

1. The Western Cape Department of Health is committed to address harmful health outcomes through the implementation of novel healthy lifestyles initiatives aimed at promoting increased physical activity, healthy eating and healthy weight management in order to prevent and reduce the burden of NCDs in the Western Cape. The WesternCape on Wellness (WoW!) healthy lifestyles initiative was developed and tested in 2015/16 (WoW! Phase-1).

WoW! represents a novel transversal and cross-sectoral partnering approach to promote, activate, expand and maintain a healthy lifestyles movement across multiple settings, including: Worksite, Primary Healthcare Facility, School, Community and Public Space settings. The initiative aims to co-develop, test, evaluate and systematise (institutionalise) a healthy lifestyle initiative that is multi-sectoral (“all of government” and “all of society”), multi-modal (various methods), geographic specific and that follows a person-centred life course approach (ultimately from pre-pregnancy to senior citizens). The initiative addresses both individual health behavioural and social determinants of wellness to co-create enabling environments in order to prevent, reduce and better manage the burden of NCDs (including obesity) as the first focus. As an expanding wellness-promoting platform for Self-Management and to address the key components of wellness (physical, mental, social, spiritual, intellectual, financial and environmental), future foci of the initiative include, for example, reduction of harmful personal behaviours (including alcohol, drugs and smoking), safe and healthy pregnancies, child rearing, stress and relationship management, budgeting and green living.

WoW! is a Healthy Lifestyles partnership initiative of the Western Cape Government and its valued partners. *WoW!* aims to enable people to make Healthy Lifestyle choices throughout our life course - from planning Pregnancy and Birth to Youth, Adult and Senior Years.

Healthcare 2030' s message is quite simple and clear; it is all about moving from curing illnesses to wellness. We have seen that the conventional approach of health services with a focus on curative health care is not sustainable or desirable in the face of the increasing burden of disease. Communities must

take part in the health and wellness of their lives; the responsibility lies within them. Wellness cannot be delivered by a health service to people who remain mere recipients of the process. We need a whole society approach to improving wellness as a key pillar of Healthcare 2030 and an important strategic objective of the Western Cape Government.

Since its launch in 2015, WoW! expanded from having just 10 partners to currently having over 70 partners. The programme is grounded in practice-based evidence which is ensured by the transdisciplinary WoW! Workgroup that fuses WCGDoH Team WoW! with representatives from an academic consortium and community groups. Importantly, at the heart of the WoW! Programme is a network of volunteer Wellness Champions. These Peer Leaders ensure that WoW! remains contextually appropriate, based on the 'lived experience' of its members, and is community responsive and inclusive. The network of WoW! trained and supported Wellness Champions expanded from 72 in 2016 to 754 in 2021.

The pandemic has had major socio-economic consequences impacting the social determinants of the health of our people. Mental illness is exacerbated by the abuse of substances like drugs and alcohol. Besides the adverse effects on one's health, substance abuse has given rise to mental illnesses in the province. There is mounting evidence of the significant negative impact of Covid on the social determinants of mental ill health resulting in increased anxiety, depression and suicides.

2. The five main causes of ill health in the Western Cape are:

- Infectious diseases, including HIV/AIDS and Tuberculosis
- Mental Health conditions
- Injuries, including road traffic injuries and violence-related injuries
- Cardiovascular diseases
- Childhood diseases

However, the Department remains fully dependent on Statistics South Africa (Stats SA) for population-level mortality data. Stats SA published a report in 2018 on mortality and causes of death in South Africa. We are eagerly awaiting the statistical release for deaths that occurred in 2019 to conduct further analysis. The Department is therefore not able to provide answers to the questions beyond 2018 due to limited access to mortality data.

The 2019 Rapid Review of the Burden of Disease: From 2009 to 2016, the rate of early deaths decreased by 17%. This league table below shows the change in ranking of conditions causing early deaths from 2009 to 2016 overall, and for men and women. The ranking is based on the percent of all early deaths from each condition. In men, intentional injuries have become the leading cause of early death. HIV/AIDS & TB remains the leading cause of early death in women and overall.

Rank	Persons		Men		Women	
	2009	2016	2009	2016	2009	2016
1	HIV/AIDS & TB 24.6	HIV/AIDS & TB 18.6	HIV/AIDS & TB 23.0	Int. injuries 20.5	HIV/AIDS & TB 26.6	HIV/AIDS & TB 20.4
2	Cardiovascular 14.7	Cancers 15.9	Int. injuries 14.4	HIV/AIDS & TB 17.2	Cardiovascular 16.7	Cancers 18.8
3	Cancers 13.9	Other NCDs 14.9	Cardiovascular 13.1	Cancers 13.8	Cancers 15.7	Other NCDs 16.3
4	Other NCDs 12.0	Cardiovascular 14.0	Cancers 12.5	Other NCDs 13.8	Other NCDs 12.3	Cardiovascular 16.3
5	Int. injuries 9.7	Int. injuries 13.5	Other NCDs 11.7	Cardiovascular 12.3	Inf/para 10.1	Diabetes 8.9
6	Inf/para 9.0	Unint. injuries 8.8	Unint. injuries 10.5	Unint. injuries 10.9	Diabetes 5.8	Inf/para 6.0
7	Unint. injuries 8.2	Diabetes 6.2	Inf/para 8.1	Inf/para 4.4	Unint. injuries 5.2	Unint. injuries 6.0
8	Diabetes 4.3	Inf/para 5.1	Mat/Peri/Nutr 3.4	Diabetes 4.3	Mat/Peri/Nutr 4.0	Int. injuries 3.7
9	Mat/Peri/Nutr 3.7	Mat/Peri/Nutr 3.1	Diabetes 3.1	Mat/Peri/Nutr 2.7	Int. injuries 3.5	Mat/Peri/Nutr 3.6

HIV/AIDS & TB:

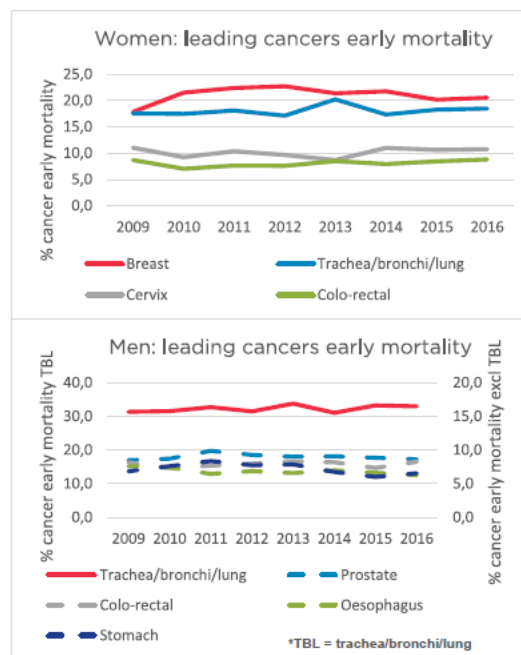
- About 10% of 15-49 year olds are living with HIV.
- HIV prevalence in women is nearly double that in men (13.4% vs 7.3%).
- Mother to child HIV transmission decreased by nearly 75% in the last 10 years. In 2018, there were ~56,000 new TB cases. New TB cases have decreased ~9% from 2012 vs. 2018.
- In 2018: 35% of TB cases were for retreatment, 11.5% were extra-pulmonary TB, ~5% drug-resistant TB, ~40% of TB patients are also PLHIV.

MATERNAL, PERINATAL & CHILD HEALTH

- The under 5 mortality rate dropped by 44% and the absolute number of deaths in children under 5 years by 38% from 2009 to 2016. The biggest drops were in deaths due to HIV/ AIDS, diarrhoea and malnutrition.
- **The number of newborn deaths (infants aged 0-27 days) decreased by 29% from 2009 to 2016. Most causes of newborn death reduced by ~30%, while newborn deaths from severe infections dropped by 48%.**

NON-COMMUNICABLE DISEASES

- The proportion of early mortality due to cardiovascular diseases, cancers, diabetes and other non-communicable diseases (NCDs) has increased by nearly 14% from 2009 to 2016.



- Breast cancer remains the leading cause of early mortality from cancer among women, while for men it is lung cancer.
- Surveys show wide variation in the prevalence of common NCDs, limiting the ability to estimate the true burden of people living with NCDs in the province. Estimates using available data shows that ~18,000 people (60% women) are starting diabetes treatment per year. Most diabetic patients are 40-65 years old (58%); nearly 1/3 are >65 years old.

- Control of diabetes is poor. 70% of patients have an HbA1c > 8% indicating poor disease control.

MENTAL HEALTH

- The Western Cape has the highest 12-month and lifetime prevalence of mental illness in South Africa (39%). Source: 2004 South African Stress and Health Survey
- Estimating the burden of mental health conditions is extremely challenging as mental ill health is associated more with morbidity than with mortality.
- Suicide may be a proxy for mental illness burden as ~90% of people who commit suicide have a mental health condition at the time of death, but suicide grossly underestimates underlying mental disorders. In the Western Cape, suicides were 11% of injury deaths (1.5% all deaths). The age-standardised mortality rate for suicide was 3 times higher in men vs. women, with the age most affected being 20-39 year olds.

VIOLENCE

- From 2010 to 2018 there has been a year-on-year increase in the annual number of homicides in men, mostly gun-related. The rate of homicides due to guns doubled from 2010 to 2016.
- Half of homicide victims tested positive for alcohol; 45% had blood alcohol concentration higher than the legal driving limit (0.05g/100ml).