

NCDs: the future burden looms large

With non-communicable disease incidence predicted to grow by 27% in Africa over the next 10 years, the impact on health resources is going to be significant. Liz Gwyther assesses the required response

The burden of NCDs for Africa

By 2020, the World Health Organization (2005) estimates that non-communicable diseases (NCDs) will be as prevalent as communicable diseases, which have been the main cause of high morbidity and mortality in sub-Saharan Africa. This emerging NCDs epidemic in the region is mostly associated with lifestyle, structural, and environmental changes and this requires comprehensive strategies that: develop effective primary intervention measures; tackle risk factors and the wider social, economic and environmental conditions; adopt evidence-based approaches for interventions for vulnerable groups and populations; and support governments in the implementation of effective, efficient, and sustainable NCD policies and programmes.¹ The NCD Alliance, comprising the International Diabetes Federation, the World Heart Federation, the International Union against Cancer, and the International Union against Tuberculosis and Lung Disease, make the statement on their website that 'For too long, non-communicable diseases – cancer, cardiovascular disease, chronic respiratory diseases, and diabetes – have been silent killers'.² It is estimated that globally NCDs will increase by 17% in the next 10 years, in Africa by 27%.³ NCDs are the leading cause of death worldwide. In 2008, 63% of all deaths were due to NCDs and 80% of NCD deaths occur in low- to middle-income countries.

Chronic NCDs are mostly due to preventable or modifiable risk factors, such as high cholesterol, high blood pressure, obesity, physical inactivity, unhealthy diet, tobacco use, and inappropriate use of alcohol.⁴ The World Economic Forum identifies NCDs as the second greatest threat to the global economy. Chronic illness has a major economic impact on individuals, health

Cancer in Africa

- More than 70% of all cancer deaths occur in low- to middle-income countries.
- It is estimated that there will be 1 million cancer cases in Africa annually by 2020.
- The majority of patients with cancer present late in Africa. The 5-year survival rate in Africa is 10%, compared with 70% in developed countries.

Cardiovascular diseases and hypertension in Africa

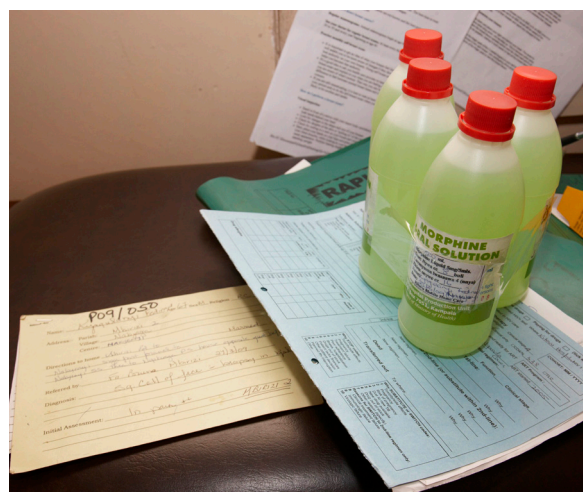
- WHO projects that the number of deaths from ischaemic heart disease in Africa will double by 2030.

systems, and communities. This is a threat to efforts to reduce poverty.

Role of palliative care in NCDs

Although palliative care developed as a response to cancer patients suffering severe pain at the end of life, WHO defines palliative care as 'an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness.' The principles and skills of palliative care are applicable to any life-threatening or life-limiting illness and they include:

- *Communication skills* – it is important that all health-care workers are trained to discuss end-of-life issues in a sensitive way⁵ and not to avoid these conversations because of uncertainty in prognosis.
- *Dealing with uncertainty* – the trajectory of illness in advanced cancer is usually that of a steadily progressive illness with a relatively short time to death. In cardiac and respiratory disease, there are intermittent episodes of serious illness from which the patient may recover to relatively good performance status. However, a patient may die during an episode of serious illness and patients, family members, and clinicians need to be prepared for this.
- *Management of distressing symptoms* – it is essential that all clinicians are trained in assessment and management of pain and that all governments ensure that opioid medication is available to manage severe pain. Clinicians also require training in the management of other symptoms experienced in advanced illness – shortness of breath, nausea and vomiting,



Over half of African countries (29) reported no use of morphine in 2003

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Success stories

The African Palliative Care Association⁶ has been active in promoting the development of palliative care with a number of key advocacy initiatives such as those promoting access to opioids. Individual hospices in Africa, in particular, Island Hospice and Bereavement Service⁷ and Hospice Africa Uganda⁸ have been active in training and promoting palliative care development locally and internationally. The Hospice Association of South Africa⁹ has a strong development focus and has assisted in the establishment of palliative care services throughout South Africa, as well as providing support and assistance to the African Palliative care Association in their development activities in other countries in Africa.

confusion, constipation to name a few. Many clinicians are not aware of the benefit that low-dose morphine brings to reduce the sensation of dyspnoea.

- *Psychosocial and spiritual support* – palliative care personnel will provide counselling to address anxieties associated with chronic illness, death, and dying. Financial concerns are often an issue for people suffering with chronic NCDs and palliative care personnel attempt to identify interventions that provide some financial relief, although few countries in Africa currently provide disability grants or other social relief. Planning future care for children who may become orphaned is also addressed. Bereavement care is an important support for families of people who die and can impact on future mental wellbeing.
- *Prevention messages* – while involved in the care of people with NCDs, palliative care personnel talk to the family and community members about healthy lifestyle, prevention of illness, and early detection of possible illness, encouraging people to seek medical care if symptoms of disease are present.

Current responses and gaps

In their review of palliative care development in 47 countries in Africa, Clark and colleagues¹⁰ found that these countries could be grouped into four categories:

- 21 countries with no identified hospice or palliative care activity.
- 11 countries where capacity building activity is underway to promote hospice and palliative care delivery.
- 11 countries where there is some localised provision of hospices and palliative care is in place.
- Only 4 countries where hospice and palliative care services are approaching some measure of integration.

Palliative care is provided mainly by the non-governmental sector although there are a few striking examples of hospital-based palliative care.

The authors also noted that among the countries that had no known palliative care development, 29 did not report any morphine consumption to the International Narcotics Control Board for 2003. More recent assessment of morphine consumption across the continent still shows low figures indicating that appropriate pain



A caring hand (top) is key in caring for patients, most especially with young children (bottom)

medication is still not adequate across the continent. This is a worrying trend given that pain is a key symptom for patients with NCDs. The review also noted that palliative care is provided mainly by the non-governmental sector although there are a few striking examples of hospital-based palliative care. This means that despite the importance of palliative care in managing NCDs, its limited development across Africa means that many patients with NCDs will not reap the benefits of such care.

Recommendations

WHO recommends a public health strategy¹¹ to promote access to palliative care that comprises:

- appropriate palliative care policies;
- adequate drug availability;
- education of healthcare workers and the public in palliative care;
- implementation of palliative care services at all levels.

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