Medical Xpress

Managing noncommunicable diseases in Africa: what can we learn from TB control?

June 10 2008

Non-communicable diseases (NCDs), such as heart disease, diabetes, stroke, asthma, epilepsy, and mental illness, are becoming a major burden in sub-Saharan Africa but are often poorly managed in routine health care settings, say Anthony Harries from the Malawi Ministry of Health and colleagues in this week's PLoS Medicine. The authors argue that better management could be achieved by learning from the success of tuberculosis (TB) control programs.

Sub-Saharan Africa faces frequent stock interruptions of essential drugs for managing non-communicable diseases, say the authors. Untreated hypertension is blamed for high rates of illness and death from stroke in urban and rural Tanzania and rural South Africa, and across the continent only a small proportion of patients with epilepsy receive drug treatment at any one time, mainly due to poor health care delivery systems and unavailability of drugs.

There is a growing burden of diabetes and its complications, and many patients with type 1 diabetes mellitus have extremely short life expectancies in sub-Saharan Africa. Even in specialist centers, patients with asthma may still receive sub-standard care and have poor access to essential medications.

Dr Harries and colleagues propose a solution to the problem of managing these diseases—health professionals and policy makers should learn from TB control programs. In particular, they should learn from a five-point TB control framework called "DOTS" ("directly observed therapy,

short course"). The five-point policy package of DOTs involves political commitment; finding cases of TB by testing the sputum of patients presenting to health care facilities; a standardized, short-course of medications for treating TB with one of the drugs (rifampicin) given under direct observation by a health care worker, community, or family member; a monitoring and evaluation system; and an interrupted drug supply.

These five points, say the authors, provide lessons for NCD control. Human and financial resources—and therefore political commitment—are needed to develop, implement, and supervise standardized approaches to managing NCDs. The only feasible and affordable way of identifying patients with NCDs is to diagnose and treat those who present to health facilities. These facilities should adopt standardized ways of treating NCDs, as well as monitoring and evaluating them, and systems should be in place to ensure regular drug supply.

"Within a country," say the authors, "the DOTS paradigm for NCDs should be piloted in one or two facilities, and lessons learnt in these facilities should be used to assist national roll-out within the public sector."

Citation: Harries AD, Jahn A, Zachariah R, Enarson D (2008) Adapting the DOTS framework for tuberculosis control to the management of non-communicable diseases in sub-Saharan Africa. PLoS Med 5(6): e124. -- www.plos.org/press/plme-05-06-harries.pdf

Source: Public Library of Science

MedicalXpress

(2008, June 10) retrieved 23 April 2024 from
https://medicalxpress.com/news/2008-06-noncommunicable-diseases-africa-tb.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.