WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
SEDE REGIONAL AFRICANA

REGIONAL COMMITTEE FOR AFRICA

AFR/RC50/10
6 March 2000

Fiftieth session
Ouagadougou, Burkina Faso, 28 August - 2 September 2000

ORIGINAL: ENGLISH

Provisional agenda item 8.4

NONCOMMUNICABLE DISEASES: A STRATEGY FOR THE AFRICAN REGION

Report of the Regional Director

EXECUTIVE SUMMARY

1. The attainment of health for all, proclaimed at the World Health Assembly in 1977, will remain a major objective for the foreseeable future.

2. For many years, the Region has been experiencing an accelerated increase in noncommunicable diseases (NCDs) adding to the already heavy burden of communicable diseases. If no steps are taken now, NCDs might become the leading cause of morbidity and mortality by 2020. As pointed out in the Global Burden of Disease study, under all disease scenarios, NCDs are assuming increasing importance in Africa.

3. Many NCDs that pose public health problems share common risk factors like tobacco consumption, obesity, high alcohol consumption, physical inactivity and environmental pollution, and are amenable to health promotion and preventive action.

4. The strategy proposed here aims at strengthening the capacity of Member States to draw up policies and implement programmes for the prevention and control of NCDs using comprehensive multisectoral approaches.

5. The major thrusts of this strategy focus on strengthening health care for people with NCDs, supporting integrated disease surveillance, promoting research for community-based interventions, improving the capacity of health personnel, and finding ways to reduce premature mortality and disability due to NCDs.

6. Countries must address NCDs within the general framework of health sector reform and find solutions to problems like equity, access to health care, allocation of resources and service management.

7. The Regional Committee is invited to examine the proposed strategy and give orientations for its implementation consistent with national health policies with a view to accelerating the implementation of the health for all policy in the Region.

CONTENTS

Paragraphs

INTRODUCTION .... 1 - 4

SITUATION ANALYSIS AND JUSTIFICATION .... 5 - 19

Situation analysis .... 5 - 16
Justification .... 17 - 19

THE REGIONAL STRATEGY .... 20 - 39

Aim and objectives .... 20 - 21
Guiding principles 22
Priority interventions .... 23 - 31
Implementation framework .... 32 - 37
Monitoring and evaluation .... 38 - 39

CONCLUSION .... 40 - 41

INTRODUCTION

1. The morbidity and mortality burden attributable to noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer and diabetes, is on the increase. In 1990, morbidity was 41% of the overall disease burden worldwide, and will rise to 60% in 2020.

2. In 1990, NCDs and injuries caused 28% of morbidity and 35% of mortality in sub-Saharan Africa[1]. If communicable diseases control programmes attain their goals, these figures will rise to 60% and 65% respectively by 2020. If those goals are not achieved and communicable diseases persist, almost 50% of morbidity and mortality will be caused by NCDs.

3. The magnitude of NCDs in the Region varies from country to country. However, there is currently a rapid epidemiological transition, with NCDs adding to the burden of communicable diseases. This will become more significantly apparent in the coming decades if nothing is done about the situation. Furthermore, complications of NCDs such as kidney failure, stroke, heart failure, blindness, etc., are extremely costly. Action should start now, before countries are overwhelmed by NCDs.

4. The present regional strategy on NCDs is in response to requests by countries to the Regional Director during the forty-eighth session of the Regional Committee. Other problems related to NCDs have already been addressed through regional strategies or global initiatives. They include oral health, mental health, nutrition and health, tobacco control, disability prevention, rehabilitation and injury prevention. This document will therefore focus on other NCDs which are also of public health importance in the Region.

SITUATION ANALYSIS AND JUSTIFICATION

Situation analysis

5. Reliable information on NCDs in the Region is limited. However, studies carried out in certain countries have helped to determine the magnitude of NCDs and some risk factors. Some countries have even developed specific programmes. Lack of data is often mistaken for non-existence of the problem and often little attention is given to NCDs. These diseases are caused by a combination of factors that include poverty[2] and urbanization which lead to changes in lifestyles. As African populations age, thanks to longer life expectancies, the importance of NCDs increases in relation to other causes of ill health. Indeed by 2025 about half of Africa's population will be living in urban areas while the number of Africans aged over 60 years will increase from the present 39 million to 80 million.

6. Therefore, conditions will exist for an increase in cases of NCDs which will constitute some of the most threatening diseases in the Region. Genetic disorders like sickle cell disease are very frequent in certain countries of the Region. Health systems in most Member States are inadequate to deal with NCDs. Countries currently manage these diseases through the provision of expensive clinical services that have limited coverage and impact on the health status of the population. Moreover, NCDs generate considerable needs in essential drugs and psychosocial support and require organizational adjustments in health services and systems. These conditions are rarely met. As a result, NCDs are less effectively managed in primary health care facilities by staff who are not adequately prepared. This creates limited accessibility and greater inequity and leads to inappropriate management of patients with NCDs.

---

1 [1]C Murray and Allan Lopez. *The Global Burden of Disease*. WHO, Harvard School of Public Health, World Bank. 1996.

2 [2]Gwatkin et al. *The burden of disease among the global poor*. The Lancet 354: 586 - 589, 1999.

7. Many NCDs share some behaviourial, environmental or genetic risk factors. Major risk factors that are amenable to preventive measures are smoking, obesity, high alcohol consumption, physical inactivity, diabetes mellitus and lipid disorders.

8. Hypertension is the most frequent and most important risk factor for cardiovascular diseases. Its prevalence is estimated to be about 20 million in the Region. Some 250,000 deaths could be prevented each year through effective case management. Complications of untreated hypertension include heart failure, chronic renal failure, stroke and coronary heart disease. The hypertension-related stroke rate in the Region is high and victims are generally relatively young.

9. Rheumatic heart disease is still frequent despite the availability of several potential cost-effective measures for preventing rheumatic fever. Its prevalence could be as high as 15 per 1000 among school children[1]. The disease continues into the second and third decades of life, leading to social and family problems and increased demand for health care.

10. The prevalence of diabetes in the Region is estimated to vary between 1% and 5% and is as high as 20% in some urban and ethnic groups. The public health consequences of poorly managed diabetes such as kidney failure, coronary heart disease, blindness, diabetic foot and coma are high.

11. The numbers of new cases and of deaths by cancer are higher in developing countries than in developed countries. Out of nine million new cases recorded in 1985, 55% were in developing countries. In 2015, out of 15 million cases, 66% will occur in developing countries. In Africa, it is estimated that infectious agents cause 40% and 29% of cancers affecting men and women respectively, which emphasizes the fact that some of the cases are avoidable. Effective preventive measures against liver and cervical cancers, for example, are available through immunization and general prevention of sexually transmitted diseases. Among African populations with high maize consumption, aflatoxin is a major cause of liver cancer. Exposure to radioactive and industrial waste that has been inappropriately stored or disposed of may account for an increase in the number of certain cancers.

12. So far, there are only a few cancer registries in the Region but the information they provide is highly useful. Cervical, breast and liver cancers are common among women while liver, prostate and stomach cancers are common among men. Cancer of the lungs and esophagus are also frequent, especially in southern Africa where they are linked to high tobacco consumption. In countries with a high prevalence of HIV infection, the incidence of cancer, especially skin cancer, is also high.

13. Asthma often starts in infancy and, if not adequately treated, may have serious consequences throughout life. Its prevalence is increasing as a result of urbanization, smoking and air pollution. Sudden and unexpected deaths caused by asthma have been reported in some Member States.

14. The most important risk factor for chronic obstructive pulmonary diseases (COPD) is smoking, although air pollution from burning domestic waste and exhaust fumes also contribute. Biomass and fossil fuels [2] are major sources of energy in the Region. It is necessary to assess the effect on health of the inhalation of smoke from these sources.

---

[1] Longo-Mbenza B. et.al. "Survey of rheumatic heart disease in school children of Kinshasa town". *Int. J. Cardiol.* 63(3): 287-94, February 1998.

[2] Wood, cow dung, charcoal, kerosene etc.

15. There are several important genetic diseases, many of which are aggravated by consanguinity. Among these are sickle cell disease, thalassemia, Glucose 6 Phosphate Dehydrogenase (G6PD) deficiency and various birth defects. Further research is required to assess the magnitude of the problem in the Region. Prevalence of the causative gene of sickle cell disease is estimated to vary between 10 per 1000 and 30 per 1000 in some populations in the Region[1].

16. Trends in mortality and morbidity caused by injuries are likely to double in 2020, compared to 1990.

Justification

17. The objective of WHO, as stipulated in its Constitution, is the "attainment by all peoples of the highest possible level of health"[2]. For more than thirty years, the World Health Assembly (WHA) has adopted resolutions[3] calling for the rapid development of long-term programmes to control cardiovascular diseases (CVDs), with special emphasis on research on the prevention, etiology, early detection, treatment and rehabilitation of patients. Various WHA resolutions have requested the Director General to intensify measures aimed at encouraging the prevention of cardiovascular diseases, as a model for all other NCDs; assist developing countries and others to control diabetes and encourage the development of NCD prevention and control programmes[4]. Resolution EB 105.R12 calls for community-based prevention and control of noncommunicable diseases.

18. As indicated earlier, the forty-eighth and forty-ninth sessions of the Regional Committee clearly expressed the concerns of Member States with regard to the increase in chronic diseases. This concern was reiterated during the fourth meeting of the Organization of African Unity (OAU) health ministers held in Cairo in November 1999.

19. NCDs, often occurring at ages of increased responsibility, deprive families of precious income and communities of productivity reserves. Given the limited resources for health in the face of numerous priorities, the management of NCDs based on the hospital-curative model alone cannot work. It is difficult to guarantee accessibility and equity when costs are virtually unbearable for both health systems and households. It is therefore necessary to develop a comprehensive and coherent community-based approach using comprehensive health promotion strategies to encourage healthy lifestyles, particularly among the youth; prevent NCDs; detect cases early enough; and choose efficient clinical interventions. As it takes years to change risky behaviours, we should start now if we are to reverse the trend and reduce the burden of morbidity and mortality attributable to NCDs.

THE REGIONAL STRATEGY

Aim and objectives

20. The aim of this strategy is to alleviate the burden of NCDs through, inter alia, the promotion of healthy lifestyles amongst the peoples of the African Region.

---

[1]Akinyanju O. *Proposed goals and strategies to develop genetic services in Africa*. Joint WHO/AOPBD Meeting on the prevention and care of genetic diseases and birth defects in developing countries. The Hague, 5-7 January 1999.

[2]Article 1. WHO Constitution

[3]WHA 19.38 (1996), WHA25-44 (1972), WHA29-49 (1976) and WHA36-32 (1983).

4 [4]Resolutions WHA38-30, WHA42-35, WHA 42-36 and WHA 51-18.

21. The objectives of the strategy are:

(a) to support integrated disease surveillance aimed at quantifying the burden and trends of NCDs, their risk factors and major determinants;

(b) to strengthen health care for people with NCDs by supporting health sector reforms and cost effective interventions based on primary health care;

(c) to support prevention approaches aimed at reducing premature mortality and disability due to NCDs;

(d) to improve the capacity of health care personnel to manage and control NCDs;

(e) to support research on effective community-based interventions, including traditional herbal medicines.

Guiding principles

22. Success in the prevention and control of NCDs in the Region will depend on the following principles:

(a) tackling the challenges of NCDs guided by a clear vision and careful long-term planning within the health sector;

(b) integrating NCD prevention and control within the health sector reform process;

(c) focusing on cost-effective interventions within effective national programmes;

(d) promoting equity by providing poor and marginalized groups with minimum acceptable standards of health care;

(e) developing advocacy programmes using staff in the field who are not only familiar with the culture and local conditions but also have the right information;

(f) building partnerships to share responsibilities and resources for maximum impact.

Priority interventions

23. Member States and WHO will need to address the following priorities in order to prevent and control NCDs:

(a) Assessment of the burden of diseases attributable to NCDs, their risks and major determinants;

(b) Preparation of strategies for the prevention and control of noncommunicable diseases within health development plans;

(c) Integration of NCD surveillance within existing surveillance systems;

(d) Enhancement of the capacity of health care workers;

(e) Development of operational research;

(f) Enhancement of partnership with all stakeholders;

(g) Development of sustained advocacy.

24. It is important to have a local data on the *disease burden* attributable to NCDs, their *risk factors* and *major determinants*. This knowledge will facilitate priority setting and the adoption of appropriate actions. Wherever data are limited, specific baseline studies should be conducted. Evidence strengthens advocacy and facilitates decision-making.

25. A strategy for the prevention and control of noncommunicable diseases should be prepared and *incorporated into national health development plans*. Countries must also consider NCDs in the general framework of their *health sector reform* agenda.

26. *Poor and marginalized populations* are more affected by NCDs and should benefit from health financing and social security schemes. The implementation of such schemes by countries constitutes an important contribution to the successful implementation of strategies for the prevention and control of noncommunicable diseases..

27. *Surveillance* of NCDs should be adapted to mechanisms already existing such as *integrated disease surveillance* programmes. It may start in a district and expand to other districts as and when human and material resources are developed. Implementation plans should be developed in collaboration with teams working at all levels of the health care system. This encourages ownership and motivation for action. The health sector should develop an efficient system of health information; initiate cost-effective measures for the prevention and control of NCDs; establish a standard essential package for the treatment and surveillance of NCDs, including the use of traditional pharmacopoeia; and adopt positive practices with proven efficacy.

28. Enhancement of the pre-service and in-service *capacity of health care workers* to meet the challenges of NCDs in order to reduce premature mortality and disability should include training programmes in the management, control and prevention of NCDs. Changes in lifestyles in communities should be studied and the results thereof disseminated in order to facilitate the formulation of policies and the implementation of programmes.

29. In order to generate sufficient data on NCDs, trigger community-based responses to these diseases and encourage the use of traditional medicine, countries should develop *focused research plans*.

30. The most *efficient approaches* for the prevention and control of NCDs are those based on comprehensive, multisectoral and multidisciplinary interventions implemented through *partnerships with all stakeholders*. These may involve setting up a common standard for water supply and waste treatment, promoting legislation and regulations on smoking, the quality of food and air pollution, and instituting an interactive information and education strategy on healthy lifestyles through schools, public media and the work place.

31. WHO will support the implementation of these approaches by immediately starting *sustained advocacy* with institutional partners in all programmes outside its mandate that are crucial in the prevention and control of NCDs. Human resource development for the effective prevention and control of noncommunicable diseases will be promoted.

Implementation framework

32. Implementation plans should be developed at the lowest possible level with the participation of communities. On the basis of clear national plans and programmes with realistic implementation time frames, ministries of health should mobilize funds to support NCDs programmes. It is advisable that countries engage partners early in their programme development process.

33. In developing programmes for the prevention and control of noncommunicable diseases, priority should be given to comprehensive and integrated approaches. The designation of a national structure with responsibility for NCDs at the ministry of health would facilitate contacts, exchanges and collaboration. Countries with established structures should strengthen their management capacities and focus on surveillance, operational research and evaluation, particularly in terms of the comparative costs of different interventions.

34. Countries should facilitate the organization of national consensus workshops in order to disseminate the strategy and develop frameworks to implement their programmes within the primary health care system. They should strive to expand ownership of programmes by all stakeholders.

35. Emphasis will be placed on surveillance, improvement of the performance of the health system and the development of multisectoral strategies for reducing risk factors, particularly those related to tobacco use, unhealthy diets and physical inactivity.

36. WHO will step up advocacy for the implementation of the recommendations of this strategy within countries, particularly for the inclusion of NCDs in national priorities. Technical support will be provided to improve national capacities in the development, implementation, monitoring and evaluation of programmes. The exchange among Member States of information on good practices will be encouraged.

37. WHO will support the efforts of countries and specialized bodies to carry out research on the prevention and control of noncommunicable diseases. It will promote inter-country cooperation, particularly through support of multi-centre research activities and the establishment of a network of relevant regional databases.

Monitoring and evaluation

38. Countries will adapt and use generic monitoring and evaluation indicators that will be developed by WHO and will conduct a mid-term review of the implementation of their national strategies. Countries should carry out the monitoring and evaluation of their programmes with the support of WHO.

39. WHO will take the lead in strengthening regional partnerships for the surveillance, prevention and control of NCDs and develop mechanisms and processes to help monitor activities that affect health across the various sectors of government. The Organization will also sensitize other partners and strengthen the role of WHO collaborating centres in support of country activities.

CONCLUSION

40. At the dawn of the 21st century, the African Region is confronted with a two-fold burden caused by the persistence of noncommunicable diseases and the rapid emergence of NCDs. The problem is further complicated by the deterioration of the economic situation of many countries in the Region. This situation calls for an innovative response from Member States.

41. The present strategy aims at assisting African countries within the next ten years to implement a comprehensive strategy for the prevention and control of noncommunicable diseases. It also underscores the importance WHO Member States attach to the prevention and control of NCDs as a means of contributing to the health and development of the peoples of the Region.