



ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITÓRIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA

AFR/RC52/14.2
11 October 2002

Fifty-second session
Harare, Zimbabwe, 8–12 October 2002

ORIGINAL: ENGLISH

Provisional agenda item 10

REPORT OF ROUND TABLE 2

Addressing cardiovascular diseases through risk-factor reduction

INTRODUCTION

1. The Round Table on *Addressing cardiovascular diseases through risk-factor reduction* was co-chaired by Dr (Mrs) Amina Ndalolo, Minister of State for Health, Nigeria, and Dr (Mrs) Céline Seignon-Kandissounon, Minister of Health, Benin. It was facilitated by Dr Hipolyte Agboton, Professor of Cardiology, Benin. Three rapporteurs were elected: Dr Garba Idris (Nigeria), Dr Alexandre Manguela (Mozambique) and Professor Mohamed Lamine Ba (Mauritania). About 50 participants, many of them ministers of health, actively participated in the discussions. Following a brief introduction by the Secretariat and Dr (Mrs) Amina Ndalolo, a presentation was made by the facilitator.

DISCUSSION POINTS

2. *How to strengthen the capacities of ministries of health in order to enable them to play the stewardship role in a multisectoral approach to cardiovascular diseases (CVD) risk-factor reduction?*
3. The participants agreed on the following:
 - (a) a noncommunicable disease (NCD) prevention and control unit, department or division should be established in the ministry of health;
 - (b) national policies and plans of action addressing surveillance and the prevention and control of NCDs in general and CVDs in particular, with special emphasis on risk-factor reduction, should be formulated and implemented;
 - (c) a multisectoral approach to preventing CVDs should involve other sectors, with ministries of health playing a leadership role;
 - (d) there should be continuing training of health workers in the prevention and control of CVDs;
 - (e) legislative and regulatory measures (including taxes) were needed to reduce tobacco and alcohol consumption and to fund CVD programmes;
 - (f) Information, education and communication (IEC) activities should focus on empowering communities to adopt healthy lifestyles.

4. *How to get more reliable data on CVD risk factors in the WHO African Region and how to take advantage of the WHO STEPwise approach to NCD surveillance ("STEPS")?*
5. After discussions, delegates agreed on the following:
 - (a) member countries should periodically organize national surveys using such tools as the WHO STEPwise approach which provided a sequential, flexible and cost-effective method of surveillance;
 - (b) WHO should further develop and disseminate standardized software and guidelines for data collection and management;
 - (c) member countries should create an institutional culture of systematic checking and reporting on CVD risk factors throughout all health facilities;
 - (d) WHO should assist Member countries in building their national capacity in data collection and management in relation to NCD programmes;
 - (e) governments should encourage operational research on the magnitude of risk factors and CVDs in communities;
 - (f) NCD surveillance systems should be integrated into existing communicable diseases surveillance systems.
6. *How to ensure the provision of adequate health-care facilities as well as health and medical workers to meet the challenges posed by NCDs and CVD risk factors?*
7. The main recommendations of the Round Table on this issue were:
 - (a) governments should commit themselves to enacting appropriate guidelines and integrating CVD services into existing health services;
 - (b) governments should improve the operationality of health facilities and the skills of health workers in dealing with risk-factor assessment and management;
 - (c) drugs should be made available at health facilities for those who needed them;
 - (d) intercountry cooperation and networking were needed for the management of CVDs and rheumatic heart disease (RHD);
 - (e) member countries should ensure the availability of minimum equipments to assess the risk factors for CVDs at primary health-care level;
 - (f) health-care access and equity should be improved through mechanisms of health insurance;
 - (g) institutionalized dialogue and communication between specialists and other health workers should be improved.
8. *How to ensure appropriate resource allocation or re-allocation for CVD risk-factor reduction?*
9. Each country should create a separate budget line for NCDs which reflected the magnitude of the problem and supported their control.
10. *How to ensure the implementation and strengthening of national programmes for the prevention and control of rheumatic fever (RF) and RHD?*

11. In addition to some proposals made earlier, participants agreed on the following:
 - (a) rheumatic fever is an infectious disease strongly related to poverty; therefore, it required attention and resources similar to other poverty-related diseases (e.g. through the Highly-Indebted Poor Countries initiative);
 - (b) early detection and management (involving parents, teachers and health workers) of streptococcal infection and its complications were necessary for pre-school and school-age children.

CONCLUSION

12. The increasing magnitude of cardiovascular diseases and their relationship with unhealthy lifestyles was fully recognized. The potential for curbing the current trends through risk-factor reduction was emphasized as a cost-effective and feasible approach. The current trends required improved and enhanced resource allocation.