

THE WAR AGAINST NON-COMMUNICABLE DISEASE: HOW READY IS NIGERIA?

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Globally, human development in the varying spheres of life has birthed several consequences that has caused nutritional, demographic and epidemiological transition which has significant impact on population health.¹ This public health challenge particularly impacts Africa where it affects the population by causing chronic, non-infectious diseases not hitherto observed in this region. This chronic non-communicable diseases (NCDs) includes hypertension, stroke, coronary heart disease in addition to diabetes just to mention a few.² These highlighted diseases in addition to the traditional scourge of infectious diseases has placed a double burden of disease on an otherwise poorly funded health care system in Africa.³ This write up intends to stimulate awareness about the burden of NCDs in Nigeria while looking at the readiness of the national health system to control and treat non-communicable diseases.

This group of diseases results from a mixture of genetic, physiological, environmental and behavioral factors with pronounced dangers because of its chronic nature. Annually, its global mortality is 40 million people, which accounts for 70% of global deaths. Approximately 40% of these deaths occur among people aged between 30 and 69 years, while 80% of these early deaths occur in low- and middle-income countries. Of all NCDs cardiovascular disease accounts for about 40% of all deaths annually while cancers, respiratory diseases and diabetes account for 22%, 10% and 4% respectively. These four diseases similarly account for over 80% of all premature deaths.⁴

Nigeria is also not left out in this trend as NCDs account for 24% of total deaths, where cardiovascular diseases takes a lead of 7% of deaths attributable to NCDs, while cancers, diabetes and chronic respiratory diseases account for 3%, 2% and 1% of proportional mortality.⁴ The World Health Organization reported that the probability of dying prematurely from NCDs in Nigeria was reported at 20%. The same report also showed that population cardiovascular risk factors were highest (34.8%), followed by alcohol consumption and smoking with the least being obesity (6.5%), with a generalized male preponderance.⁵

Unfortunately, this increasing trend has been connected to higher exposures to risk factors such as increasing life expectancy with attendant decrease in infrastructure for health, increased alcohol and tobacco consumption

as well as smoking, not to be left out is the transition from traditional nutritional diets to western types and associated reduced physical activity levels.¹ This can be seen at both individual and community levels, and evidences show that Nigeria is yet to have in place a systematic data collection process on NCDs because most estimations are hospital based projections.⁶ In 2014, the WHO report of Nigeria NCD profile revealed that there is no operational NCD unit/branch or department within the Ministry of Health responsible for coordinating NCD activities. Similarly there is neither operational multisectorial national policy, strategy or action plan that integrates several NCDs and shared risk factors nor operational policy, strategy nor action plan to reduce the harmful exposure to risk factors of NCDs. Although the country has a monitoring and surveillance system in place to facilitate reporting the nine global NCD targets, it has no national population based cancer registry.⁵

Consequently, the country developed a strategic action plan for the prevention and control of non communicable disease in year 2015⁷, though national commitment to follow this policy statement has been low. This highlights the national level of commitment towards the control of NCDs, as there is no leadership or structured system in place to coordinate and monitor the increasing scourge of these groups of diseases.

Since the burden of NCDs and its preventable etiology has been established in Nigeria, there is need for strategic individual and population-wide prevention oriented interventions that are properly integrated into the national health system. Also, the health system should be strengthened to properly accommodate all forms of NCD prevention and control management. This is a wakeup call for an integrated and coordinated prevention approach involving all stakeholders from the government, to the general populace, non governmental agencies as well as donor agencies. Emphasis should be placed on individual health education and skill acquisition on how to adopt and maintain a healthy lifestyle which includes dietary regulation and avoidance of a sedentary lifestyle and the use of tobacco and alcohol consumption. Since individual behaviour is modified around general community practices and beliefs, people and communities should also provide supportive actions necessary to help maintain individual resolves with the end result of initiating a positive communal impact. Additionally, stakeholder involvement in initiating NCD

prevention through community involvement is key to the success of this drive which can then be incorporated into the national health system at an incremental level. Since evidence already shows that the success of any well designed community programme depends on effective basic and operation research, large scale public health programmes and governmental policy making⁸, the need for increased funding for research and strong governmental commitment to ensuring such research influences policy formation is expedient. This can only be possible with a stronger governmental commitment to providing effective leadership that will coordinate all necessary resources needed for the control and treatment of NCDs.

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