Once again the MRC Burden of Disease Research Unit and its collaborators have conducted groundbreaking work in the field of South African public health research. This latest work builds on the foundations laid by their initial National Burden of Disease Study, quantifying the underlying causes of premature mortality and morbidity for the year 2000, and its subsequent revision that incorporated estimates of disability-adjusted life years (DALYs) for specific diseases and injuries.

Using WHO methodology from the 2002 *World Health Report: Reducing Risk, Promoting Healthy Life* and local data on the prevalence of risk factors, they have produced the first South African Comparative Risk Factor Assessment (SA CRA). Together with cost effectiveness data from the second edition of Disease Control Priorities in Developing Countries of 2006 and data from the MRC Cochrane Centre, the findings should prove invaluable to scientists, health professionals, policy makers, and members of the lay public.

The SA CRA estimates for the first time the contributions made by the 17 leading risk factors for disease and injury in South Africa. It goes on to suggest interventions that could impact upon these risk factors, and thereby mitigate the burden of disease they cause. Such an approach facilitates quantification of the human and economic costs of various disease burdens; permits prioritisation of the interventions required to reduce these diseases and injuries; and permits monitoring and evaluation of the effects of these interventions over time.

In this manner preventive, health promotive, curative and rehabilitatory interventions can be prioritised and evaluated within the health system at large; between social and economic sectors that affect health and quality of life; and in the daily lives of individuals eager to make healthy personal choices.

It is to be hoped that in years to come the more distal determinants of health such as poverty and education will also be mapped, but what we have here is a wonderful start on the road to a better life for all, and a fitting embodiment of the vision statement of the MRC: 'Building a healthy nation through research'.

Anthony MBewu
President, South African Medical Research Council, and
Visiting Professor of Cardiology and Internal Medicine, University of Cape Town

This special issue of the *SAMJ* reports the findings of the South African Comparative Risk Assessment (SA CRA) project, summarising the contributions of 17 major risk factors to loss of health and mortality in the South African population. With this innovative analysis, debates about public health priorities in South Africa will be markedly better informed. Not only do policymakers now have a comprehensive and comparative view of the disease burden using DALYs as a common metric, but the contribution of major risk factors to that burden has been quantified for South Africa. It is very important to include risk factor analyses in a comprehensive assessment of national burden of disease to ensure that prevention activities focused on reduction of risk exposures are included with treatment interventions in the policy debates.

Some of the results reported here by the SA CRA Collaborating Group are perhaps not surprising: unsafe sex, interpersonal violence and alcohol misuse are the three leading risk factor causes of burden of disease in South Africa. Others may be more unexpected: among the ten leading causes of death and of burden of disease are high blood pressure, excess body weight (high BMI), high cholesterol and tobacco smoking. Many of these risk factors can be addressed with cost-effective public health interventions.

Bradshaw and co-authors note the enormous challenges faced by public health services in the South African health system in delivering treatment services to the population and the simultaneous need to improve risk management in primary care and to deliver needed health promotion activities, particularly for the poor. It may be worth considering whether South Africa needs a separate agency devoted to health promotion. In Australia very successful Health Promotion Agencies have been established in several states, funded by taxes on tobacco products. In Canada, ActNow BC is a cross-government health promotion initiative that seeks to improve the health of British Columbians by taking steps to address common risk factors. In Thailand, the Thai Health Foundation engages in a wide range of health promotion activities, and is funded by 2% of the national excise taxes on tobacco and alcohol.

There is no doubt that the SA CRA project will not only greatly enrich the evidence base on the risk factor causes of loss of health and mortality in South Africa, but will enrich debates about public health priorities in South Africa, and the best ways to collectively address them.

Colin D Mathers
Coordinator: Country Health Information, Evidence and Information for Policy Cluster, World Health Organization, Geneva, Switzerland