EXPERIENCES FROM THE FIELD

NCDs IN SUB-SAHARAN AFRICA

The spread of non-communicable diseases in sub-Saharan Africa has reached levels similar to those in higher-income countries. However, the amount of resources allocated to health in these two different worlds – the poor and rich – are still vastly unequal, which has major health, socio-economic, and political consequences.

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NUMBERS BEHIND A WORLDWIDE PROBLEM

Noncommunicable diseases (NCDs) are the leading cause of death worldwide, killing 41 million people every year, accounting for 71% of all deaths globally. Among noncommunicable diseases, the top four killers, which together account for more than 80% of all premature deaths from noncommunicable diseases are cardiovascular diseases (17.9 million deaths annually), cancer (9.0 million), respiratory diseases (3.9 million), and diabetes (1.6 million). Every year, more than 15 million people between the ages of 30 and 69 die from non-communicable diseases; 85% of these "premature" deaths occur in low- and middle-income countries.

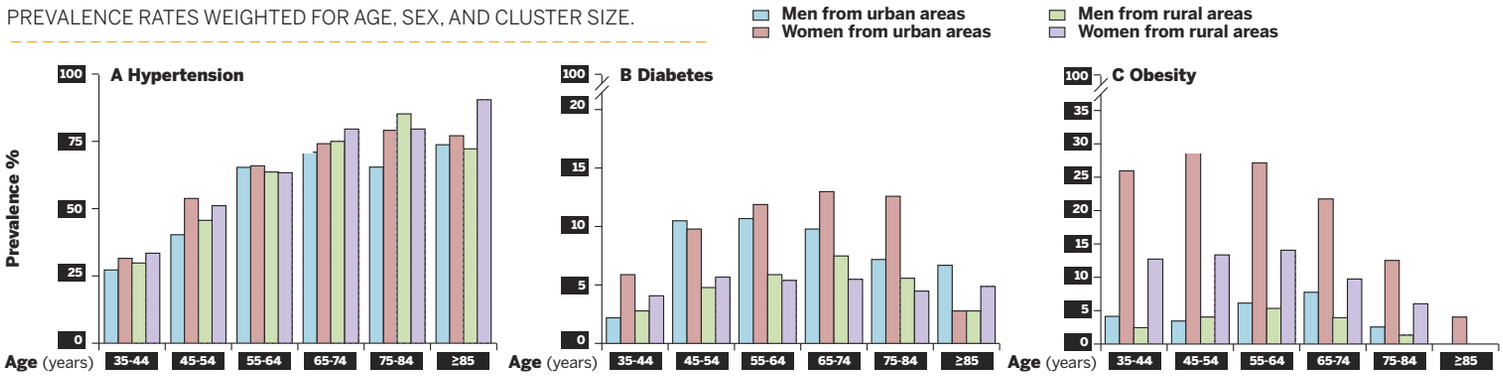
The past two decades have seen a surge in the burden of non-communicable diseases in sub-Saharan Africa, driven by a rising incidence of cardiovascular risk factors such as unhealthy diets, less physical activity, hypertension, obesity, diabetes, dyslipidemia, and air pollution. It is estimated that by 2030 in sub-Saharan Africa non-communicable diseases will surpass communicable diseases, maternal and neonatal diseases, and nutritional diseases, combined, as the leading cause of mortality.[1] The rise in non-communicable diseases in sub-Saharan Africa raises a multitude of issues, not only in terms of health but also in socio-economic and political terms. There is a general paucity of data, a lack of public information, under-consideration of the problem, and a resulting failed or delayed diagnosis of these pathological situations.

THE CASE OF THE GAMBIA

Nonetheless, studies are beginning to come out on a national scale, such as the one recently published in The Lancet on the prevalence of non-communicable diseases in the Gambia, in the adult population aged 35 years and over[2] (**Figure 1**). The prevalence of hypertension is 47% (49.3% women, 44.7% men), rising by 30% in the 35-45 age group with 75% in people aged 75 and over. The prevalence of diabetes is 6.3% (7.0 women, 5.6% men) which rises by 3.8% in the 35-45 age group to 9.1% in the 65-75 age group, and then drops. The prevalence of diabetes is greater in urban areas than in rural areas. The higher prevalence of hypertension and diabetes in women is affected by the higher rates of obesity in women (20.2%) than in men (3.9%).

While we see that the levels of the spread of non-communicable diseases in sub-Saharan Africa have quickly become similar to those in higher-income countries, the amount of resources allocated to health in the two different worlds – the poor and the rich – continues to be vastly unequal: on average $ 37 per capita per year in the poor world and $ 5,251 per capita per year in the rich world (World Bank data for 2014).

FIGURA 1 / PREVALENCE OF OBESITY, HYPERTENSION, AND DIABETES BY AGE GROUP AMONG ADULTS AGED 35 YEARS OR OLDER IN THE GAMBIA. PREVALENCE RATES WEIGHTED FOR AGE, SEX, AND CLUSTER SIZE.



NOTES

1 Bigna JJ, Noubiap JJ, *The rising burden of non-communicable diseases in sub-Saharan Africa*, www.thelancet.com/lancetgh Vol 7 October 2019.

2 Jobe M. et Al, *Prevalence of hypertension, diabetes, obesity, multimorbidity, and related risk factors among adult Gambians: a cross-sectional nationwide study*, Lancet Glob Health 2024;12:and55–65.