The burden of NCDs in Uganda

Dr. Hafisa Kasule
World Health Organisation
Outline

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

- D’ses 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.
- 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)*
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*)
CHILDHOOD 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.

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
  - Heart attack

- 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.