

Cardiovascular prevention in Africa

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Disclaimer: no relationship with industry



- **Global framework for CVD/NCD and recent developments**
- **Outputs in the African region**
- **Roles of NGOs (AHN)**
- **A case study**
- **Way forward**

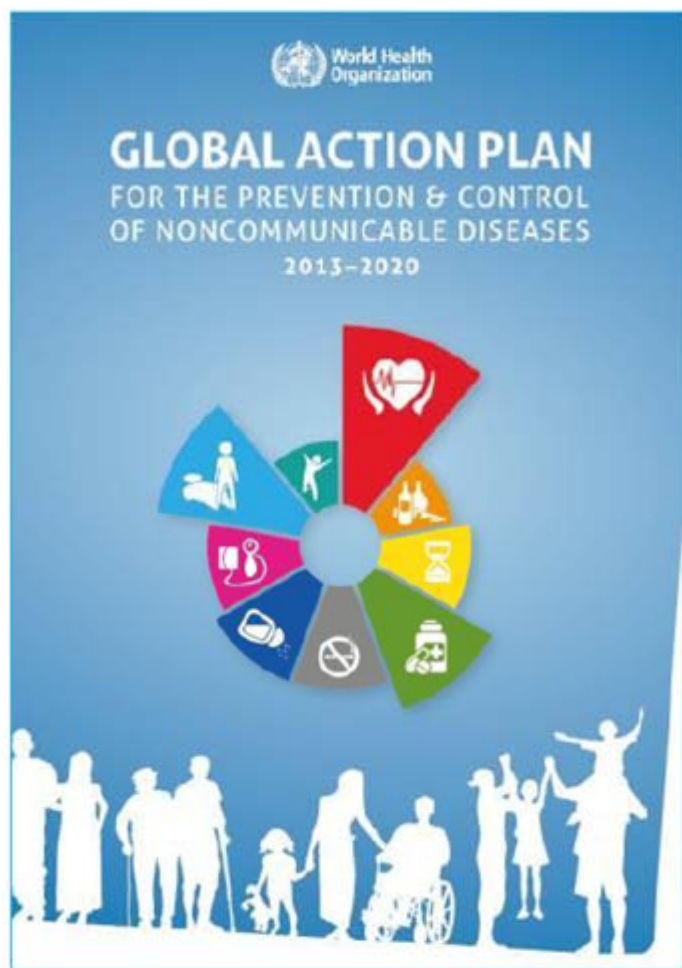
4 risk behaviours account for large share of premature mortality from 4 main NCDs (“4*4 strategy”)

	Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Heart disease and stroke	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Chronic lung disease	✓			

- **Mental health, chronic kidney disease, other NCDs not directly addressed**
 - **Potential for prevention much lower than for “4 main NCDs”**
- **Yet, positive impact of “4*4” strategy on other NCDs**

WHO Global NCD Action Plan 2013-2020

Uniting governments, WHO, international partners, NGO and communities around a common agenda



Vision:

A world free of the avoidable burden of NCDs

Goal:

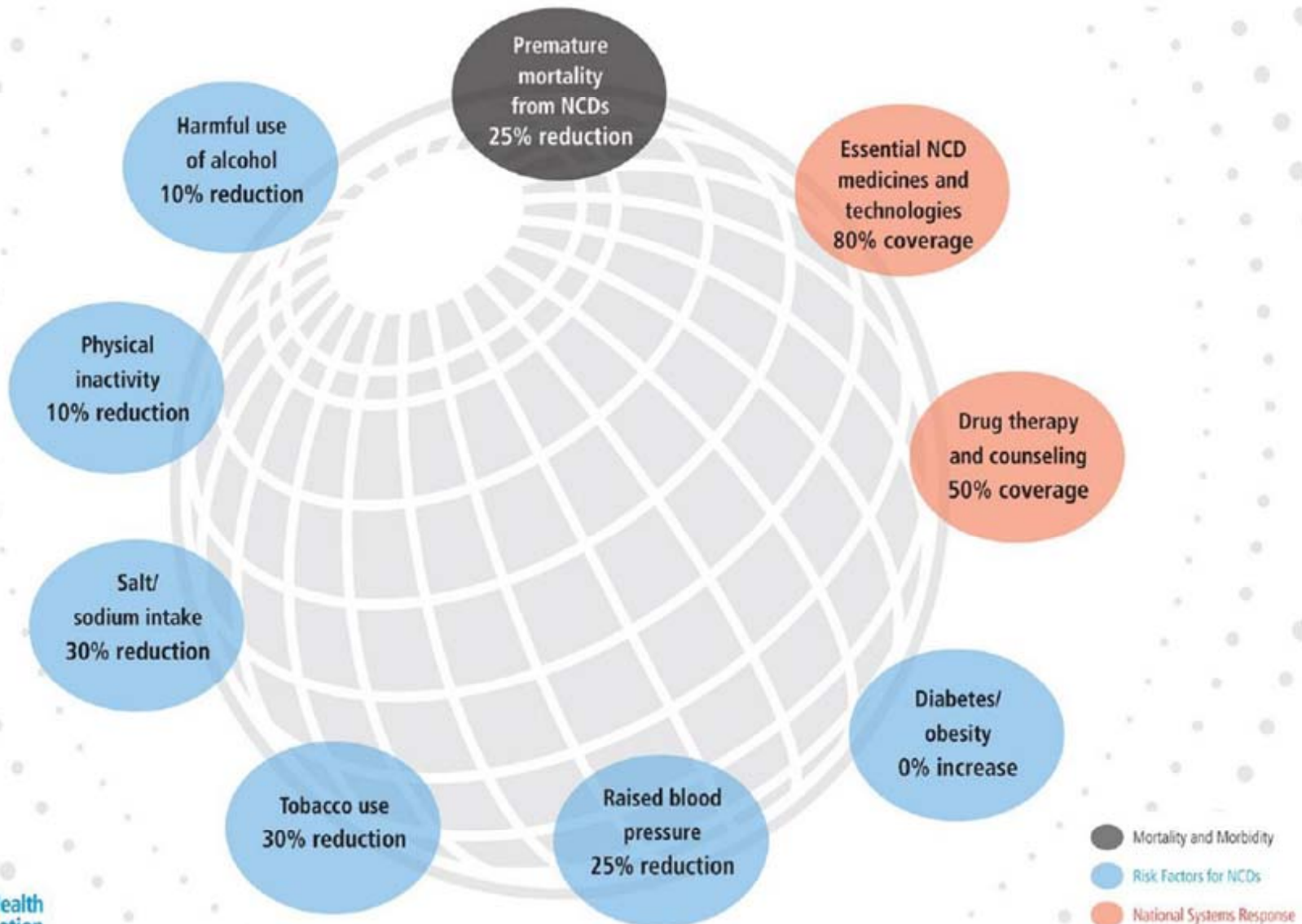
To reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global levels

“Best buys” for NCD/CVD prevention and control

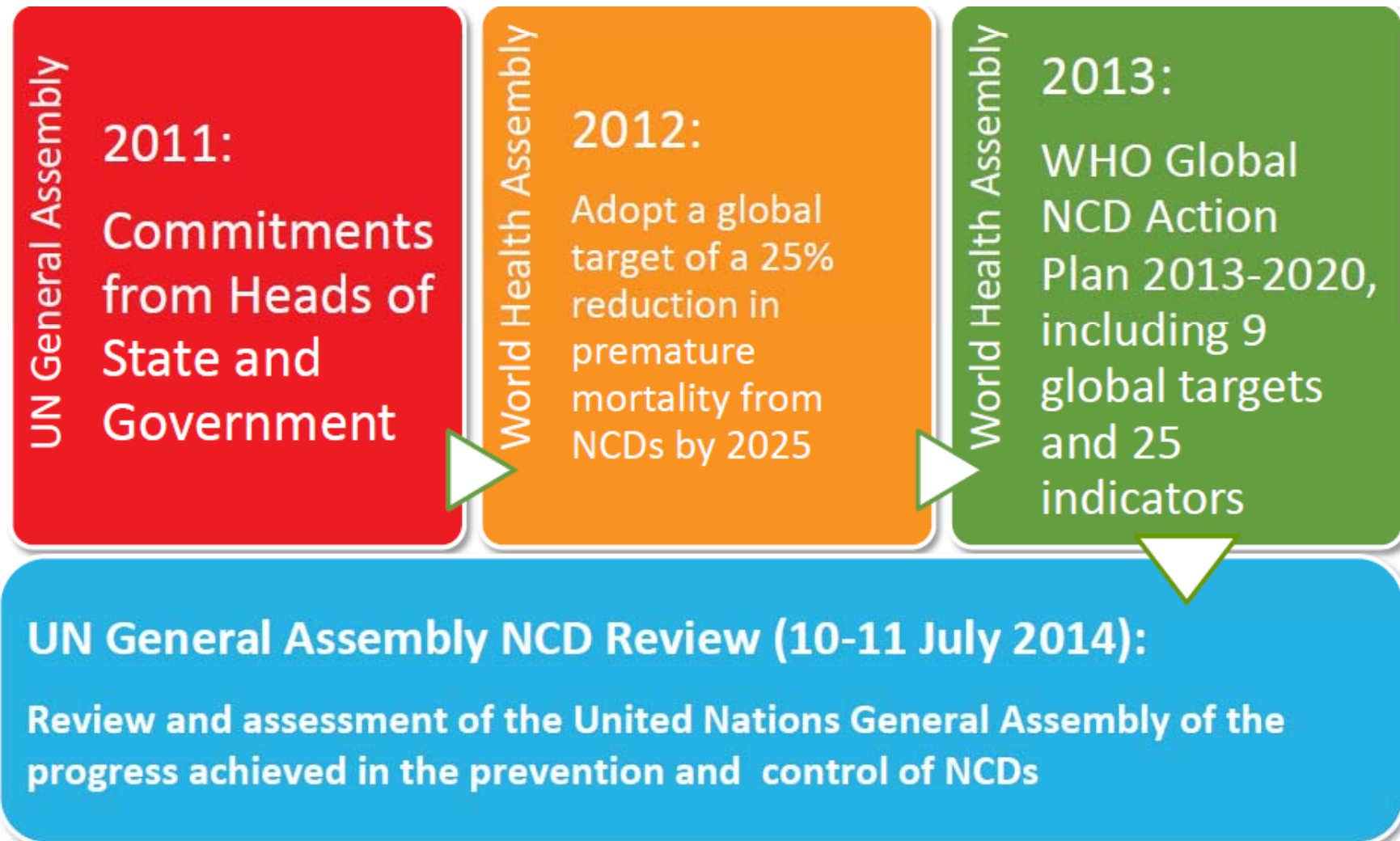
Risk factor / disease	"Best buy" Interventions
<p>*Prevention* Reducing the level of exposure to risk factors</p>	<p>Tobacco use</p> <ul style="list-style-type: none"> - Raise taxes on tobacco - Protect people from tobacco smoke - Warn about the dangers of tobacco - Enforce bans on tobacco advertising
	<p>Harmful use of alcohol</p> <ul style="list-style-type: none"> - Raise taxes on alcohol - Restrict access to retailed alcohol - Enforce bans on alcohol advertising
	<p>Unhealthy diet and physical inactivity</p> <ul style="list-style-type: none"> - Reduce salt intake in food - Replace trans fat with polyunsaturated fat - Promote public awareness about diet and physical activity
<p>*Management* Strengthen health care for people with NCDs</p>	<p>Cardiovascular disease and diabetes</p> <ul style="list-style-type: none"> - Provide counselling and multi-drug therapy for people with medium-high risk of developing heart attacks and strokes - Treat heart attacks with aspirin
	<p>Cancer</p> <ul style="list-style-type: none"> - Hepatitis B immunization to prevent liver cancer - Screening and treatment of pre-cancerous lesions to prevent cervical cancer

UN General Assembly. Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. A/66/L.1. 16 September 2011. http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1

Nine global targets agreed at WHA in May 2013 for prevention and control of NCDs to be attained by 2025



Main events in 2014 related to prevention of NCD/CVD related to follow up of Political Declaration



UN General Assembly NCD Review 2014 Possible elements for an Outcome Document: *What is heard from Member States*



Set national targets

Member States to consider, by 2014, the development of national targets for 2025 based on national situations, taking into account the 9 voluntary global targets adopted by the 66th World Health Assembly (May 2013), and building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of NCDs



Develop national plans

Member States to develop, by 2014, multisectoral national policies and plans for the prevention and control of NCDs to attain national targets, taking into account the 2013-2020 WHO Global Action Plan for the Prevention and Control of NCDs.



Reduce exposure to risk factors

Member States to implement, by 2015, as part of a national multisectoral plan, “best buys” and very cost-effective interventions to reduce the exposure to risk factors for NCDs as part of these national plans.



Enable health systems to respond

Member States to implement, by 2015, as part of multisectoral national policies and plans, “best buys” and very cost-effective interventions to enable health systems to respond to the NCD challenge of epidemic proportions



Measure results

Member States to implement, by 2015, the WHO Framework for NCD Surveillance covering (i) monitoring of risk factors and determinants; (ii) outcomes (mortality and morbidity) and (iii) health system response, as well as to integrate NCDs into the national health information systems, and develop national indicators taking into account the global ones.

Assessing CVD in a standardized manner and along requirements of PAO: WHO country capacity survey 2013 reports (Morocco)

Commitments	Indicators	Status of implementation
In the area of governance	A unit/department ¹ responsible for NCDs in the Ministry of Health or equivalent is in place and operational	
	A multisectoral ² NCD action plan is developed and operational	
Commitments	Indicators	Status of implementation
In the area of prevention and reduction of risk factors	The WHO Framework Convention on Tobacco Control (WHO FCTC) has been ratified	
	The WHO FCTC protocol on illicit tobacco trade has been signed and ratified	
	The following MPOWER measures are being implemented:	
	M: Monitor tobacco use and prevention policies	
	P: Protect people from tobacco smoke	
	O: Offer help to quit tobacco use	
	W: Warn about the dangers of tobacco	
E: Enforce bans on tobacco advertising, promotion and sponsorship		
R: Raise taxes on tobacco		

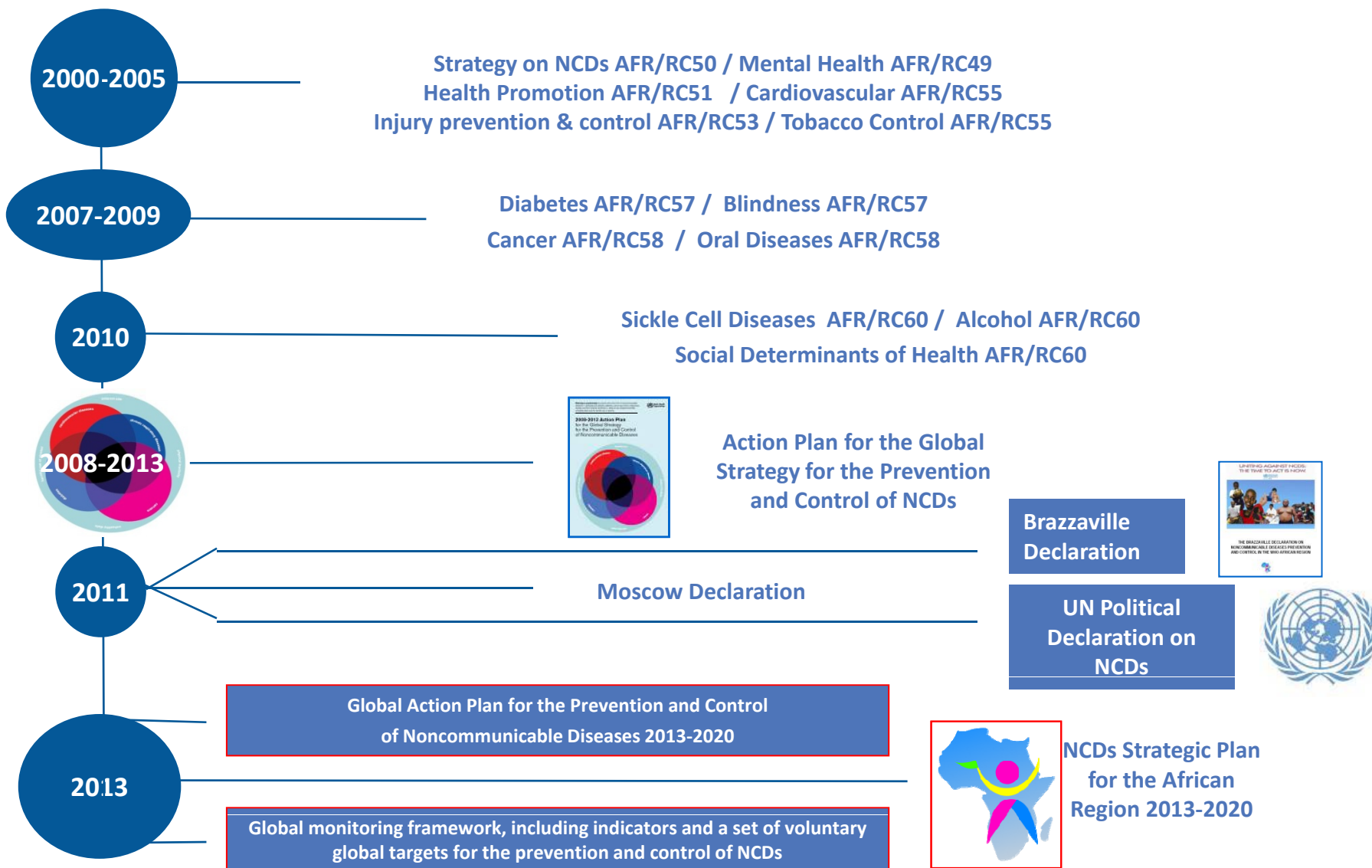
Commitments	Indicators	Status of implementation
In the area of prevention and reduction of risk factors	An operational policy, strategy or action plan to promote physical activity is in place	
	Mass health promotion campaigns on physical activity are being implemented	
	An operational policy, strategy or action plan to reduce the harmful use of alcohol is in place	
	Alcoholic beverages are being taxed based on the alcohol volume	

Commitments	Indicators	Status of implementation
In the area of surveillance, monitoring and evaluation	A system for generating mortality by cause of death is in place and being used on a regular basis	
	Cause-specific NCD mortality among the age group of 30–70 years is reported ³	
	The below surveys have been conducted within the past 5 years:	
	STEPS survey for NCDs and risk factors	
	Global Adult Tobacco Survey	
A functioning population-based cancer registry is in place, with a published report within the past 5 years		

Commitments	Indicators	Status of implementation
In the area of health care	Guidelines/protocols for management of common NCDs in primary health care are available ⁴	
	NCD management guidelines have been incorporated into health professional education and/or continuing medical education	
	NCD medicines are included in the national essential medicine list, based on WHO's essential medicine list	
	NCD medicines are provided regularly in primary health care	
	Guidelines for use of opiate-based analgesics for palliative care are available	
	Palliative care management guidelines are incorporated into health professional continuing education programmes	

Brazzaville Declaration & progress made in Africa

Major milestones in addressing NCDs - an overview



Progress in NCD/CVD prevention in the African region

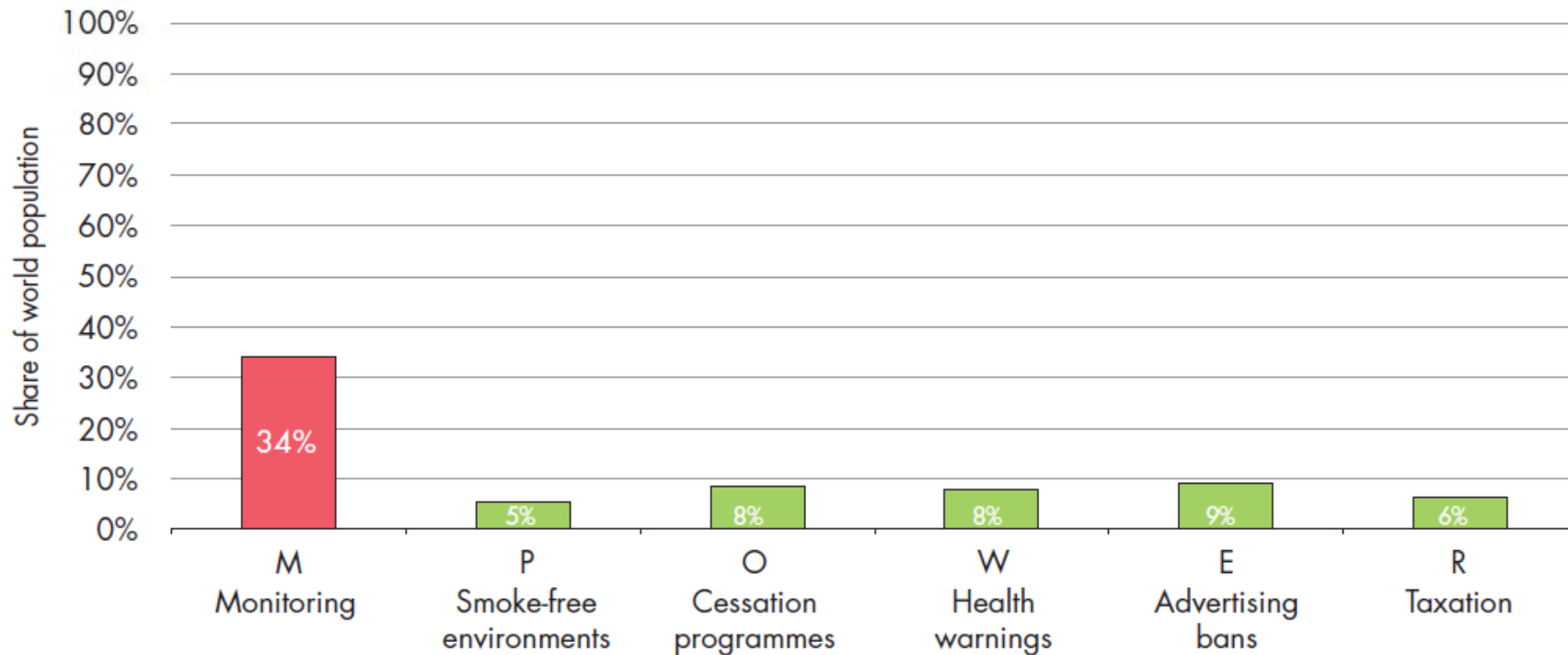
- **NCD action plans** developed & implemented in **32 countries**
- Countries supported to develop and implement national strategies and plans for : Sickle Cell Disease (10); diabetes & cancer control (18); oral health and noma (11); mental health and injury (16) .
- NCDs Data Base and r-SIS: retrospective data collection 2008-2010; prospective thereafter – for evidence informed policy making

Priorities for primary prevention in the African Region

- Tobacco is the most preventable cause of NCD including CVD
- The *WHO Framework Convention on Tobacco Control (WHO FCTC)* is an international treaty
 - ✓ comprehensive approach to tobacco control
- **41 countries** in African region have ratified the *WHO FCTC*
 - ✓ implementation on course;



Share of the world population covered by selected tobacco control policies (NCD Report 2010)



Providing cost-effective essential management for NCD at the individual level: integration of NCD management in PHC



- **WHO-PEN** at PHC in 15 countries

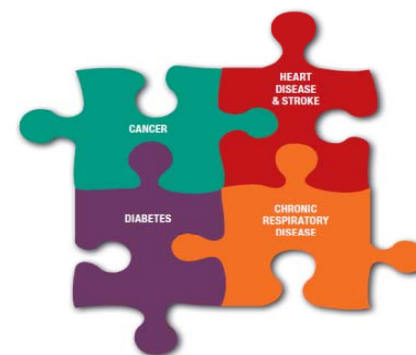
- **Scenario 1 (Non Physicians)**

- New patients
- Follow up of stabilized patients
- Emergencies

- **Scenario 2 (Physicians)**

- New patients
- Follow up of stabilized patients
- Emergencies

**Package of Essential
Noncommunicable (PEN) Disease
Interventions for
Primary Health Care
in Low-Resource Settings**



- **Challenge: universal coverage, strengthening of PHC, simplified guidelines at country level, integration of NCD management in usual PHC, “polypill”, task shifting**

African Heart Network activities



- **Address cardiovascular health at the policy level**
- **Generate and exchanges ideas**
- **Promote knowledge transfer to tackle CVD**
- **Shares best practice**
- **Advances scientific knowledge**

Awareness building



- **World Heart Day**
- **Go Red For Women**
- **Children's Programme - South Africa**
- **Health Promotion Schools** Uganda, Ghana, Nigeria, Tunisia, Seychelles
- **Rheumatic Heart Disease:** Kenya, Rwanda
- **Nutrition programs:** South Africa, Nigeria, Seychelles

Achievements for CVD prevention in Seychelles: Age-adjusted CVD mortality rates and several risk factors are decreasing

Surveillance related to NCDs: data on trends

- ✓ Vital statistics, repeated surveys in adults and children, surveillance of RF in schools

Health care

- ✓ Universal access to health care, strong PHC, availability of main treatments, guidelines

Public health interventions (within/outside health sector)

- ✓ Department/section for NCD prevention (UPCCD, diabetes, nutrition, youth, etc)
- ✓ Awareness programs over past two decades
- ✓ Tobacco legislation among most comprehensive worldwide, ratified FCTC
- ✓ Health promotion policy
- ✓ Nutrition policy in schools
- ✓ Differential taxes on healthy/unhealthy foods (tobacco, alcohol, sugar drinks)
- ✓ Informal policy restricting advertisement of unhealthy foods

Community programs

- ✓ Sports for all, sports for elderly

➤ **Well on the way for implementing a comprehensive strategy**

Conclusions & way forward

- Global Plan of Action 2013-2020 provides specific guidance for all countries
- Need for additional components to address specific CVDs in Africa (RHD, etc)
- Need for establishing region framework for priority interventions building on multisectoral collaboration
- Strengthen integration of NCD care in PHC, universal coverage, guidelines, innovative approaches (MDT, task shifting, efficiency)
- Strengthen surveillance systems for NCDs and their risk factors
- Spearhead/adjust efforts by all actors including NGOs /AHN
- Gaps in implementation of CVD prevention in Africa but good practice is emerging