

**School of Public Health and Family Medicine**

**Health Economics Unit**

**Abstract for the Fifth AfHEA Scientific Conference to be held in Accra, Ghana, from 11 to 14 March 2019**

# **Principal Investigator (A): Odwa Mfolozi**

 **Ph. 0735602160**

 **Email:** **MFLODW001@myuct.ac.za**

 **Student number: MFLODW001**

**Supervising Investigator (B): Dr O Alaba**

 **Email:** **Olufunke.alaba@uct.ac.za**

 **Health Economics Unit**

 **School of Public Health and Family Medicine**

 **Faculty of Health Sciences**

 **University of Cape Town**

**NCD’s and economic outcomes in South Africa: a cohort study for the period of 2008-2016 at individual and household level**

**Abstract**

The total number of people living with non-communicable diseases in South Africa currently is unknown. According to the WHO, (2014), non-communicable diseases are accountable for 43% of all deaths in South Africa. In 2011 they were accountable for 23% of years of life lost and 33% of disability life years, (Ataguba, Akazili, & McIntyre, 2011). Non-communicable diseases were underlying or accountable for 60% of the top ten causes of death in South Africa for the year 2015, (STATS SA, 2017). Government total expenditure is also unknown but is estimated at more than one billion rands per annum for low to middle income countries such as South Africa, (WHO, 2011), (Huffman et al., 2011). UHC and Upscaled prioritisation at PHC level is needed as NCD’s accounted for half the global burden of disease but only received 2% of international donations compared to HIV that accounted for 4% of the global burden of disease receiving 29% of international donation grants, (Allen, 2017).

NCD’s negatively impact the labour market by decreasing labour productivity, increasing employee turnover and early retraction from the labour market. This future decreases individual income and household income especially for the urban poor who carry the heaviest non-communicable disease burden in South Africa. This further contributes to the medical poverty trap and worsens income inequality in South Africa.

Using panel data from the national income dynamics study in South Africa, this paper investigates the association between non-communicable diseases and labour market participation and the effect it has on household income. We examine these associations using statistical regression models for NCD exposed households and non NCD exposed households, comparing the two for differences.

We hypothesis that NCD’s decrease household income and labour force participation through decreasing individual and household productivity and by increasing dependency both for the individual and the household. Therefore as recommended by the WHO; individual specific interventions will be more effective than population based interventions to alleviate the ripple effects of the non-communicable disease burden on the South African economy (National Department of Health, 2013).

References;

Allen, L. N. (2017). Financing national non-communicable disease responses. *Global Health Action*, *10*(1), 1326687. https://doi.org/10.1080/16549716.2017.1326687

Ataguba, J. E., Akazili, J., & McIntyre, D. (2011). Socioeconomic-related health inequality in South Africa: evidence from General Household Surveys. *International Journal for Equity in Health*, *10*(1), 48. https://doi.org/10.1186/1475-9276-10-48

Huffman, M. D., Rao, K. D., Pichon-Riviere, A., Zhao, D., Harikrishnan, S., Ramaiya, K., … Prabhakaran, D. (2011). A cross-sectional study of the microeconomic impact of cardiovascular disease hospitalization in four low- and middle-income countries. *PLoS ONE*. https://doi.org/10.1371/journal.pone.0020821

National Department of Health. (2013). *Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2013-2017*. *Department of Health*. Retrieved from http://www.hsrc.ac.za/uploads/pageContent/3893/NCDs STRAT PLAN CONTENT 8 april proof.pdf