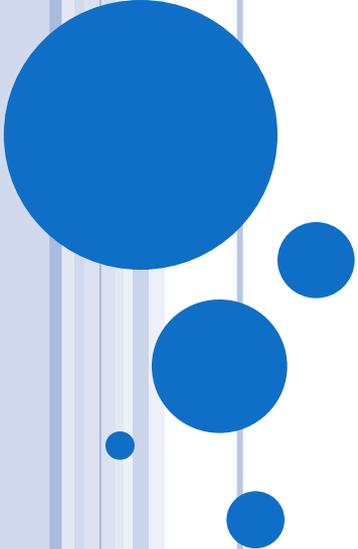


THE BURDEN OF NCDs IN UGANDA:



**CONSTANCE KEKIHEMBO
CHIEF EXECUTIVE OFFICER,
UGANDA NON COMMUNICABLE DISEASES
ALLIANCE**

OUTLINE

- Definition
- Burden
- Risk factors
- The Ugandan face of NCDS
- Local action on NCDs
- Conclusion



DEFINITION

Non Communicable diseases are disease conditions that are not transmissible from one person to another either directly or through vectors.

They are of long duration, and often slow progression. Sometimes referred to as 'silent killers'.

- ◆ The four main NCDs which constitute the leading causes of death worldwide are:
 - Cardiovascular Diseases (CVDs)
 - Cancer
 - Diabetes
 - Chronic Respiratory Diseases (CRDs)



DEFINITION CONT'D

- ◆ The Commonwealth Health Ministers, at their meeting in May 2011, also included:
 - Mental Health
 - Blood Disorders, such as Sickle Cell Disease
 - Injuries
 - Violence
 - Oral Health



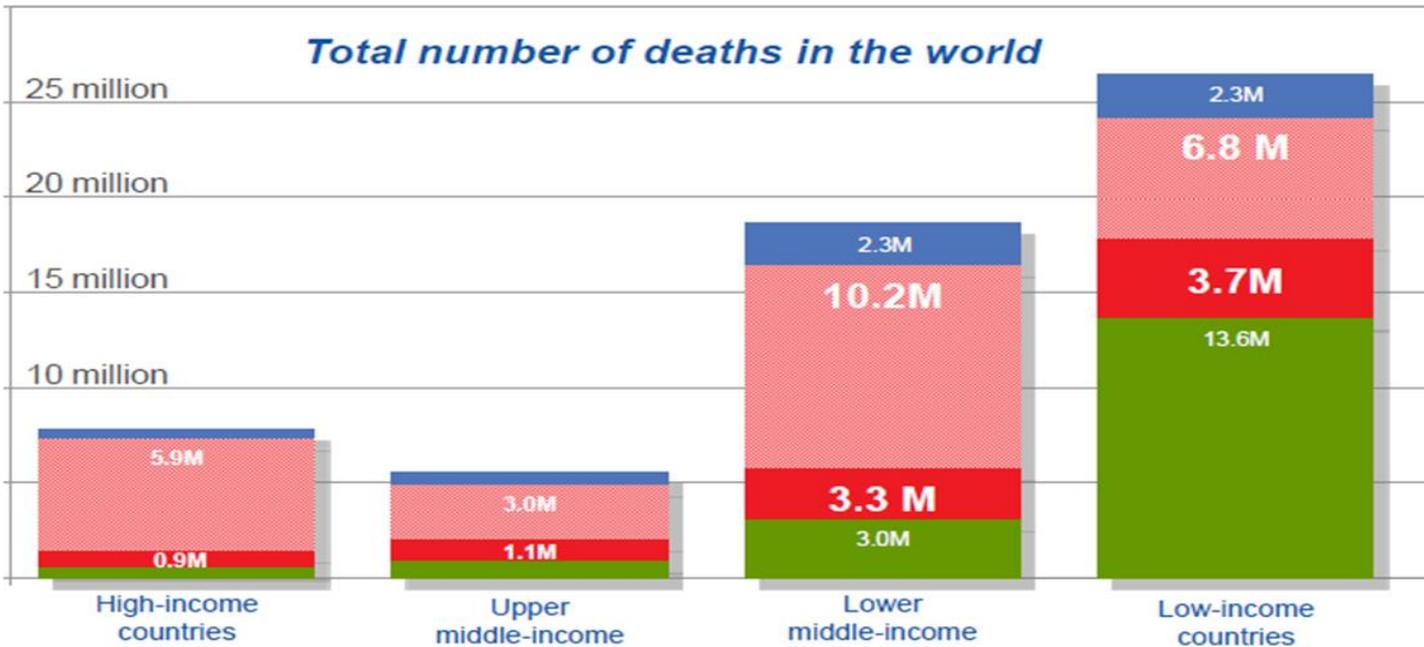
GLOBAL BURDEN

- NCD causes 36 million deaths every year- equivalent to 2 in every three deaths worldwide.
- 4 in every 5 people with NCDs live in LMIC.
- In diabetes alone, prevalence will escalate from 300 M in 2010 to 500 M by 2030
- One third of deaths from NCDs are premature, occurring before the age of 60,
- Tobacco accounts for 1 in 6 of all deaths resulting from NCDs-1 billion people smoke every day
- More than 1.5 billion adults and 43 million children < 5 are overweight.



NCD BURDEN VS POVERTY

Premature deaths due to NCD

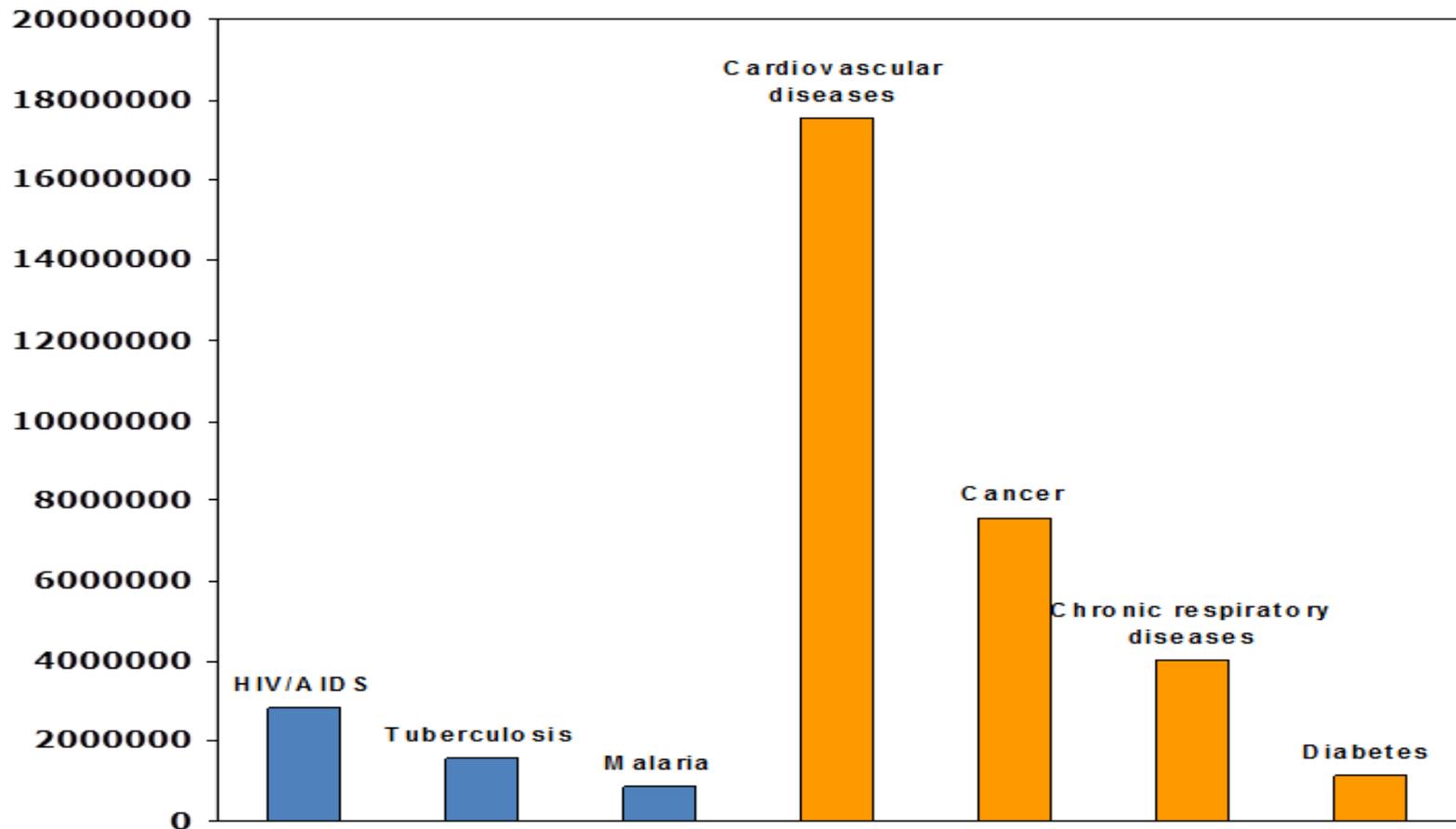


- Group III - Injuries
- Group II – Other deaths from noncommunicable diseases
- Group II – Premature deaths from noncommunicable diseases (below the age of 60), which are preventable
- Group I – Communicable diseases, maternal, perinatal and nutritional conditions

Source: THE GLOBAL BURDEN OF DISEASE



NON-COMMUNICABLE ACCOUNT FOR OVER 60% OF GLOBAL DEATHS



Source : WHO 2005: «Preventing Chronic Diseases: A Vital Investment



Per capita expenditure on health

	2008	2009	2010	2011
Norway	8139	7593	8039	8987
S. Africa	445	495	631	689
Nigeria	88	74	67	80
Rwanda	44	51	55	63
Uganda	40	43	44	42
Kenya	33	36	35	36
Tanzania	26	28	37	37
S. Sudan	34	30	32	32

THE UGANDAN BURDEN

Due to weak surveillance, estimates of NCD mortality have a high degree of uncertainty.

- In 2010, NCDs killed 1,064,000 people.
 - 61% of deaths due to NCDs occur below the age of 70
- It is estimated that for every 100,000 men in Uganda in 2010, 1,094 men died of NCDs.
- Of these deaths
 - 12% were due to cancer,
 - 15% were due to chronic respiratory diseases
 - 51% due to diabetes and heart diseases.

(M.O.H Rapid NCD morbidity and mortality assessment July 2011)

UGANDAN BURDEN CONT'D

- In 2010, for every 100,000 women, 685 died of NCDs
- Of these deaths
 - 20% were due to cancer.
 - 8% were due to chronic respiratory diseases.
 - 56% were due to diabetes and heart disease.

(M.O.H Rapid NCD morbidity and mortality assessment July 2011)

THE UGANDAN BURDEN CONT'D

- ◆ The social distribution is changing.
No longer diseases of the rich, NCDs are increasingly diseases of the poor.
- ◆ People in lower socio-economic positions spend a higher proportion of their available income on tobacco products, alcohol and fast foods – and hence are at more risk
- ◆ People in lower socio-economic positions get sicker and die sooner when they have NCDs than people in higher socio-economic positions



THE UGANDA BURDEN CONT'D

- ◆ Healthcare costs for NCDs can push already vulnerable households into a vicious cycle of poverty, loss of income, debt and further ill-health.
- ◆ There is a gender dimension to NCDs: the burden of care for other members of the household often falls upon women and girls.
- ◆ This may cause women and girls to abandon plans for education, or fail to attend to their own health needs.
- ◆ Gender can also impact health-seeking behaviour, and access to health services: e.g. speed of diagnosis, access to treatment and chronic care.

DEVELOPMENT BURDEN

- ◆ Each 10% rise in NCDs leads to 0.5% loss in annual economic growth.
- ◆ NCDs are a barrier to global development.
- ◆ NCDs are rated as the second most severe threat to the global economy, equal in cost to the financial crisis.

(World Economic Forum 2010)

WHAT ABOUT UGANDAN HEALTH CARE SYSTEMS

- ◆ Many are already over-stretched
- ◆ Faced with a double burden of disease
- ◆ Lack of funding
- ◆ Poor access to essential medicines and technologies
- ◆ Health workforce migration
- ◆ Weak surveillance systems
- ◆ Systems lacking in integration



Risk factors: very prevalent and rising



1. Tobacco use
(Highest in lower-middle income countries)

2. Harmful use of alcohol
(Highest in low-income countries)



3. Unhealthy diets
(Rapidly increasing in lower-middle-income countries)

4. Physical inactivity



HIGH CALORIE/FATTY DIETS-COMMON IN UGANDA



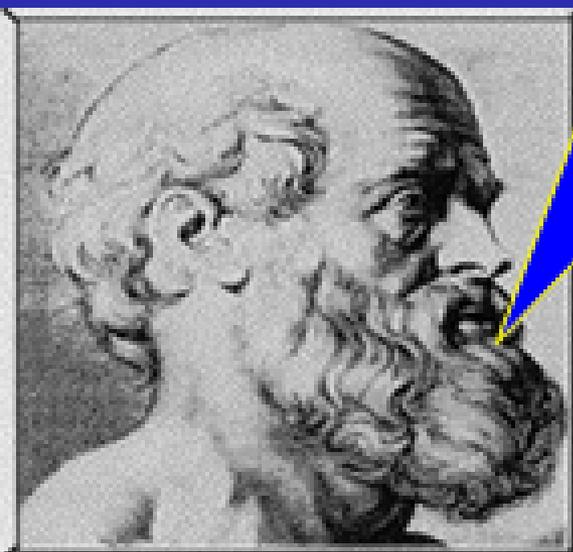
ADULT OBESITY IS INCREASING



THE CONSEQUENCES OF OBESITY

**“PERSONS WHO ARE NATURALLY FAT
ARE APT TO DIE EARLIER THAN
THOSE WHO ARE SLENDER”**

Hippocrates
Father of Medicine
(460 - 377 BC)



Hazardous waist



Medical management of obesity

CHILD HOOD OBESITY IS INCREASING IN UGANDA



CHILD HOOD OBESITY IN UGANDA

In a study done in Urban and rural secondary schools in Kampala and Kamuli (over 600 students enrolled)

The prevalence of obesity was 4.4% in Kampala

Prevalence of overweight was 10.2% in Kampala and 10.6% in Kamuli.

Females were more likely to be obese.

Risk factors for overweight :

- residing in the city
- alcohol consumption
- smoking
- non-engagement in sports activities,
- commuting to school by taxi or private vehicle
- being from a rich family

J. Baalwa et al Prevalence of overweight and obesity in young adults in Uganda Afr. Health Sci. 2010 December; 10(4): 367–373.)



IS OBESITY A REAL PROBLEM IN UGANDA?

New vision

Nutrition- Obesity rising in rural areas Sunday, 7th June, 2009

This kind of weight is mistaken for wealth but can actually be a health risk

By Rebecca Harshbarger

“**UNHEALTHY weight gain** and **obesity** is on the rise in **rural** Uganda, threatening to **strain** the country’s healthcare system with treatment of **costly cardiovascular diseases, diabetes** and other overweight-related diseases. Uganda faces a real but **surprising contradiction**: its health system must treat both people suffering from diseases associated with **overeating**, which are on the rise, while also caring for **undernourished people**, whose households suffer from **lack of food**. Health policymakers are particularly concerned about the increase of overweight people in rural communities, where limited healthcare systems lack the medicine and facilities to treat diseases linked to weight gain”



IS OBESITY A REAL PROBLEM IN UGANDA?

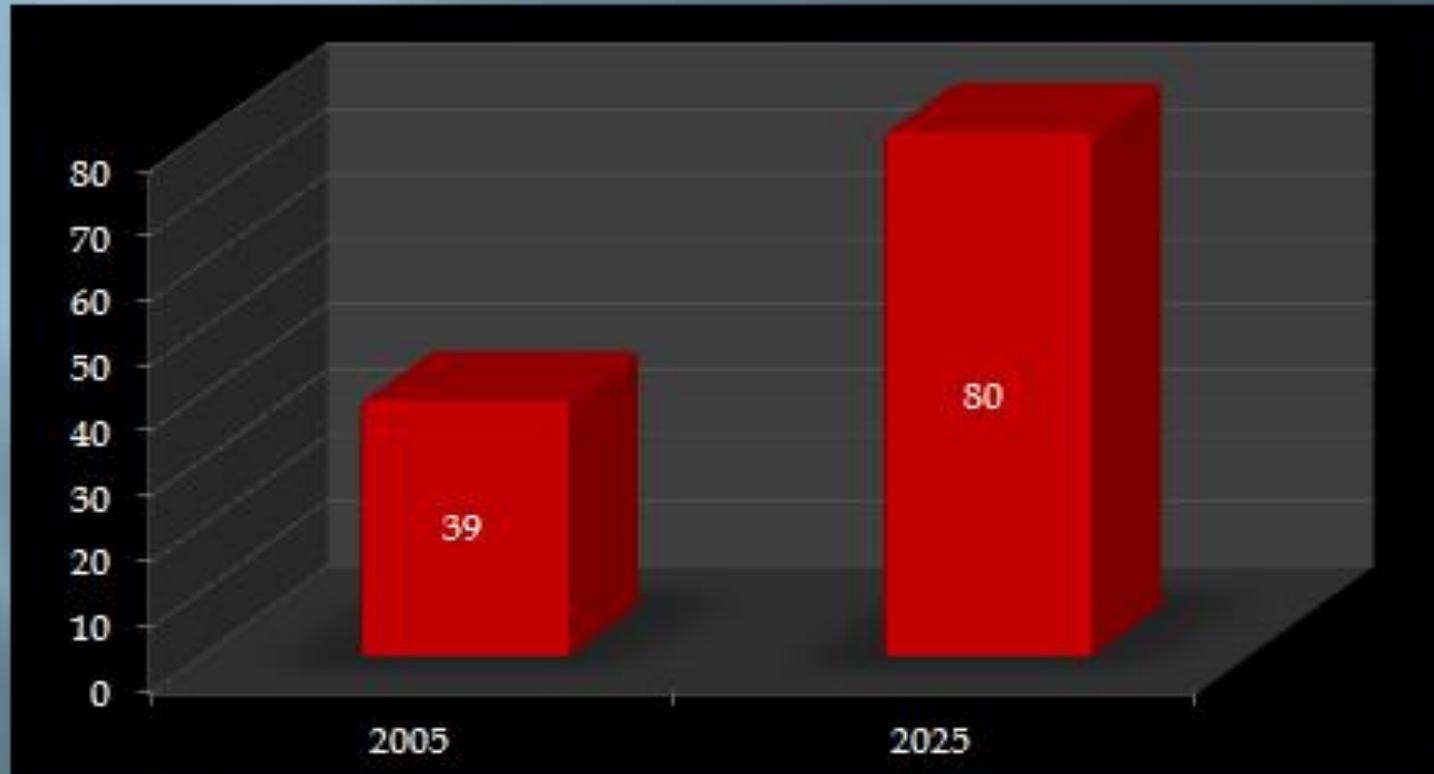
- In South-Western Uganda -27% of women are overweight or obese

- In Central Uganda -23% of women are overweight or obese
(UBOS Demographic and Health Survey in 2006)

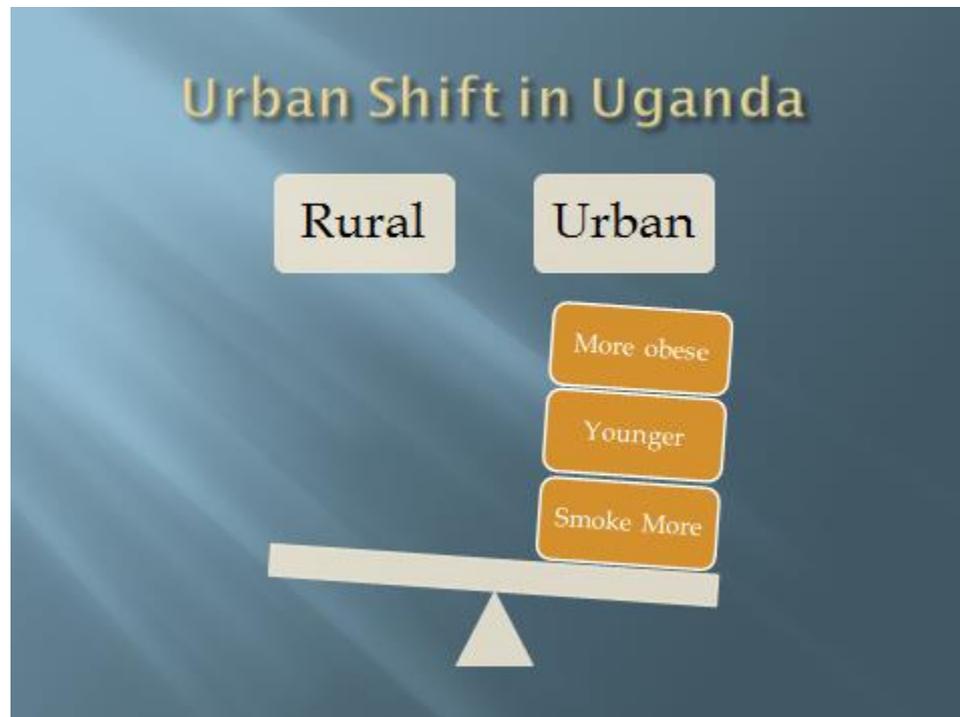


AGING

Africans Over Age 60 in millions



RURAL –URBAN MIGRATION



UGANDAN FACE OF NCDs

- Late presentation
- Multiple complications
- High cost of treatment
- High morbidity and Mortality
- High amputation rates
- Blindness
- High treatment default rates-80% seek herbal treatment







LOCAL ACTION

- Ministry of Health

- Focus is on prevention and early detection

- Key intervention is creation of awareness among communities

.



LOCAL ACTION CONT'D

Ministry of Health

- National NCDs survey starts next year
- Quantify national disease burden
- Give guidance in formulating National Policy and strategy
- Formulate appropriate interventions in high risk populations



LOCAL ACTION

- NCD prevention and control policy drafted by experts due for technical review

- NCD Screening and Management guidelines drafted due for technical review



LOCAL ACTION

Capacity development

- Standard NCDs health care package
- Training of health care workers of various cadres on NCDs and their management
- Establishing and/or strengthening NCDs clinics at all Regional Referral Hospitals, General hospitals and HCIV's
- Supporting all RRH's to competently diagnose and manage NCDs and their complications beginning with Diabetes



LOCAL ACTION CONT'D

Health Promotion

- Formulation of guidelines on appropriate diet
- Formulation of guidelines on physical activity
- Regulation of alcohol use (policy is already developed)
- Regulation of tobacco use (policy is already developed)



LOCAL ACTION CONT'D

Work place and School health programs

- Regular health education and round table discussions on NCDs
- Distribution of IEC materials on NCDs prevention and control
- Sensitization on NCDs through MDD, sports events and inter-school competitions
- Regular Screening exercises for NCDs



LOCAL ACTION

Community based programs

- Sensitization workshops with community leaders on key issues concerning NCDs prevention and control
- Media advocacy meetings on NCDs-One was held early October 2013)
- Regular TV and radio talk shows hosting experts in the field of NCDs(UBC,WBS,Capital radio, Kaboozi, Namirembe FM)



LOCAL ACTION

Technical supervision and support

- Regularly offer supervision to hospitals to ensure maintenance of standard of care for NCDs
- To regularly evaluate the performance of implemented interventions



GLOBAL NCD MONITORING FRAMEWORK

- Uganda is part of Global Monitoring Framework for NCDs adopted by UN Member States at the 2013 World Health Assembly.



Global Monitoring Framework For NCDs

Targets to achieve by 2025

Overall Goal: 25 by 25

Reduce premature mortality from NCDs by 25% by 2025

25%
decrease
raised blood
pressure

30%
decrease
tobacco
use

10%
decrease
physical
inactivity

Halt the
rise in
diabetes +
obesity

30%
decrease
salt
intake

At least 10%
decrease in
harmful use
of alcohol

80% availability of
affordable essential NCD
medicines and
technologies

At least 50% of people at
risk of heart and stroke
(including people with
diabetes) receive drug
therapy and counselling

- Uganda has already submitted the Global Diabetes Scorecard which is a tool for International Diabetes Federation (IDF) member associations to measure their government's progress on diabetes commitments, including implementation of the UN Political Declaration on Non-communicable Diseases (NCDs) and the recently adopted Global NCD Targets.



INTER-SECTORAL COLLABORATION

- Partner with both local and international partners to advance the NCD agenda
 - Parliamentary forum on NCDs
 - Palliative Association
 - DANIDA
 - Danish NCD Alliance
 - World Diabetes Foundation
 - International Diabetes Federation
 - World Health Organization
 - Inter Religious Council of Uganda
- Encourage exchange of knowledge and technology

CONCLUSION

- There is an increasing trend of NCDs in Uganda.
- NCDs portend social, economic and developmental problems to Uganda
- Presentation is late usually with complications.
- Our economy is still overwhelmed with treatment of NCDs.
- The effective strategy is therefore prevention.
- And the good thing is that NCDs are largely preventable through risk management.

Thank you for Listening

