

## Commendable approach to mitigate double burden

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It has been quite sometime since the alarming burden of chronic non-communicable diseases has been recognized as a significant health encounter and concern, including in the developing world. Such diseases pose major threats and are reckoned to be principal causes of life intimidating illnesses, contributing to about 60% of all mortalities globally.

High blood pressure, deranged lipid profile with high cholesterol concentration in the blood, improper dietary habits with limited intake of fruits and vegetables and restricted physical activities are notable risk factors for the exacerbation of the enormity and emergence of chronic non-communicable diseases.

The magnitude of chronic diseases comprising of cardiovascular problems, stroke, respiratory disorders, cancers, diabetes and other emerging ailments is escalating by the day in the developing world as well, including in ours. Such diseases constitute double burden in developing countries, adding to the already prevailing communicable diseases and other health problems exacerbated by the underlining nutritional disorders and the limited overall health awareness among the population at large.

Even in the African Continent, chronic diseases are raising major concern, their contribution projected to account for more than a quarter of the total deaths by 2015 (1). The global size of adults with diabetes is expected to rise from 135 million as per the estimate of 1995 to 300 million in 2025, with the significant number of the increase occurring in developing countries, including Africa (2, 3). Diabetes most often occurs simultaneously with increased lipid profile, hypertension and obesity which all significantly increase the risk and accelerate the emergence of atherosclerotic diseases (4). Though there is generally paucity of information, there are reports that show that cardiovascular diseases are increasing in magnitude (5) and are contributing as major causes of death among diabetic cases,

including in Ethiopia (6). Some of the articles in the current issue as well underline the emergence and the Public Health importance of non-communicable diseases in the Country. As for instance, the emergence of air pollution related to the ever increasing vehicle size in the City of Addis Ababa (7) and the alarming occupational injuries in agricultural development schemes (8) have recently been thoroughly investigated on. These and prior knowledge on the growing significance of non-communicable diseases in the Country warrant the necessities to institute appropriate mitigating interventions.

In spite of the ever growing burden of chronic non-communicable diseases (NCDs) in Ethiopia, the legislative provision and the attention given to it by and large has been negligible hitherto. Surprisingly, both some health professionals and the community alike appeared to have been obsessed with the dogmatic notion that our health problems are solely communicable diseases and some even blindly argue that the NCDs are merely problems of others. The gap pertaining to the lack of a National Strategy for the prevention and control of NCDs has as well been a great obstacle hindering effective and efficient coordination of activities and services vital to prevent and control such diseases and to minimize the potential risk factors incriminated for fueling the rampant occurrence of chronic diseases.

A National Strategy as stipulated in the Document itself (1) not only defines the relative priority given to the prevention and control of chronic diseases, but also identifies the approaches and main concerns needed to be addressed to achieve the envisaged objectives. The Strategic Framework envisions a healthy and productive society free from preventable chronic diseases and has the Mission of reducing the burden of such diseases with the targeted reduction of the underlying risk factors through promotion of healthy life styles. Though the poor awareness and misconceptions

regarding the growing burden and the deleterious consequences of chronic diseases coupled with the strict limitation of the necessary resources to overcome the looming problem are considered as major threats, the growing interest on NCDs at all levels and the restructuring within the Health Sector are considered as great opportunities to take joint actions to deter the unabated progression of chronic diseases. The Framework explicitly outlines the envisaged objectives, strategies and underlines the expected activities planned to ease its implementation at health facility level.

Issuing a Strategic Framework by the Federal Ministry of Health regarding the prevention and control of the NCDs (1), though it appears to be a bit long overdue, is without any doubt a very commendable step forward. However, it should be noted that the Framework could be considered as only a means rather than an end by itself. The Strategy should as well underscore the provision for its formal promotion, extensive training of health professionals and comprehensive preparation and sustainable budgetary provisions to enhance and ensure its proper implementation at all levels. The dedication of health professionals is as well very instrumental to translate the plan in to a viable and effective action.

### References

1. Federal Ministry of Health. Prevention and Control of Chronic Non-Communicable Diseases. *Strategic Framework* 2010/11-2014/15.
2. Campbell RK. Type 2 diabetes: Where we are today: An overview of disease burden, current treatments and treatment strategies. *J Am Pharm Assoc* (2003). 2009 Sep-Oct; 49 Suppl 1:S3-9).
3. Levis NS. Diabetes in Africa: Epidemiology, Management and health care challenges. *Heart*. 2008 Nov; 94(11):1376-82.
4. Yusuf S, Hawken S, Ounpuu S, Dans T, Avezum A, Lanas F, et al. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INERHEART Study): Case-control study. *Lancet* 2004; 364 (9438):937-52.
5. Motlagh B, O'Donnell M, Yusuf S. Prevalence of cardiovascular risk factors in the Middle East: A systematic review. *Eur J Cardiovasc Prev Rehabil*. 2009 Jun; 16(3):268-80.
6. Feleke Y, Mengistu Y, Enquesselassie F. Diabetic infections: Clinical and bacteriological study at Tikur Anbessa Specialized University Hospital, Addis Ababa, Ethiopia. *Ethiop. Med J* 2007 Apr; 45(2):171-79.
7. Kume A, Charles K, Berhane Y, Anders E, Ali A. Magnitude and variation of Traffic Air Pollution as measured by CO in the City of Addis Ababa, Ethiopia. *Ethiop J Health Dev*. 2010; 24 (3): 156-166.
8. Yiha O, Kume A. Assessment of occupational injuries in Tendaho Agricultural Development S.C. Afar Regional State, Ethiopia. *Ethiop J Health Dev*. 2010; 24 (3): 167-174.