



Addressing the Rising Burden of Non Communicable Diseases in Kenya

This brief seeks a better understanding on the means and ways to tackle the rising burden of non-communicable diseases (NCDs) in Kenya.

Specifically, the brief presents an overview of the main NCDs (cancer, diabetes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD) and mental disorders); modifiable risk factors for NCDs (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and overweight/obesity); policy, legal and programme responses to NCDs; Challenges; and key recommendations for action on NCDs at both National and County Levels.

Non-communicable diseases (NCDs) are the leading causes of death globally, killing more people each year than all other causes combined. Contrary to popular opinion, available data demonstrates that nearly 4 in 5 of NCD deaths occur in low- and middle-income countries. Despite their rapid growth and inequitable distribution, much of the human and social impact caused each year by NCD-related deaths could be averted through well-understood, cost-effective and feasible interventions. Of the 57 million deaths that occurred globally in 2008, 36 million –almost two thirds– were due to NCDs, comprising mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases. The combined burden of these diseases is rising fastest among lower-income countries, populations and communities, where they impose large, avoidable costs in human, social and economic terms.

About 1 in 4 of the global NCD-related deaths takes place before the age of 60. NCDs to a large extent are caused by four behavioural risk factors that are pervasive aspects of economic transition, rapid urbanization and 21st-century lifestyles: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. The greatest effects of these risk factors fall increasingly on low- and middle-income countries, and on poorer people within all countries, mirroring the underlying socioeconomic determinants. Among these populations, a vicious cycle may ensue: poverty exposes people to behavioural risk factors for NCDs and in turn, the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty. As a result, unless the NCD epidemic is aggressively confronted in the most heavily affected countries and communities, the mounting impact of NCDs will continue and the global goal of reducing poverty will be undermined.

Recognizing the devastating social, economic and public health impact of NCDs, in September 2011, world leaders adopted a political declaration containing strong commitments to address the global burden of NCDs and gave several assignments to the World Health Organization (WHO) to help support country efforts¹.

Major Non-communicable Diseases in Kenya

Kenya like most developing countries is facing a double burden of communicable and non-communicable diseases. In Kenya, NCD accounts for more than 50 percent of total hospital admissions and over 55 percent of hospital deaths². The National NCD Prevention and Control Strategy 2015-2020 aims to reduce the preventable burden of morbidity, mortality and disability due to non-communicable diseases through multi-sectoral collaboration at the national and county levels, with a view to ensure the highest attainable standards of health and productivity throughout the life cycle for sustainable socioeconomic development. This brief focuses on five main non-communicable diseases in Kenya:

Cancer

Cancer is one of the leading causes of death worldwide accounting for 13 percent of all global mortality. In Kenya, it is estimated to be the second leading cause of NCD related deaths after cardiovascular diseases and accounting for 7 percent of overall national mortality.

Diabetes

In Kenya, the prevalence of diabetes in adults is estimated to be 4.56 percent according to IDF, amounting to almost 750,000 persons and 20,000 annual deaths³. It is also estimated that about 14 percent of the population in Kenya have impaired glucose. The rise in diabetes is associated with demographic and social changes such as ageing population, globalization, urbanization, and adoption of unhealthy lifestyles such as consumption of unhealthy diet and physical inactivity.

Cardiovascular Diseases

Mortality due to cardiovascular diseases (CVD) in Kenya ranges from 6.1 percent (NHSSP) to 8 percent⁴, while autopsy studies suggest that more than 13 percent of cause-specific deaths among adults could be due to CVDs⁵. The prevalence of hypertension has increased over the last 20 years.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) refers to chronic lung diseases that cause limitations in lung airflow. COPD is an often under-diagnosed, life threatening lung disease that may progressively lead to death. Despite high prevalence in developed nations, almost 90 percent of COPD deaths occur in low and middle income countries⁶. The main drivers of COPD include tobacco smoking, indoor and out-door air pollution, occupational dust and chemicals.

Mental disorders

Mental disorders are an important cause of morbidity and contribute to the global burden of non-communicable diseases. Evidence suggests that depression predisposes people to heart attacks and conversely heart attacks increase the likelihood of depression. Depression is associated with other risk factors for NCDs such as obesity, physical inactivity, poor self-care and all risk factors for diabetes⁷.

Major Preventable Risk Factors for Non-communicable Diseases in Kenya

Non-communicable diseases share risk factors some of which are modifiable or preventable while others non modifiable. The four major preventable causes of non-communicable diseases in Kenya include; tobacco use and exposure, unhealthy diet, physical inactivity and harmful use of alcohol, as described below:

Tobacco use

Tobacco is the leading preventable cause of premature death globally. It is estimated that it causes 5 million deaths annually and this may rise to 10 million by the year 2030 with 70 percent of these deaths occurring in developing countries, if no proper public health initiatives are put in place. Thirteen percent (13%) of Kenyans consume some form of tobacco products, with a significantly higher prevalence among men (23%) than women (4.1%).

Inadequate physical activity

Physical inactivity is recognized as an important risk factor for multiple causes of death and chronic morbidity and disability. Overall 6.5 percent of

Kenyans do not engage in the recommended amount of physical activity. WHO recommends that adults aged 18-64 years should do at least 150 minutes of moderate-intensity physical activity throughout the week, or do at least 75 minutes of vigorous-intensity physical activity throughout the week.

Unhealthy diets

Kenya is increasingly faced with diet-related non-communicable diseases, especially trans- and saturated fats and salt but low in fruits and vegetables. WHO recommends at least five servings of fruits and vegetables a day. Studies show that 94 percent of Kenyans are consuming less than 5 servings of fruits and vegetables per day. More than half Kenyans use the recommended vegetable oil (59.1%) while 38.5 percent use the non-recommended vegetable fats.

Overweight/Obesity

Twenty seven percent of Kenyans are either overweight or obese, with the percentage being significantly higher in women (38.5 percent) than men (17.5 percent). Kenyans living in urban settlements are obese (12 percent), compared with 7 percent rural dwellers.

Harmful use of alcohol

Approximately 19.3 percent of Kenyans currently drink alcohol with 13 percent of these consuming alcohol on a daily basis. In more recent years the role of alcohol in non-communicable diseases, such as heart disease, liver cirrhosis and cancer, is increasing across the world.

Responses to the Burden of NCDs in Kenya

One of the objectives of the Kenya Health Policy Framework 2012-2030 seeks to halt and reverse the rising burden of non-communicable diseases in Kenya. The Kenya Government has developed the National NCD Strategic plan 2015-2020 to guide the implementation of various health policies and strategies⁸. The plan provides a framework to support and strengthen implementation of existing national developmental blue prints and legislations including; Constitution of Kenya 2010; Vision 2030; Public Health Act Amendment 2012;

Tobacco Control Act 2007; Cancer prevention and control Act 2012; Alcoholic drinks control Act 2010; Occupational health and safety act 2007 and the National Transport and Safety Authority Act 2012.

Challenges to Tackling Non-communicable Diseases in Kenya

Some of the barriers to addressing the NCDs in Kenya include:

Weak mechanisms to raise the agenda of Non-communicable Diseases

Mechanisms to raise the priority accorded to NCDs at national and county levels and to integrate their prevention and control into policies across all government sectors are generally weak.

Weak coordination of the implementation of existing legislations, policies and strategies

Kenya lacks strong coordination mechanisms to provide direction on the prevention and control of non-communicable diseases at both National and County Levels.

Inadequate attention to NCD risk factors

Public awareness and advocacy interventions to promote healthy lifestyles such as healthy diets; physical activity; appropriate use of alcohol; and reduction of exposure to tobacco smoke is inadequate.

Policy and Programme Implications

The Government should create a favourable environment for effective implementation of relevant policies and strategies at national and county levels. Given the multi-factorial nature of NCDs and their risk factors, prevention and control strategies require partnership and engagement of multi-sectoral stakeholders outside the health sector. The Government should put in place multi-stakeholder NCD coordination frameworks to guide action on NCD and their risk factors at national and county levels.

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

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Recommendations

- a) The Government should establish mechanisms to raise the priority accorded to NCDs at national and county levels and to integrate their prevention and control into policies across all government sectors.
- b) The Government should sustain communication, awareness and advocacy interventions to reduce the preventable risk factors for NCDs namely: unhealthy diets; physical inactivity; harmful use of alcohol; tobacco use and exposure to tobacco smoke.
- c) The Government should establish strong coordination mechanisms to guide the implementation and monitoring of prevention and control of non-communicable diseases initiatives at both National and County Levels.

Conclusion

To significantly halt and reverse the rising burden of NCDs in Kenya, the Government should focus on effective coordination of the implementation of existing policies and strategies aimed at reducing the main causes of NCDs namely tobacco use, unhealthy diet, inactivity, and harmful use of alcohol. Reduction in the burden of NCDs in Kenya would result from population-wide interventions. Furthermore, the Government should formulate and strengthen legislations, policies and plans for the prevention and control of non-communicable diseases at both national and county levels.

References

1. WHO (2014) Global Status on Alcohol and Health 2014
2. Republic of Kenya (2015) National NCD Strategic plan 2015-2020, Nairobi, Kenya
3. *International Diabetes Federation (IDF) Atlas*, 2013
4. World Health Organization (2014) Non Communicable Diseases Country Profiles. Geneva: WHO Press
5. G. S Bloomfield, J.W Hogan, A. Keter, T.L Holland, E. Sang, S. Kimaiyo and E. J Velazquez. (2014). Blood pressure level impacts risk of death among HIV seropositive adults in Kenya: a retrospective analysis of electronic health records. *BMC Infectious Diseases*, 14(284), 1-10.
6. World health Organization. (2015). Healthy Diets. Health Diet Fact Sheet N394
7. Ministry of Health, Kenya National Bureau of Statistics and World Health Organization. (2015). Kenya STEPwise Survey on Non Communicable Diseases Risk Factors 2015 Report
8. Republic of Kenya (2013) Kenya Health Policy Framework 2013-2030, Nairobi Kenya.