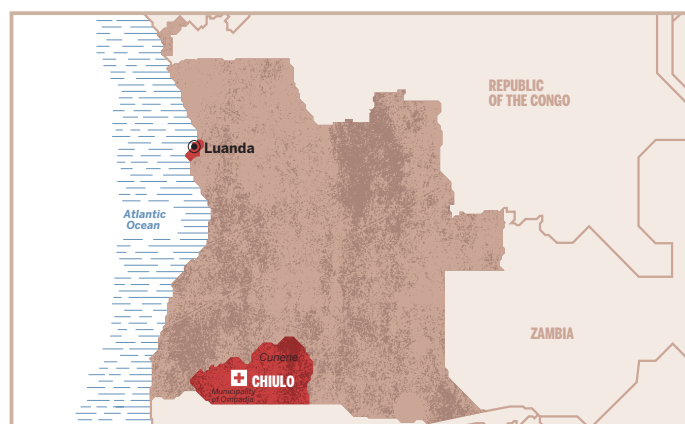


FIGHTING NCDs IN ANGOLA



The global burden and threat of noncommunicable diseases (NCDs) represent a major contemporary public health challenge that undermines social and economic development throughout the world. Indeed, for the first time in history, globally more people are dying of NCDs than infectious diseases. This loss of human life spares no one – rich or poor, young or old – and it imposes heavy economic costs on nations and individuals.¹ In Angola, NCDs are becoming a crucial challenge (see Table 1)² and they represent a priority for the Ministry of Health. Furthermore, Angola presents a high prevalence of Tuberculosis (TB), with 60.916 TB cases in 2016³ and a death rate due to tuberculosis among HIV negative people of 64 per 100.000 population.⁴ Among other NCDs, diabetes mellitus (DM) triples the risk of developing tuberculosis. Consequently, rates of TB are higher in people with DM than in the general population, and DM is a common co-morbidity in people with TB. DM can also worsen the clinical course of TB and TB can worsen glycaemic control in people with DM.⁵ Individual with both conditions thus require careful clinical management. This double burden of disease is a serious and growing challenge for the Angolan health system, and makes clear the need for proper integrated programs for the detection of both diseases.

Total population	27.859 million
Total number of death from NCDs	93.000 (27%)
Risk of premature death from target NCDs* *cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	25%

Table 1: Total population and deaths from NCDs in Angola, 2015.

CUAMM'S INTERVENTION TO FIGHT DIABETES AND HYPERTENSION

Doctors with Africa CUAMM has been working in Angola since 1997, in close partnership with the Ministry of Health and Sanitation (MoHS). In 2014, CUAMM launched a 3-years project in Luanda to **integrate diabetes mellitus (DM) and hypertension**

(HTN) screening in patients affected by **tuberculosis (TB)**, reinforcing the already existing Angolan TB program. Activities were implemented in Community Directly Observed Treatment centres (DOTs) in four districts – Cazenga, Kilamba Kiaxi, Cacuaco and Maianga – for a catchment population of around **2 million people** with an estimated diabetes prevalence of 2%.

MAIN ACTIVITIES

- Set up both working and coordination meetings with representatives of DM/HTN and TB national programs;
- Develop a monitoring and evaluation framework of collaborative DM/HTN and TB activities;
- Train and provide capacity building to health staff of selected DOT centres on DM, BP and HTN monitoring and screening in TB patients;
- Provide screening of DM and HTN to TB patients arriving at DOT centres;
- Set up a referral system from DOTs to health centres to ensure high quality management of DM/HTN in TB patients;
- Ensure follow-up for TB/HTN/DM treatment to all TB patients;
- Organize awareness raising activities on prevention and treatment of DM, HTN and TB (World Tuberculosis Day, World Diabetes Day; "Health Walks" in Luanda, Movie Screenings; free screening campaigns, lectures and dissemination of brochures about TB/DM-HTN in public places);
- Organize a final workshop at national level in order to present the project's findings and to advocate for scale-up of DM screening in all DOT Centres at national level.

RESULTS (2014-2017)⁶

- 32 coordination meetings and 12 working groups conducted with DM and TB national programs representatives;
- A monitoring and evaluation framework of collaborative DM/HTN and TB activities designed and implemented;
- 87 health care providers from targeted DOT centres trained on DM/HTN monitoring and screening in TB patients;
- 7205 TB patients screened for DM/HTN in the DOT centres (3598 males and 3607 females);
- 6% of patients resulted to satisfy at least on of the criteria for the the diagnosis of DM, slightly higher in males (6.3%) than females (5.7%);
- 1352 TB patients presented HTN, of whom 10.1% had also one of the criteria for DM diagnosis;
- TB-DM comorbidity increases mostly with age, BMI, hypertension, and low literacy;
- 5000 people reached through awareness raising activities;
- Final workshop organized in Luanda in September 2017, with high-level national and local authorities from the MoHS, high-level representatives of international and local organizations and civil society, to share results and best practices.

¹ WHO, 2018. *World leaders join new drive to beat noncommunicable diseases*. [Online] Available at <http://www.who.int/mediacentre/news/releases/2018/world-leaders-ncds/en/> [Accessed 6 March 2018].

² WHO, 2017. *NONCOMMUNICABLE DISEASES PROGRESS MONITOR 2017*. [Pdf] Available at <http://apps.who.int/iris/bitstream/10665/258940/1/9789241513029-eng.pdf?ua=1> [Accessed 13 March 2018].

³ WHO, 2018. *Angola: Tuberculosis profile*. [Pdf] Available at https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=AO&LAN=EN&outtype=pdf [Accessed 26 March 2018].

⁴ WHO, 2017. *Global Health Observatory data repository: Tuberculosis, Cases and Deaths*. [Online] Available at <http://apps.who.int/gho/data/view.main.57020ALL?lang=en> [Accessed 22 March 2018].

⁵ WHO, 2011. *Collaborative framework for care and control of tuberculosis and diabetes*. [Pdf] Available at http://apps.who.int/iris/bitstream/handle/10665/44698/9789241502252_eng.pdf?sequence=1 [Accessed 22 March 2018].

⁶ CUAMM Internal report 2017.