CHRONIC RESPIRATORY DISEASES and NON COMMUNICABLE DISEASES in THE WHO AFRICAN REGION

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GARD General Meeting, Istanbul, Turkey 30 May 2008
NCD situation

Cardiovascular diseases, cancer, mental health, diabetes, chronic respiratory disease, genetic disorders and injuries are increasing in the WHO African Region.

Lack of reliable information on NCDs incl CRDs contributing to low prioritization in countries.

Rapid epidemiological transition: growing NCD burden added to existing communicable diseases ➔ the Region face a double burden of disease.
NCD situation

Majority of NCDs share some behavioural, environmental or genetic risk factors e.g. smoking; environment; obesity; high alcohol consumption; physical inactivity; diabetes and lipid disorders.

NCDs, urbanization and poverty interconnected in a vicious cycle and related to changes in lifestyles.

Aware of the rising burden of chronic diseases, a few countries are adopting integrated approaches to curbing the epidemic.
## STEPS Data

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*Note: The data is presented for various countries and includes percentages for Tobacco, Alcohol, Obesity, EBP, and EBS.*
Percentage of students who drank so much alcohol that they were really drunk one or more times

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<th>Country</th>
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<td>Uganda</td>
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<td>Swaziland</td>
<td>18%</td>
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<td>Namibia</td>
<td>31.8%</td>
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<td>Kenya</td>
<td>23.2%</td>
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<td>Botswana</td>
<td>20.9%</td>
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<td>Zimbabwe</td>
<td>16.5%</td>
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GSHS (Students aged 13–15 years)
Percentage of students who spent three or more hours per day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities.
Issues

- Risk factors of today are NCDs incl. Chronique Respiratory Diseases of tomorrow
Cancer

If no interventions are put in place, it is projected that in the year 2020 the number of new cancer cases will be 804,000 and the number of deaths due to cancer will be 626,400
Cardiovascular diseases

- Hypertension
  - It is estimated that more than 20 million people are affected in the African Region, mainly in urban areas.
  - Prevention and control of hypertension could avoid at least 250,000 deaths per year.
Diabetes (20-79 age group)

- Number of people with diabetes
  - 2007
    - 10.4 (millions)
  - 2025
    - 18.7 (millions)
ISSUES

- Injuries and violence are leading causes of premature death and disability in Africa, esp. 5-44 years
- In some countries road traffic injuries are the 2\textsuperscript{nd} leading cause of death in males 15-44 years
- Disabilities from all causes (congenital, wars, other injuries, diseases e.g. polio, diabetes, stroke, cancer) are high and increasing
- Number of people with visual impairment in sub-Saharan Africa is 27 million, of whom 6.8 million are blind
• Increased Tobacco consumption
• Market expansion of trans national tobacco companies
• Less than 30% of Member States have a tobacco control plan of action
• According to the latest estimates, more than 80% of the 8.3 million deaths attributed to tobacco and projected to the year 2030 will occur in low-income and middle-income countries
Global recognition and response has not kept pace

Most countries in Africa lack data on the magnitude, causes, and consequences

Misunderstandings can be dispelled by the strongest evidence

- Chronic diseases affect mostly high income countries
- Low and middle income countries should control infectious diseases before chronic diseases
Primary prevention based on comprehensive population-based interventions; common approach to common risk factors

Improved information systems & surveillance to inform action (STEPS, tobacco surveys, IDSR integration, cancer registers)

IDSR (CD, EPD, DE) revised to include CRDs (asthma) and NCDs evidence based decision making

Treatment & care, integrated into primary health care with improved access
CRDs and NCDs in the WHO African region

CRDs one of the major NCDs, is of growing burden in Sub-Saharan Africa. Number of CRD are increasing

CRDs increase due to environmental pollution, tobacco, infections harmful use of alcohol, unhealthy diet, physical inactivity and the AIDS pandemic.

CRDs risk factors are highest among individuals with least education.

CRDs assessment tool to be developed (COD, asthma)
CRDs priorities in the WHO African region

- CRDs prevention and control policies, legislation and regulations, fundamental to increase access to services in countries. Regional Strategies.

- Comprehensive national CRDs control programmes incl. primary, secondary & tertiary prevention with screening, early diagnosis, curative therapy and palliative care.

- Community mobilisation

- Advocacy, resource mobilization and appropriate allocation
CRDs priorities in the WHO African region

- **Capacity development** to improve knowledge & skills of care providers at primary, secondary and tertiary levels of health system, managers, decision-makers.

- **Strategic information, surveillance and research** – for advocacy, programme development/adjustment, etc.

- **Mobilization and coordination of partners’ actions**, based on clear definition of their areas of contribution, predictability & relevance of their support in line with national priorities. CRDs partners (DM, CVD, cancer) / NGOs on the field?
Integrated NCD approach

In very limited resource settings, from individual disease programmes to NCDs integrated programme.

Anticipated integrated programme benefits are the driving force behind these actions. Long-term programme success is expected from collaborative integration initiatives.

WHO AFRO (region, countries) is committed to working collaboratively in international and national alliances, networks and partnerships.
Thank you