EDITORIAL

Non-communicable diseases: unwelcome in Ethiopia

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Introduction

Ethiopia faces the unenviable threat of a triple burden of disease: infectious or communicable diseases, non-communicable diseases (NCDs) and injuries are steadily increasing and pose risks the lives of Ethiopians. The problems are particularly apparent in urban centers of the country. With the expansion of urbanization (1), booming construction activities and limited commensurate social infrastructures, urban centers exhibit complex public health problems. The unprecedented pace at which urbanization is expanding in Ethiopia (1) poses challenges not only for addressing existing (infectious/communicable) diseases but also for emerging ones, as well as the fast-growing NCDs and injuries.

It is evident that emerging infections (e.g., HIV, SARS, H1N1) and re-emerging ones (such as malaria, tuberculosis, drug-resistant microbes, zoonotic and water-borne diseases) will remain critical challenges in the years to come (2). Despite progress made in the control of infectious and communicable diseases across the globe, the threat remains and is a fast-expanding major challenge in Ethiopia (3).

There is evidence of a complex interplay between infectious diseases and NCDs, such that infections may pave the way for NCDs, while NCD risk factors increase susceptibility to infection-related health risks (4,5). Consequently, infections and NCDs may operate in tandem, contributing to high morbidity and mortality. The problems are further complicated by the growing inequalities and inequities brought about by expanding urbanization, sedentary lifestyles, rural–urban migration, prevailing poor sanitary conditions, overcrowding and growing slums, and social exclusion, which facilitate vulnerabilities to wide range of NCDs and infections (6).

According to the WHO's recent estimate, CDs kill 41 million people each year, equivalent to 71% of all deaths globally. Each year, 15 million people aged 30-69 years die from NCDs, and 85% of these deaths occur in low- and middle-income countries (7). Despite these alarming statistics, the level of attention given and the sense of urgency in response to NCDs remain weak.

At the drafting and ratification of the Millennium Development Goals (MDGs) nearly 20 years ago, NCDs did not get the attention they deserved. The neglect of this important health concern was reversed when the WHO included chronic health problems in its report of 2005 (8) and later in 2011 when the UN high-level meeting included NCDs on the agenda (9).

Although the Strategic Development Goals (SDGs) have included NCDs as an important focus, with sub goals 4, 5 and 6 specifically focusing on the problem (10), this longstanding neglect has far-reaching implications for the current state of affairs, at least in terms of under-investment and the paucity of responses at different levels.

In Ethiopia, NCDs are increasing in frequency and becoming a major health concern. Recent nationwide survey (STEPs) report an estimated overall prevalence of NCDs at 8.9%. The prevalence of specific NCDs were estimated at 3.1% for diabetes, 9.3% for hypertension, 3.0% for cardiovascular diseases, 1.5% for asthma and 2.7% for mental illness (11). The rise of these NCDs is due to the increase in risk factors and social conditions in Ethiopia, as documented by the aforementioned surveys. Earlier similar literature has reported that Ethiopia is in a state of epidemiologic, demographic and economic transition, with unfavorable consequences for the prevalence of NCDs such as cardiovascular diseases and stroke, hypertension, type II diabetes mellitus and cancers (12). Although still limited,

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evidence highlights the fact that NCDs are generally a growing concern. NCD risk factors – such as domestic smoke pollution, locally established lifestyles, practices of social drinking, health-seeking behaviors, and the constellation of the health services – require special attention in Ethiopia, as the WHO/UN 'one size fits all' approach may not be entirely appropriate or effective.

'The degree of neglect to NCDs in Ethiopia is unprecedented. NCD-focused interventions are limited and negligible, such that the problem has taken root, resulting in these diseases becoming the leading causes of premature mortality (13). Recent hospital records show that NCDs are among 10 top killers in Ethiopia (3).

This calls for a concerted effort at different levels by all stakeholders. One way to generate evidence of the NCD burden is by means of improved Health Management Information systems, which form part of the data revolution initiative launched by the Federal Ministry of Health (FMOH). An improved NCD database may not only improve public health interventions but also contribute to the development of policy for improved responses and allocation of resources.

The documentation of evidence is generally poor in terms of the number of research outputs and the designs employed. Only recently have graduate students started to pay attention to NCDs, particularly risk factor epidemiology for NCDs, cervical and breast cancer. The designs for most of the studies are cross sectional. The studies are also patchy in their geographical scope and may not be generalizable to the wider community. Hence, this is an area where both academic/research institutions and the FMOH may have to work together to generate and analyze evidence for policy and programs. The recent initiative by the Ethiopian Public Health Institute (11) and a previous attempt by the Ethiopian Public Health Association (12) are commendable. However, more needs to be done in this area. The resent special issue of the Ethiopian Journal of Health Development (Vol 31 No 1, 2017) and one manuscript in this issue as a link to the special issue are an attempt to marshal evidence relating to NCDs in Ethiopia.

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