# Report card
## South Africa

### Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity prevalence</td>
<td>2</td>
</tr>
<tr>
<td>Trend: % Adults living with obesity in South Africa 1998-2016</td>
<td>4</td>
</tr>
<tr>
<td>Trend: % Adults living with overweight or obesity in South Africa 1998-2016</td>
<td>5</td>
</tr>
<tr>
<td>Overweight/obesity by education</td>
<td>6</td>
</tr>
<tr>
<td>Overweight/obesity by age</td>
<td>8</td>
</tr>
<tr>
<td>Overweight/obesity by region</td>
<td>9</td>
</tr>
<tr>
<td>Overweight/obesity by socio-economic group</td>
<td>11</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>13</td>
</tr>
<tr>
<td>Estimated per-capita fruit intake</td>
<td>16</td>
</tr>
<tr>
<td>Estimated per-capita processed meat intake</td>
<td>17</td>
</tr>
<tr>
<td>Estimated per-capita whole grains intake</td>
<td>18</td>
</tr>
<tr>
<td>Mental health - depression disorders</td>
<td>19</td>
</tr>
<tr>
<td>Mental health - anxiety disorders</td>
<td>20</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>21</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>23</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>24</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>26</td>
</tr>
<tr>
<td>Gallbladder cancer</td>
<td>28</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>30</td>
</tr>
<tr>
<td>Cancer of the uterus</td>
<td>32</td>
</tr>
<tr>
<td>Raised blood pressure</td>
<td>33</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>36</td>
</tr>
<tr>
<td>Raised fasting blood glucose</td>
<td>39</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>41</td>
</tr>
<tr>
<td>Health systems</td>
<td>42</td>
</tr>
</tbody>
</table>
Obesity prevalence

Adults, 2016

Survey type: Measured
Age: 15+
Sample size: 7767
Area covered: National
References: South Africa Demographic Health Survey
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59. 3105 Men 4662 Women

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2012

Survey type: Measured
Age: 2-14
Sample size: 4278
Area covered: National


Cutoffs: IOTF
% Adults living with obesity in South Africa 1998-2016

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in South Africa 1998-2016

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Men, 2016

Survey type: Measured
Age: 15+
Sample size: 3105 Men 4662 Women
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2016

Survey type: Measured
Age: 15+
Sample size: 3105 Men 4662 Women
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age

Adults, 2016

Survey type: Measured
Sample size: 3105 Men 4662 Women
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by region

Men, 2016

Survey type: Measured
Age: 15+
Sample size: 3105 Men 4662 Women
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2016

Survey type: Measured
Age: 15+
Sample size: 3105 Men 4662 Women
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59. Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Men, 2016

Survey type: Measured
Age: 15+
Sample size: 7767
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59. Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2016

Survey type: Measured
Age: 15+
Sample size: 7767
Area covered: National
References: South Africa Demographic Health Survey 2016
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita fruit intake (g/day)
## Estimated per-capita processed meat intake

### Adults, 2017

![Graph showing estimated per-capita processed meat intake](image)

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated Intake (g/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Rep</td>
<td>0.5</td>
</tr>
<tr>
<td>Burundi</td>
<td>0.7</td>
</tr>
<tr>
<td>DR Congo</td>
<td>1.1</td>
</tr>
<tr>
<td>Malawi</td>
<td>1.4</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1.9</td>
</tr>
<tr>
<td>Eritrea</td>
<td>2.1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2.3</td>
</tr>
<tr>
<td>Liberia</td>
<td>2.5</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2.7</td>
</tr>
<tr>
<td>Comoros</td>
<td>2.8</td>
</tr>
<tr>
<td>Niger</td>
<td>2.9</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3.1</td>
</tr>
<tr>
<td>Rwanda</td>
<td>3.2</td>
</tr>
<tr>
<td>Burundi</td>
<td>3.3</td>
</tr>
<tr>
<td>Guinea</td>
<td>3.4</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3.5</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3.6</td>
</tr>
<tr>
<td>Tanzania</td>
<td>3.7</td>
</tr>
<tr>
<td>Mali</td>
<td>3.8</td>
</tr>
<tr>
<td>Benin</td>
<td>3.9</td>
</tr>
<tr>
<td>Chad</td>
<td>4.0</td>
</tr>
<tr>
<td>Zambia</td>
<td>4.1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>4.2</td>
</tr>
<tr>
<td>Angola</td>
<td>4.3</td>
</tr>
<tr>
<td>Mozambique</td>
<td>4.4</td>
</tr>
<tr>
<td>South Africa</td>
<td>4.5</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>4.6</td>
</tr>
<tr>
<td>Republic of the Congo</td>
<td>4.7</td>
</tr>
<tr>
<td>Gabon</td>
<td>4.8</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>4.9</td>
</tr>
</tbody>
</table>

### Survey Details

- **Survey type:** Measured
- **Age:** 25+
- **References:** Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/](http://ghdx.healthdata.org/)
- **Definitions:** Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

References:
Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions:
Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Incidence per 100,000

Age:

20+

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
**Women, 2018**

![Graph showing incidence per 100,000 for various countries.]

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000 and above

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).
Men, 2008

% raised cholesterol

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: **Upper Middle Income**

Health systems summary

South Africa has co-existing public and private health care systems that results in unequal and unequitable healthcare access among its population. The public system - provided for by the government - is made up of public clinics and hospitals accessible to all. Most services are free at point of service within the public system, including primary healthcare services. The public system, however, is chronically underfunded and understaffed. The private system, on the other hand, delivers high quality care but is financially out of reach for majority of the population who do not have health insurance. The private system has a disproportionate amount of funding and healthcare professionals considering it only covers only 16% of the population.

South Africa is currently discussing the implementation of a National Health Insurance scheme that will reduce inequities in healthcare access between different socioeconomic groups.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Partial</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of political will, interest and action
- Economic crisis
- Fragmented or failing health system
- Lack of training for healthcare professionals

Summary of stakeholder feedback

The stakeholder reported although there is awareness of the extent of the obesity challenge in South Africa, there is a lack of political will to address it systematically.

The public health system - that covers the bulk of the population - is considered to be poor in terms of obesity prevention and treatment. There is a lack of healthcare professionals to treat obesity in both urban and rural areas, but widespread staff shortages throughout the health system mean that increasing the number of specialist obesity professionals is not a priority.

Compared to the public system, provision in the private sector is advanced. Private insurers appear to cover some treatments and the insurer Discovery Health was noted to have particularly good coverage. However, as such a small percentage of the population have private insurance coverage, it appears that obesity treatment is generally paid for out of pocket.

Based on interviews/survey returns from 1 stakeholder

Last updated: June 2020