also live with NCDs, with Covid-19 having brought to light useful data on the extent of these co-morbidities.



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Prof Swart then contextualised the ‘nutrition transition’ taking place in South Africa with regard to the global epidemic that is obesity. The country is currently seeing a steep increase in the rate of obesity among men and women and, most concerning, children. Over the last ten years, the rate of obesity in children has increased from 1 in 20 to 1 in 8. She also provided insights on the food costs, the types of foods consumed, how food is acquired, food environments and the consequences of these phenomena in terms of ill-health, diseases and death. Prof Swart emphasised the importance of strategies that target the specific issues identified, with particular intentions and outputs. Strategies should consider food-related information, advertising and the availability of certain foods.

Effective, transversal and inclusive food system policies are central

The second panellist, Dr Jane Battersby, spoke on the topic, ‘The food environment in South Africa: Making the link between urban food policy and NCDs in a post-pandemic era’. Dr Battersby provided some potential urban interventions that might help address NCDs and inform the kind of food systems needed in a post-pandemic world. She noted that this is an opportunity for local government, as much of the national policy sphere is concerned with regulating health messaging and the ingredients of foods, with little consideration given to local food environments and sensitivities.

Dr Battersby provided an overview of the current food system in South Africa. There has been an increase in the expansion of large chain-supermarkets, affecting the availability of both diverse foods and more ultra-processed foods, and reshaping local economics and dietary patterns. While this is not the main cause of increasing overnutrition and ill-health, it is certainly a contributing factor. She also contextualised the food environments at a neighbourhood level, looking at factors such as infrastructure, mobility, transportation, trading bays, crime, storage facilities, sanitation, water, security of tenure and lack of support services. All of these factors intersect to shape food environments,

which highlights two major issues: first, where the relative power in the food system is and where this power should be regulated, and secondly, that those shaping the food system have no interest in its outcomes. Dr Battersby noted that national and local scale policies need to be integrated as much of the contributing factors fall within the existing mandates of local government. Effective, transversal and inclusive food system policies are central in rebuilding the economy and improving public health.

The third panellist, Dr Vicki Pinkney-Atkinson, addressed the topic, ‘Advocating for effective NCDs policy and implementation in South Africa: What CSOs should know’. Her presentation provided insight into the history of the SANCD Alliance, with its focus on advocacy and policy coherence in relation to equitable access to NCDs+ prevention and management and universal health care. Dr Pinkney-Atkinson shared the sentiments of Prof Swart, noting that there is an underwhelming amount of funds in the national budget for NCDs: 97 per cent of funds are devoted to communicable diseases and 1 per cent to NCDs.

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In terms of policy action, Dr Pinkney-Atkinson elaborated on various approaches useful for effecting policy change, looking at Kingdon’s multiple stream approach and using existing benchmarks to advocate for the implementation of existing policy coherence. Given the lack of interest in and action over NCDs, the Alliance has formally laid a complaint at the South African Human Rights Commission advocating for equitable access to health care for

people living with NCDs (PLWNCDs) as well as proper implementation of the national strategic plans on NCDs.

She also shared some insights on the importance of changing the approach to health policies. There is an imminent need for a paradigm shift and doing away with silos and the misconception that there is one approach or solution to addressing the rise of NCDs. The prevention and management of these diseases require a broad approach that tackles the biological and social factors that contribute to them. There is also a need to shift the narrative surrounding the way these diseases are addressed – obesity, for instance, should be understood as a condition and not simply a ‘risk factor’. It is clear that the government is failing to meet its targets, so it is the duty of civil society to hold government accountable by advocating for appropriate change.

The question-and-answer session made for thought-provoking discussion. Opinions were shared on the social stigma surrounding overweight and obesity, as well as, conversely, on the cultural norms regarding women having a well-rounded figure. The complexity of the issue was noted, as was the need to reframe the narrative. Much of the conversation centred on obesogenic environments and the many underlying food-system inequities among marginalised and under-resourced groups.

In regard to the issue of commercial baby food, it was noted that sugar and salt are learnt preferential tastes and that babies should be exposed to healthier foods. Breastfeeding is important in ensuring adequate nutritional intake for the baby, but other issues arise as well. Often too little attention is given to the mother’s nutritional status, and a lot of misinformation is shared in this regard. The gendered dimensions were also debated, including social and cultural stigma and men’s tangible contribution to their babies’ well-being. Participants then discussed the role of dietitians, health professionals and government officials in preventing NCDs, as everyone has a role to play. Currently, there is insufficient capacity as well as a lack of resources to deal adequately with the increasing rate of NCDs – indeed, there is little political interest and will in prioritising NCDs. Consideration should be given to accurate costing, as well as to how the existing budget is rolled-out and administered.



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There are also institutional and systemic factors which heavily influence the health system in South Africa, including previous health crises, political interests, international agendas and shifts between public and private health care. An emerging area of research was highlighted, namely the role of local government in food-sensitivity programmes. It is clear that mandate exists at municipal level that spans many areas of food governance. However, it is necessary to ascertain whether local governments are equipped to handle the responsibility, and whether national government is ready to recognise this.

The participants reflected on access to safe and nutritious food among children, looking at the role of the national school nutrition programme and the integrated school health policy. There is problem with basic school nutrition knowledge, which is not aligned with feeding schemes or what is being sold at tuckshops. While the government must be applauded for its efforts in this regard, current policies and programmes are outdated and require intervention.

Many systemic issues remain – the pandemic has not only exposed but multiplied them. However, there is more that can be done. It is crucial that a multipronged approach is taken. In addressing South Africa’s challenges, much can be learnt from how other countries have successfully responded to the same issues, albeit that attention should also be given to how the issue is framed in a country-specific context.

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