

# LOCAL HEROES

Health professionals across the Commonwealth meeting the challenges of NCDs



## CHPA

### Commonwealth Health Professions Alliance

Commonwealth Association for Health and Disability  
Commonwealth Association for Paediatric Gastroenterology and Nutrition  
Commonwealth Dental Association  
Commonwealth HIV and AIDS Action Group  
Commonwealth Medical Association  
Commonwealth Nurses Federation  
Commonwealth Pharmacists Association

Non communicable diseases (NCDs) have been recognised across the Commonwealth as a major contributor to morbidity, mortality and the increasing cost of health care service provision. NCDs - diabetes, cardiovascular disease, cancer and chronic respiratory disease - are now the leading cause of death in almost every country in the world generating an estimated 35 million deaths per year globally, 80% of which occur in low and middle income countries.<sup>1</sup> Chronic diseases hinder economic growth and reduce the development potential of countries. Unless action is taken, the mortality and disease burden from NCDs will continue to increase.

It is a common misconception that chronic diseases mainly affect people in high income countries. NCDs are no longer a disease of developed countries and the increase in NCDs in developing countries is adding to the existing burden of communicable diseases, creating significant challenges for them in meeting the health care needs of their populations. Of considerable concern to the Commonwealth is the WHO message that the greatest increase in NCDs in the next decade is forecast to be in the Africa region (27%) with the highest absolute number of deaths occurring in the Western Pacific and South-East Asia regions.

Throughout the World Health Organization 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non Communicable Diseases (NCD Action Plan) emphasis is placed on the need to reorient and strengthen health systems based on a primary health care approach and to incorporate strategies to prevent and manage non communicable diseases into primary health care policies. This is also the strong message from the 2008 World Health Report titled: *Primary Health Care - now more than ever*.

A primary health care approach however, requires an adequate supply of qualified health workers. In 2006, the World Health Report highlighted a critical global shortage of more than four million doctors, nurses, and other health care staff.<sup>2</sup> The 2008 World Health Report comments that an adequate and qualified health workforce is critical to the reform of health systems toward primary health care, however governments have critically underestimated the increased demand for qualified health workers that a primary health care approach requires and that the substitution of lay health workers for qualified health workers has not been a particularly successful strategy because individuals and communities consider they are receiving a poorer quality care and are increasingly demanding access to the same quality care as is available to individuals and communities in other parts of the world.<sup>3</sup>

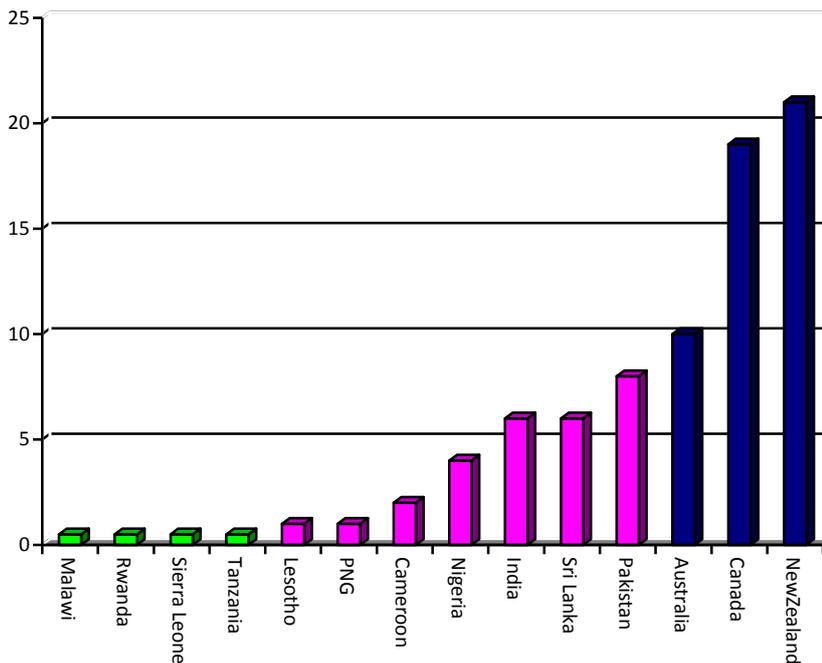
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<sup>1</sup> [http://www.who.int/chp/chronic\\_disease\\_report/contents/part1.pdf](http://www.who.int/chp/chronic_disease_report/contents/part1.pdf) p.4

<sup>2</sup> <http://www.who.int/whr/2006/en/>

<sup>3</sup> <http://www.who.int/whr/2008/en/> p.16

**FIGURE 1: DENSITY OF DOCTORS PER 10,000 POPULATION**



Figures 1 and 2 illustrate the density of physicians, and nurses and midwives, per 10,000 population in selected countries. The data shows a strong relationship between the number of health professionals available in a country to provide primary and tertiary health care and the level of income in that country.

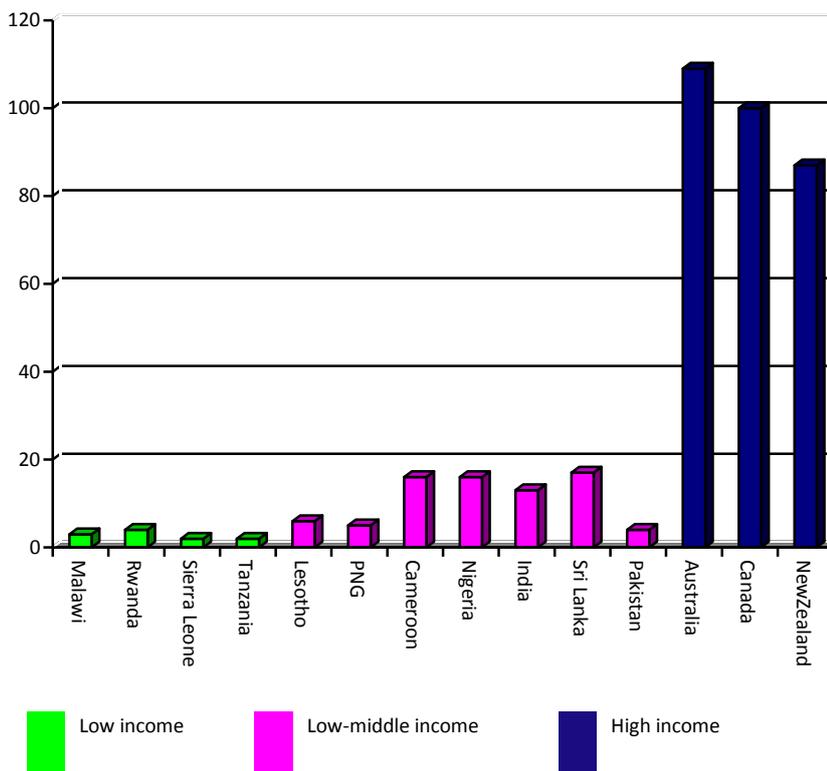
Low income countries have the lowest densities for physicians and nurses and midwives while high income countries have the highest densities for physicians and nurses and midwives.

It is low income countries however who are bearing the greatest burden from NCDs.

The WHO reports that only 20% of chronic disease deaths occur in high income countries with the remaining 80% of deaths (four out of five deaths) occurring in low and middle income countries.

An essential strategy for Governments in low to middle income countries in combating the incidence and effects of non communicable diseases is therefore to increase the number of health professionals available to provide primary and tertiary health care to their country's citizens.

**FIGURE 2: DENSITY OF NURSES/MIDWIVES PER 10,000 POPULATION**



Source:

[http://www.who.int/whosis/whostat/EN\\_WHS10\\_Full.pdf](http://www.who.int/whosis/whostat/EN_WHS10_Full.pdf) p.115-123

[http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Low\\_income](http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Low_income)

However just increasing the number of qualified health workers is not sufficient. The 2008 World Health Report also comments that governments have not recognised the need for the initial and ongoing education of those health workers to be reoriented toward a primary health care perspective. The Report says that pre-service education needs to build in shared curricular activities that emphasise problem solving in multi-disciplinary teams as well as providing health workers with the skill and attitudes that a primary health care approach requires.<sup>4</sup> Strengthening human resources capacity, improving the training of physicians, nurses and other health personnel and establishing a continuing education programme at all levels of the health care system, with a special focus on primary health care is also a key platform of the WHO NCD Action Plan.<sup>5</sup>

The WHO NCD Action Plan notes that the health workforce is instrumental in stimulating, creating and maintaining improvements in the health system. They recommend that ministries of health should work with ministries of education and with professional associations to ensure that the health workforce is taught the right skills to prepare them adequately for chronic disease prevention and management, stating that medical, nursing and other health professional associations are valuable partners in the provision of continuing health education. As a core step, the Action Plan recommends that the health workforce as part of its primary education should receive information and skills for chronic disease prevention and control and that continuing professional education on chronic disease prevention and management is mandated.<sup>6</sup> This position is supported by the WHO report: Preventing chronic diseases, a vital investment, which states that as a first step it is essential to communicate the latest and most accurate knowledge and information to front-line health professionals.<sup>7</sup>

Health professionals across the Commonwealth know, because they work in them every day, that current health systems in all countries are not working as efficiently and effectively as they could be. They also know that for countries to reorient their health systems toward primary health care, means spending money in the short term to save money in the long term.

The 2008 World Health Report emphasises the importance of mobilising the commitment of the health workforce.<sup>8</sup> The report points out that providing equity of access for people living in rural or remote areas will not be achieved if health workers cannot be effectively recruited to or retained in those areas. Neither can a health system be successfully reoriented to primary health care unless career paths are created that attract health workers away from a tertiary care setting. Mobilising the commitment of the health workforce means involving them in the development of the policies governments are going to require them to implement. Linking policy development with health workers at the frontline encourages alliances and support from within the health workforce itself and without that support, far reaching reform is not sustainable.<sup>9</sup>

There is much to be done and health professionals Health professionals across the Commonwealth - doctors, dentists, pharmacists, nurses and community health workers - recognise that there is much to be done and that major structural reform will be a long and difficult although necessary process. In the meantime, they are playing their part in initiating and participating in innovative programs for the early detection and treatment of non communicable diseases in their countries.

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<sup>4</sup> <http://www.who.int/whr/2008/en/> p.110

<sup>5</sup> [http://whqlibdoc.who.int/publications/2009/9789241597418\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf) p.16

<sup>6</sup> [http://whqlibdoc.who.int/publications/2009/9789241597418\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf) p.21

<sup>7</sup> [http://www.who.int/chp/chronic\\_disease\\_report/contents/part1.pdf](http://www.who.int/chp/chronic_disease_report/contents/part1.pdf) p.1

<sup>8</sup> <http://www.who.int/whr/2008/en/> p.110

<sup>9</sup> <http://www.who.int/whr/2008/en/> p.90

## PHARMACISTS CONFRONT DIABETES IN KENYA



The Pharmaceutical Society of Kenya have dedicated one month every year as National Pharmacy Awareness Month. During this month, pharmacists across Kenya carry out various public health activities. One such activity was a diabetic screening camp held at Kangemi, a lower middle class neighbourhood in West Nairobi. More than 100 pharmacists took part in the screening exercise where more than 100 patients were screened. People whose glucose levels were found to be above specified limits were referred for medical attention, and counselled by pharmacists in lifestyle changes as part of the management of their condition.

## A PRIMARY HEALTH CARE APPROACH FOR HEALTHY COMMUNITIES



Paea Fifita (in spotted dress) with a family from Niuatoputapu

Niuatoputapu's tranquility was shattered by a tsunami on September 30. Tafahi in the distance, Hunganga island left, and Hihifo village right, were wrecked by the waves

Photo by Pesi Fonua

On Wednesday September 30 2009, a tsunami taller than the tallest coconut trees devastated villages on Tonga's isolated northern island of Niuatoputapu, home to over 1,000 people. Nurse practitioner, Paea Fifita, was the sole health practitioner on the island. Without thoughts for herself, Paea worked tirelessly to evacuate people to higher ground, initiate search and rescue for injured people, and establish a temporary health centre as the hospital was destroyed by the tsunami. Paea had no time to contact her family and for two days they feared she had perished in the tsunami. Despite the traumatic experience, Paea and her family have remained on Niuatoputapu Island where Paea is still the only health practitioner on the island. Niuatoputapu Island has no regular transport service for travel between the island and other islands or between the island and Tonga. There is no regular service for the delivery of provisions. Rebuilding after the tsunami has been slow because of the island's small size and isolation. The island population have been devastated by their physical losses which have affected their mental and emotional wellbeing. As the only health practitioner on the island, Paea has taken on the major responsibility for organising the islanders to rebuild their environment, taking a primary health care approach and conducting a range of activities including competitions to motivate and encourage participation. In addition to emotional and mental stress, reducing obesity and the early detection and treatment of hypertension are health issues that Paea is targeting.

## NATIONAL NURSING ASSOCIATION IN INDIA TAKES UP THE CHALLENGE OF NCDs

Changes in life style have increased the prevalence of non communicable diseases in India. While considerable progress has been made in improving the health status of the population, life expectancy is still not at a desirable level. Two thirds of India's one billion plus population live in rural areas and have limited access to health care and can least afford to pay for the treatment associated with chronic disease conditions. Recognising this, the Trained Nurses Association of India (TNAI), the national professional body for nurses, plays a crucial role by organising community health promotion programs to reduce the burden of non communicable diseases in the country. The activities organised by the TNAI and its 32 state chapters in India for the prevention, early detection and treatment of non communicable diseases include: organising and conducting free health camps and rallies including health awareness, eye care, blood donation, diabetes and hypertension screening; running mass campaigns for educating the public on how best to keep healthy; and the provision of health education in the community using demonstrations, role plays and skit on various health topics.



## DENTISTS TAKE PREVENTATIVE ACTION ON CARIES LINK TO NCDs

### FDI World Dental Federation Global Caries Initiative

Dental caries is the most common non-communicable disease (NCD) - yet it is entirely preventable. There are important links between oral diseases and other NCDs, such as cardiovascular disease and diabetes.

The FDI World Dental Federation (FDI) launched the Global Caries Initiative (GCI) in 2009. The Global Caries Initiative is a profession-led 'call to action' to eradicate caries and thus improve the oral and general health of populations globally by the year 2020. The GCI priority action areas are to:

- \* target the eradication of early childhood caries in children under three years of age, and
- \* focus on primary and secondary prevention of caries and health promotion activities.

Dental caries affects the lives of billions of people around the world, posing an enormous public health challenge in its complexity, scale and impact, both at an individual and community-wide level. Caries doesn't just affect oral health - in many communities it also affects overall quality of life. Yet, oral health remains a neglected area of international health, with related programs often lacking the necessary government funding and support to achieve effective, widespread impact. The GCI is a response to this gap, designed to generate awareness about the greater implications of neglected oral health. The FDI World Dental Federation is a federation of approximately 200 national dental associations and specialist groups. The organisation's vision of 'leading the world to optimal oral health' acknowledges that oral health is an integral part of general health and well-being.

<http://www.fdiworldental.org/content/global-caries-initiative>.

## NURSES SCREEN FOR DIABETES IN TANZANIA

### The Nane Nane Exhibition

Each year, the Trained Nurses Association of Tanzania (TANNA) takes part in the Nane Nane Exhibition, an international trade fair and farmer's day held between late July and early August to honour the contribution of agriculture to Tanzania's economy.



TANNA is the national professional association for nurses in Tanzania. The provision of information, communication and education are key strategies of TANNA to promote health and prevent disease in the Tanzanian community. The TANNA theme for the 2010 exhibition, held in the Dodoma Region at Nzunguni, eight kilometres outside the city centre, was: *Delivering service to communities - nursing leading chronic care*. The aim of the exhibition was to educate the public on how to maintain their health and raise awareness about diabetes and how to prevent its development. At the exhibition, four nurses ran health education programs while another four nurses conducted screening. The exhibition was so popular that TANNA ran out of blood sugar testing equipment. Fifteen per cent of people screened were found to have raised blood sugar levels. The majority of people screened were between the ages of 50-60 years. In conducting the exhibition, TANNA was supported by the American International Health Alliance and the Tanzania Ministry of Health. Due to the overwhelming popularity and success of the diabetic education and screening program, TANNA intend to raise funds to take the program to other areas of the country. The major focus of the program is on promoting health lifestyles and the prevention of disease.



## **BREAST CANCER PREVENTION IN MALTA**

### **Doctors initiate best practice treatment and prevention for breast cancer in Malta**

Breast cancer is the most common cancer in Malta. While the incidence is increasing because of the ageing population, over the last ten years there has been a steady decrease in mortality rates.

In 2000 a multidisciplinary team of surgeons, radiologists, radiographers, pathologists, breast care nurses, and physiotherapists set up a Breast Care Unit at the Mater Dei Hospital, Malta. Breast cancer cases are discussed at weekly meetings. This provides a forum for the team to plan and agree on a program of treatment specific to individual patient needs and ensure all necessary investigations are carried out as quickly as possible. Treatment options are then discussed with the patient and their family at a subsequent appointment. At present the breast clinic treats more than 95% of all breast cancers in Malta. The team has introduced the use of MRI, stereotactic core biopsy and sentinel lymph node biopsy and oncoplastic surgery. In 2009 a nationwide breast screening programme was introduced. The service provides free breast screening every three years for all women aged 50 to 60. Fourteen thousand women are screened annually. It is anticipated that a cancer mortality reduction of 15% will be achieved by 2015. Two very active NGO support groups have also been established.



## **NIROGI LANKA**

### **National initiative to reinforce and organise general diabetes care in Sri Lanka**

Diabetes has reached epidemic proportions in Sri Lanka affecting men and women, rich and poor, young and old. The NIROGI Lanka project (<http://nirogilanka.org/>) is conducted through the Sri Lanka Medical Association and funded by the World Diabetes Foundation. The project is an initiative directed at the general public and individuals suffering from diabetes or at risk of developing diabetes, targeting particularly the lower socio-economic groups in the metropolitan city of Colombo. The project engages people at risk by working with communities to assist them to identify underlying determinants and address those that are modifiable through low cost community-based activities. Trained volunteer health promotion facilitators initiate the process through workplaces, schools and community centres. Reductions in prevalence of selected risk factors and their determinants are already demonstrable midway in the project. Community ownership of the process renders sustained gains highly likely. The first part of the project was to educate registered nurses as diabetic nurses; the second to improve diabetic care in Sri Lanka; and the third to conduct community health promotion activities using trained local volunteers.

## **COMMUNITY PHARMACISTS LEAD HYPERTENSION AND STROKE PREVENTION IN GHANA**

There have been sharp increases in the incidence of diabetes and hypertension in Ghana and a growing segment of the population which is overweight. The increase in non communicable diseases is adding to the existing burden of communicable diseases and putting strain on the country's limited resources. There is evidence however that life style modification and controlling blood pressure can prevent hypertension and stroke respectively (Cappuccio et al 2006; Lemogoum et al 2005; Appel 2003).

In Ghana, community pharmacists are playing an active role in preventive services by establishing a pharmacist led hypertension and stroke prevention service from the community pharmacy. Community pharmacies are often the first port of call for most Ghanaians seeking health care advice or treatment because of their easy accessibility and non-threatening atmosphere. This service, to be piloted in 2011, will screen patients who are at risk and encourage them to adopt non pharmacological strategies to avoid hypertension. Patients who already have hypertension will be helped to implement healthy lifestyles and adhere to individualised pharmaceutical treatments to prevent complications such as stroke. It is anticipated that the early detection of hypertension and the adoption of healthier lifestyles by Ghanaians will reduce the incidence of stroke and reduce the burden of disease in Ghana.

## DOCTORS PREVENTING HEART DISEASE IN INDIA

The incidence of coronary heart disease (CHD) is estimated by the Centre for Chronic Disease Control in New Delhi to reach 64 million by 2015 compared with 27 million in 2000. Mortality from CHD is estimated to rise to 10 million people from the current 3.4 million. One third of mortality rates due to non-communicable disease is attributed to CHD.



In India, CHD is starting to occur in individuals below the age of 40 years, as well as in women. This is thought to be due to the increasing incidence of obesity, hypertension, diabetes. The Centre for Chronic Disease Control (CCDC) is a New Delhi based not for profit research organisation of health professionals and social scientists engaged in knowledge generation and knowledge translation for the prevention and control of non communicable diseases in various settings in developing countries (<http://www.ccdcindia.org/>). The CCDC also acts as the scientific secretariat for the Initiative for Cardiovascular Health Research in Developing Countries.

The Indian Medical Association aims to reduce the incidence of Coronary Artery Disease to less than 1% in the general population through health education in the local media in local languages; group discussions; screening camps for diabetes, hypertension and coronary heart disease; and providing 'after 50 coronary risk health checks' in workplaces, factories and government offices.



## LEGISLATING AGAINST SMOKING IN MALTA

The link between smoking and the development of non communicable diseases, such as cancer, cardiovascular disease and respiratory disease is well established. Cigarette smoking is the largest cause of preventable deaths in the European Union with 650,000 deaths every year. All three Commonwealth countries in the EU, that is the United Kingdom, Malta and Cyprus, have implemented comprehensive legislation against smoking. This legislation can be a model for adoption by other Commonwealth countries where cigarette smoking is becoming a leading cause of death.

In Malta progressive steps were taken to: to ban the selling of cigarettes to children; the prohibition of smoking in cinemas, public transport and hospitals; the prohibition of sponsorship by cigarette companies; health warnings against cigarette smoking; the prohibition of advertising; raising the age at which cigarettes can be purchased from 16 to 18; and to prohibit smoking in enclosed areas which form part of public or private establishments (this included protecting employees from being exposed to cigarette smoke and allowing the provision of smoking areas). In 2011 health warnings occupy 32% of the front and 45% of the back of cigarette packets and all advertising is banned. From 2013 smoking will be completely banned in public areas including any temporary structure like tents and smoking areas will no longer be permissible.

Legislation against smoking can only be effective if it is accompanied by education and other measures like increasing taxes on tobacco products. This strategy has worked in Malta, with a reduction in the number of daily smokers. It has also led to a decrease in passive smoking.



## **THE CHALLENGING ROLE OF A DIABETES NURSE EDUCATOR IN SOUTH AFRICA**

Registered nurse, Caroline Koliswa Vacu, works in the Chronic Diseases Department at Dora Nginza Hospital, Port Elizabeth in the Eastern Cape Region of South Africa. Caroline's role is to educate patients about chronic disease, especially diabetes. Within the region, Caroline has established Diabetes Support Groups. Each group has ten members who meet to support and help each deal with the everyday challenges of their disease.

As part of the health education provided by Caroline to the Support Groups, the groups established a vegetable garden at the hospital to learn how to grow their own vegetables at home. Caroline is also responsible for providing updated information and education to members of staff on how to care for patients with diabetes, incorporating lectures from other health professionals - doctors and pharmacists for example, and organising education on particular subjects such as foot care and gestational diabetes as well as giving practical demonstrations in the in-patient setting. A Diabetes Support Group for staff has also been established. Caroline reaches out to the community with her health promotion messages through the local radio and print media as well as talking at church functions and informal community gatherings such as Women's Societies and Traditional Healer Organisations. During Diabetes Awareness Week held annually in November, Caroline conducts screening and education clinics for local communities. However there are many challenges. Obtaining resources and equipment is a constant battle. There is no diabetic educator course in the area and diabetes education is not recognised as an area of specialisation so no dedicated position has been created which means the diabetic nurse educator is also allocated other responsibilities.

The CHPA is an alliance of Commonwealth health professional associations who consider that by working together they can more efficiently and effectively represent and support health professionals in Commonwealth countries and promote high standards of care and equity in access to care for Commonwealth peoples.