



## Commentary

## Time to relook into Non-Communicable Diseases (NCDs) in Africa: A silent threat overwhelming global health in Africa

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## ABSTRACT

In Sub Saharan Africa, the morbidity and mortality rate from Non-Communicable Diseases is increasing more than in any place in the world. However, Sub-Saharan Africa faces many challenges such as problems with financing, health system issues, contending interests from industry actors as well as low NCD awareness levels, which have impeded all efforts to curb the burden of these diseases. This perspective discussed the causes, effects and the need to the prioritize prevention and control of non-communicable diseases in Africa, together with practical recommendations. Some of the causes include fast urbanization, dietary changes, lack of health insurance and political instability amongst others, these have had huge implications on not only health indices but also socio-economic development in African countries. There is a need for political will and engagement, community engagement, behavioral changes, and interdisciplinary coordination to reduce the prevalence of NCDs in Africa.

### 1. Introduction

Non-Communicable Diseases (NCDs) remain a growing threat to global health. NCDs have superseded the previously dominating global threats such as undernourishment, malaria, HIV, and tuberculosis, and have become the major cause of morbidity and mortality in Africa [1]. According to the World Health Organisation, Non-Communicable Diseases (NCDs) have accounted for over 15 million people between the ages of 30 and 69 years each year, with 85% of these untimely deaths taking place in low and middle-income countries [2]. Despite the developing evidence of the health and economies of Sub-Saharan Africa, efforts focused on prevention and control have been minimal.

In this paper, we discussed the causes, effects, and need to prioritize the prevention and control of non-communicable diseases in Africa, together with practical recommendations.

### 2. The silent threat of non-communicable diseases (NCDs) in Africa

Over the most recent thirty years, much has been found out about NCDs and the mortality rate has declined in some developed countries while the low and middle-income countries are experiencing an increased mortality rate [3]. The most common causes of Non-Communicable Diseases include Tobacco use (smoking), alcohol abuse, poor diet, and physical inactivity. Tobacco use is extending in Africa and the timing of commencement is diminishing. In addition, alcohol consumption is assessed to cause over 10% of the burden of non-communicable diseases, and also increases the risk of infectious diseases [4]. Also, the level of physical inactivity has been appeared to ascend with urbanization. Globalization and fast urbanization (rural-urban migration) have added to the unexpected increase in NCDs in low and middle-income countries. There is higher consumption of food high

in salt, sugar, and fat contents. A critical extent of global marketing of fast food, tobacco, and alcohol is focused on youngsters in developing countries and has become a key contributor to this unhealthy behaviour.

The socio-economic effect of Non-communicable diseases (NCDs) is greater than its direct implication on the health system. Most African countries have only recorded little progress in providing Universal Health Coverage (UHC). Besides, some chronic diseases are often excluded from insurance packages. As the young African population grows older, together with a high fertility rate, NCDs are likely to become an even greater burden considering the weakness of the healthcare systems in African countries. Management of non-communicable diseases can change spending designs drastically and result in fundamentally diminishing non-clinical related spending on food and schooling. NCD short- and long-term disabilities can prompt a decline in a country's workforce and decrease profitability and consequently, lessen per capita gross domestic product growth [5]. Ultimately, if the prevalence of NCDs is not controlled, the economic consequences may be catastrophic especially amongst the poor and marginalized communities in the developing world.

Management of NCDs has cost implications on the patient's family. Poor health insurance coverage necessitates out-of-pocket payments which are often sourced from personal savings, donations, bank loans, amongst others. This often impoverishes the entire family and exposes the mother and children to poor health and well-being [6]. Non-communicable diseases (NCDs) are often chronic and require lifetime treatment and management. However, most NCDs have a great prognosis when diagnosed and treated early. There are critical policies that need to be implemented to prevent the occurrence and improve the outcome of NCDs in Africa. However, policy implementation aimed at reducing the risk of NCDs has experienced certain challenges in Africa.

Tobacco smoking, drinking alcohol and high-fat meals are the major causes of cardiovascular disease and diabetes mellitus. The industrial

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regulation of these risk factors is below par as they seem to impede the implemented policies [7]. There is a more likely radical response from the nongovernmental organization to policies on alcohol and drug abuse as well as cigarette smoke. For example, in Malawi, a policy document that was drafted by the alcohol industry was put on trial by several private stakeholders as they thought it was meant to suppress the objectives of the industry [8]. Also, financial constraints limit the effectiveness of policy implementation and action. African countries depend on international support, NGOs, and civil society for financial support to enhance their capacity to adhere to implemented policies. Individual and political selfish interests remain an obstacle in tackling NCDs in Africa. Furthermore, Global Health Diplomacy is substandard in many continents including Africa [9]. This is mainly due to the absence of respectable relationships between various sectors. Strong leadership and political will remain critical to sustaining policy response. There is a lack of surveillance systems and quality data to facilitate the decision-making process regarding risk factors for NCDs like alcohol and tobacco smoking. There is also a biased attitude and perception of NCDs by stakeholders due to cultural and religious beliefs.

There is low progress in achieving the set goals regarding the management of NCDs in Africa. Political instabilities in countries like Sudan and DRC remain a hindrance to achieving the intended primary health interventions. Research also showed that there is a high burden of non-communicable diseases and a surge in communicable diseases such as HIV/AIDS leading to more focus and funding being channeled towards HIV/AIDS as well as tuberculosis. Non-communicable diseases (NCDs) need to be handled comprehensively. For example, the provision of free primary care screening of cervical cancers is still at its early stages and inter-institutional coordination which will help to mitigate morbidity and mortality related to NCDs is not well fostered [10]. Best buys have been implemented in many low- and middle-income countries, however, a few have analyzed the interventions according to their needs. There is still a need to issue the findings to reputable journals and the WHO directory for efficient allocation of resources and funding for NCDs in Africa [11]. Poor implementation of NCD policies also result from unbearable costs of procuring medications, disorganized schedules, and little awareness by the public. Also, the health sector and the academic sector harmonize their data management relating to NCDs. The Healthcare workforce and facilities are also inadequate for the management of NCDs in Africa.

### 3. Recommendations

Behavioral changes remain a major concern, food outlets especially at kindergarten schools should be highly regulated so that they can provide healthier nutritional food stuff and beverages. To ensure excellent political engagement, it is important to motivate relevant top officials in clear terms emphasizing the downstream cost on health, economy, and national development if necessary measures are not implemented against NCDs. Community engagement should involve cultural and religious leaders to increase awareness and advocacy. The need to improve available infrastructure and resources to collect and store quality data. Since there are many digital and telehealth transitions in the health sector, we strongly recommend the incorporation of telehealth in the management of Non-communicable Diseases such as cardiovascular diseases, diabetes, and hypertension. Efforts toward the prevention of these ailments should be prioritized over curative measures to reduce health expenditure in respective countries [7]. Also, interdisciplinary coordination should be appropriately employed in pre-service health education, especially on scientific biopharmaceutical researches focusing on pharmaco-genetics to ensure early diagnosis of NCDs at their early stages as well as coming up with individual pharmaco-therapeutic regimens should be incorporated by many institutions to mitigate the challenges likely to be as a result of NCDs.

### 4. Conclusion

Non-Communicable Diseases are not only a public health burden in developed countries but also in African countries. Africa needs to implement policies to reduce the impact of NCDs on the socio-economic and healthcare system by enhancing the research capacity, improving political will, and embracing the one health approach strategy in strengthening its health systems.

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#### Author contribution

ATA conceptualized the idea; AO, HM drafted the manuscript; AOB and ATA reviewed the manuscript; All authors approved the final manuscript for submission.

#### Registration of research studies

1. Name of the registry:
2. Unique Identifying number or registration ID:
3. Hyperlink to your specific registration (must be publicly accessible and will be checked):

#### Guarantor

Not applicable.

#### Consent

Not applicable.

#### Declaration of competing interest

Authors declare no conflict of interest.

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