EDITORIAL COMMENT

Multimorbidity in South Africa: A ticking time bomb

R Meel
Department of Internal Medicine, Faculty of Health Sciences, University of the Witwatersrand and Mediclinic Sandton Hospital, Johannesburg, South Africa

Email:
ruchikameel@gmail.com

R Meel https://orcid.org/0000-0002-1405-4259
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Multimorbidity refers to the coexistence of 2 or more chronic health conditions within a single individual at the same time.[1] This differs from comorbidity, which describes the presence and impact of additional diseases in relation to a primary or index condition.[2] The global burden of multimorbidity is expected to increase as populations age, unhealthy lifestyle behaviours become more widespread, and the prevalence of chronic diseases continues to rise.[3] The challenge is particularly pronounced in low- and middle-income countries, where healthcare systems are often fragmented and under-resourced, access to care remains inequitable, and limited local evidence hampers the development of effective policies and interventions.[4]

In South Africa, multimorbidity affects an estimated 45.3% of adults and is driven by the dual burden of noncommunicable diseases (NCD) and chronic infectious conditions, particularly human immunodeficiency virus.[5] This epidemiological transition places substantial pressure on an already strained healthcare system and highlights the need for integrated, patient-centred care models.[5] In the study by Hazell et al., hypertension and diabetes were the predominant conditions, affecting 46.4% and 22.6% of participants, respectively.[5]

The likelihood of developing multimorbidity increases substantially with advancing age. Individuals aged 65–95 years have more than 11 times greater odds of experiencing multimorbidity than those aged 15–24 years.[5] This trend is particularly relevant in South Africa's rapidly ageing population. The number of adults aged 60 years and older increased from 3.5 million (7.6% of the population) in 2002 to 5.4 million (9.1%) in 2020, and is projected to double by 2050, highlighting the growing need for healthcare systems to address the rising burden of multiple chronic conditions.[6] As the population ages, older adults face a substantial disease burden, characterised not only by a high prevalence of NCDs, but also by the continued impact of infectious diseases.[7]

In addition to advancing age, socio-economic deprivation is a major driver of multimorbidity.[8] Individuals in the lowest wealth groups are substantially more likely to experience multiple chronic conditions, with a 47% higher risk of multimorbidity and a 90% greater likelihood of multimorbidity accompanied by severe functional limitations compared with the most affluent populations.[9] These findings highlight the strong association between social disadvantage and poorer health outcomes.

Multimorbidity in South Africa is influenced by a combination of demographic, lifestyle, and health system factors.[5] Higher odds of multimorbidity are observed among women, older adults, and formerly married individuals. Modifiable risk factors, such as obesity and occupational smoke exposure, further increase the likelihood of living with multiple chronic conditions.[5]

At the health system level, the growing burden of multimorbidity presents a major challenge, as South Africa's healthcare services have traditionally been organised around managing single diseases.[10] This highlights the need for integrated, patient-centred primary healthcare approaches that can effectively address the complex coexistence of infectious diseases and NCDs. Consequently, community-based cardiovascular health campaigns, such as "Check My Beat", are essential for facilitating the early identification of multimorbidity and reducing the burden of heart disease through improved awareness, screening, and preventive interventions in underserved communities.[11]

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