

The burden of NCDs in Uganda

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Outline

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- Risk Factors
- Face of NCDs in Uganda
- Response
- Conclusion

Definition

- Does not directly or vector transmission from one person to another
- Develop over a long period of time
- Slow progression: signs and symptoms take a long time to manifest
- Hence termed silent killers

Major NCDs

- Major NCD responsible for over 60% of the burden of disease globally are:
 - Cardio-vascular diseases
 - Diabetes
 - Cancers
 - Chronic obstructive pulmonary diseases(COPD)

Global burden

- NCD causes 36 million(63%) deaths in 2008-equivalent to 2 in every three deaths worldwide.
- 80%:4 in every 5 people with NCDs live in LMIC.
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- 30%:1 in 3 of deaths from NCDs are premature, occurring before the age of 60,
- diabetes: prevalence will escalate from 300 M in 2010 to 500 M by 2030
- Tobacco accounts for 1 in 6 of all deaths resulting from NCDs-1 billion people smoke every day
- >1.5 billion adults and 43 million children < 5 are overweight/obese

Burden of Uganda

- 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)*

NCD 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)*

Socio- economic effects

- Healthcare costs for NCDs can push already vulnerable households into 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.
 - Exposure to risk factors
 - Health seeking behavior
 - Access to care

Socio- economic effects 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

Socio- economic effects cont'd

- 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)*

Uganda Health Care System

- Over-stretched by burden of CD
- Double burden of disease
 - Inadequate funding
 - Poor access to essential medicines and technologies
 - Inadequate capacity of HRH
 - Weak surveillance systems
- Weak integration

Risk factors

- Tobacco use: highest in low and middle income countries
- Harmful use of alcohol: 16.4 litres per capita/year in Uganda
- Physical inactivity :
- Unhealthy diet : rapidly increase due to globalization with aggressive marketing targeting children and adolescents
- Rural/ urban migration and rapid urbanisation

Obesity in Uganda

- 16% women
- 4% men

(UDHS 2011)

- 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)*

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.

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

Obesity in rural areas

New vision (By Rebecca Harshbarger)

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

- “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 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.

Face of NCDs in Ugandan

- Late presentation
- Multiple complications
 - High amputation rates
 - Blindness
 - Kidney disease
 - Stroke
 - Hear tattack
- High cost of treatment – out -of -pocket
- High treatment default rates-80% seek herbal treatment
- High morbidity and Mortality

Response

Ministry of Health

- Draft NCD policy
- Draft NCD strategic plan
- Draft strategy on prevention of harmful use of alcohol
- Draft tobacco control bill
- NCD screening guidelines
- Guidelines on diet and physical activity
- Nation NCD survey done

Response

- Community, 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

Response cont'd

- **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 diagnose and manage NCDs and their complications beginning with Diabetes

Conclusion

- There is an increasing trend of NCDs in Uganda.
- NCDs threaten socio- economic development in Uganda
- Presentation is late usually with complications.
- Our economy is still overwhelmed with treatment CDs
- Need for multi-sectoral action
- The effective strategy is therefore prevention.
- Evidence shows that NCDs are largely preventable limiting exposure to and management of risk factors.