

HEALTH EDUCATION IN THE CONTROL AND PREVENTION OF COMMUNICABLE AND NON-COMMUNICABLE DISEASES IN NIGERIA

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REFLECTION

- THE THINGS WE SAY ARE NEVER NEW
- THEY HAVE EITHER BEEN SAID OR WRITTEN
- WHAT WE ARE DOING IS ECHOING THEM
- UNTIL THEY HAVE **expression**

WHO FACT-FILE ON NIGERIA

- **Total population:** 169,000,000
- **Total deaths:** 2,083,000
- **NCDs are estimated to account for 24% of total deaths**

The probability of dying between ages 30 &70 yrs from the 4 main NCDs is 20%

- **Cancers**
- **Diabetes**
- **Cardiovascular Diseases**
- **Chronic Respiratory Diseases**

ADULT RISK FACTORS

	Males	Females	Total
• Current tobacco smoking (2011)	10%	6%	2%
• Total alcohol per capital consumption, in litres of pure alcohol (2010)	14.9	10.1	5.1
• Raised blood pressure (2008) (%)	33.5	34.8	36.1
• Obesity (2008)	4.6%	6.5%	8.4%

National systems response to NCDs

- Has an operational NCD unit/branch or department within the Ministry of Health, or equivalent **No**
- Has an operational multi-sectorial national policy, strategy or action plan that integrates several NCDs and shared risk factors **No**
- Has an operational policy, strategy or action plan to reduce the harmful use of alcohol **No**

National systems response to NCDs

- Has an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity **No**
- Has an operational policy, strategy or action plan to reduce the burden of tobacco use **No**
- Has an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets **No**

National systems response to NCDs

- Has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach **No**
- Has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets **Yes**
- Has a national, population-based cancer registry **No**
- * The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (WHO remarks).

World Health Organization - *Noncommunicable Diseases (NCD) Country Profiles, 2014*

- **The probability of dying between ages 30 and 70 years from the 4 main NCDs is** **20%**
- **Cardiovascular diseases** **7%**
- **Cancers** **3%**
- **Chronic respiratory diseases** **1%**
- **Diabetes** **2%**
- **Other NCDs** **11%**
- **Communicable, maternal, perinatal and nutritional conditions** **66%**
- **Injuries** **10%**

The Global Burden of Chronic Diseases

- **In 2002,**
Cardiovascular disease
Cancer
Chronic respiratory disease
Diabetes – caused 29 million deaths worldwide
- **Despite growing evidence of epidemiological and economic impact, the global response to the problem remains inadequate.**

Rollcall

- **Stakeholders include:**

Governments

World Health Organization

Other United Nations bodies

Academic and Research groups

Nongovernmental organizations

Private sector

Impediments to Prevention and Control

- Lack of financial supports for capacity development, research, treatment and control
- Decision makers do not have adequate up-to date evidence of the nature of disease burden in the society
- Strong beliefs that chronic diseases afflict only the affluent and elderly, and arise solely from freely acquired risks

Impediments

- Present control measures are ineffective and very costly

POLICY LEVERS TO IMPEDIMENTS

- Elevate chronic diseases on the health agenda of key policymakers
- Providing policymakers with better evidence about risk factor control
- Persuading them of the need for health systems change.

Communicable Diseases

- Communicable diseases spread from one person to another or from an animal to a person. The spread often happens via airborne viruses or bacteria, but also through blood or other body fluid. The terms infectious and contagious are also used to describe communicable disease.

Leading Communicable Diseases

- [Hepatitis](#)

Viral hepatitis causes 78% of liver cancers and the hepatitis B virus alone infects an estimated one in three people worldwide. The public health concern of viral hepatitis is growing as the viruses are easily transmitted from person to person.

- [HIV/AIDS](#)

The most successful programs to fight AIDS have been efforts to make available antiretroviral drugs that allow people with HIV to live for many years before developing symptoms of AIDS

- [Influenza](#)

Because influenza affects so many people around the globe every year, extensive international coordination is required in the areas of influenza surveillance, detection, and response

Communicable Diseases

- [Malaria](#)

The focus areas involved in combating malaria include public health information, science and research, prevention and control, case management, and regulating diagnostic tests and vaccines

- [Polio](#)

Polio tends to infect children under five causing lifelong crippling conditions, but two vaccines promise the possibility of eradication

- [Tuberculosis](#)

The U.S. government and many other governments and organization around the world are engaged to help people infected with tuberculosis and to stop its spread

Communicable diseases prevention and control: WHO ASSISTED PROGRAMMES

- WHO has supported Nigeria in the prevention, control and eradication of communicable diseases over several years. WHO support under CPC has mainly been for Neglected Tropical Diseases (NTDs);
- Dracunculiasis (Guinea worm disease (GWD)),
- Human African Trypanosomiasis (HAT),
- Buruli Ulcer (BU),
- Lymphatic filariasis (LF),
- Onchocerciasis,
- Schistosomiasis and
- Leprosy.

NTDS

- Although safe and cost effective means of prevention and control are available, the NTDs continue to cause immense suffering and often life-long disabilities for the rural poor due to neglect.

Emergency Preparedness and Response: Panic Reporting and Consequences

- Outbreaks and epidemics do not recognize national boundaries and if not contained, can rapidly spread within the country and internationally.
- Unverified and inaccurate information on disease outbreaks often elicit excessive reactions from the media and authorities, leading to panic and inappropriate responses, which in turn may result in significant interruption of trade, travels and tourism, thereby placing further economic burden on affected countries.
- Furthermore, these outbreaks threaten global health security because they frequently and unexpectedly challenge national health services and disrupt routine control programme, diverting attention and funds.

Action Plan

- In Nigeria, as in other African countries, the challenge is to develop or reinforce mechanisms to detect, verify and respond rapidly and effectively to unexpected outbreaks and epidemics. WHO supports the government, working with Ministries, National Emergency Management Agency and other stakeholders to strengthen the national communicable disease surveillance and response systems through existing surveillance structures in the states and Local Government Areas (LGAs).

The Paradigm

- Developing countries are experiencing dramatic changes in the health needs of their populations. Although many countries currently face a double burden of infectious diseases and noncommunicable diseases, the latter, including cardiovascular diseases (CVD), are fast replacing such traditional enemies as infectious diseases and malnutrition as the leading causes of disability and premature death.

Paradigm

This so-called "epidemiological transition" is taking place partly because of:

- the rapid aging of the developing world's populations,
- progressive urbanization and socioeconomic transformation.
- changes in nutritional patterns experienced over the last few decades,
- the twentieth century mass habit of cigarette smoking, and
- a sedentary lifestyle.

Paradigm

- This trend will continue and by the year 2020, non-communicable diseases are expected to account for seven out of every 10 deaths in the developing regions, compared with less than half that figure today.

Rheumatic fever/rheumatic heart disease

- Primary prevention is the detection and treatment of upper respiratory tract infection due to group A streptococci to prevent an initial attack of acute RF. The infection can usually be controlled by appropriate therapy with penicillin which remains the drug of choice as it is safe, effective and inexpensive.

Rheumatic fever

- At the community level, primary prevention of RF is best achieved as a part of primary health care and should focus on health education of the general public on the importance of early diagnosis and effective treatment of streptococcal pharyngitis in order to reduce its incidence. While primary prevention programmes may not be feasible in all situations, their implementation is strongly recommended where possible. In many developing countries, however, the immediate need is probably to focus on secondary prevention programmes as the most realistic approach to the prevention of RF and RHD at present.

Prevention Strategies

- Good and relevant information on risk factors and on healthy lifestyles should be given to adolescents at school. A well organized national health education system is a cornerstone of any intervention programme. What is needed is not only the information on what causes CVD for example, but also the practical information on how to avoid these causes. Individuals should be taught practical skills on how to adopt and follow a healthy lifestyle, such as what sort of food to buy, how to prepare meals, etc. People and communities should also be taught the skills for support measures needed for such lifestyles.

Preventive Considerations

- Provision of information is not enough, however. People's health-related practices in any community are closely related to the general practices of the community, and to the general beliefs, norms and social values.
- Thus it is often difficult for the individual to make major changes in lifestyle, if respective changes do not take place in the community, and more generally, in the whole society.

Preventive Considerations

- Therefore, successful large-scale preventive programmes attempt to change, instead of the individual, the whole community together with many of its social and environmental factors.
- This involves decisions and actions to institute health intervention programmes. Decision-makers should ensure that people can make informed choices and that following healthy lifestyles is a feasible option.

Further Considerations

- Several government departments other than the ministry of health will have to be involved in a highly coordinated manner.
- Nongovernmental organizations should also be involved and, ultimately, mobilization of the whole community is needed.

Conclusion

- A central role of carefully designed community programmes is to form a link between basic health research, large-scale public health programmes and government policy-making. Such a community programme thus forms a "pilot", "demonstration", or "model" for testing the approach for nationwide use. Several countries have now recognized the need to initiate demonstration or pilot projects.

Conclusion

- The objectives of the demonstration project would be:
 1. To promote a healthy lifestyle, particularly with regard to tobacco use, diet and physical activity.
 2. To reduce the risk factors in the community for non-communicable diseases, such as cardiovascular diseases, non-insulin-dependent diabetes and certain types of cancer.

Conclusion

- THE BABY ELEPHANT THAT STRAYED FROM THE COMPANY OF THE ELEPHANTS HAS ITS TAIL AND TUSK CHOPPED OFF BY LIONS. SO IS THE VULNERABILITY OF ANY THAT LACKS KNOWLEDGE.

Thank You.