

Non Communicable Diseases

How can rural areas cope ?



**SOLIDAR
MED**

Peter Hellmold

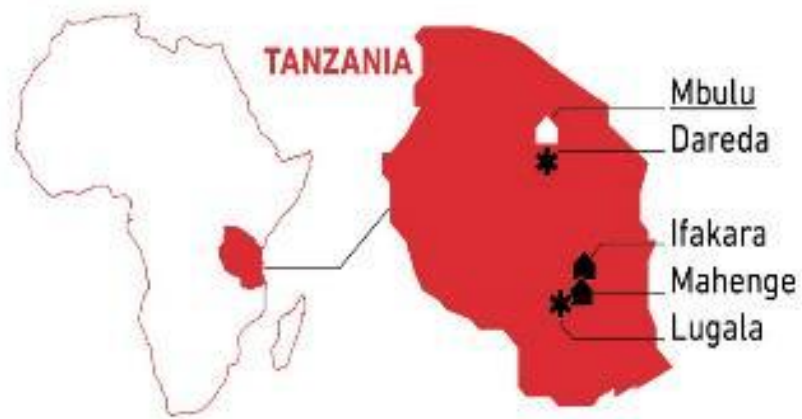
MMS 2017





**SOLIDAR
MED**

Location of Lugala Hospital



*The Kilombero valley ecosystem
predisposes endemicity of infectious diseases*

Lugala Hospital

- is located at *latitude of 8°55'28" South* and *longitude of 36°08'16" East*
- lies at an altitude of about **290 meters above sea level** and is embedded in the Great Ruaha – Kilombero – Rufiji River Basin



Population characteristics are defined by poverty & illiteracy



→ *Fertility* ↗ ↗ ↗

→ *Morbidity* ↗ ↗ ↗

→ *Mortality* ↗ ↗ ↗

Income < 300 US\$ per caput / annum



Small/smallest scale farming & small/smallest scale business
as main source of income

Lugala Hospital in a nutshell

Catchment 164 000 pop, 154 beds
160 total staff (>120 health staff incl 42 nurse assistants)

Outputs in 2016 (rounded figures)

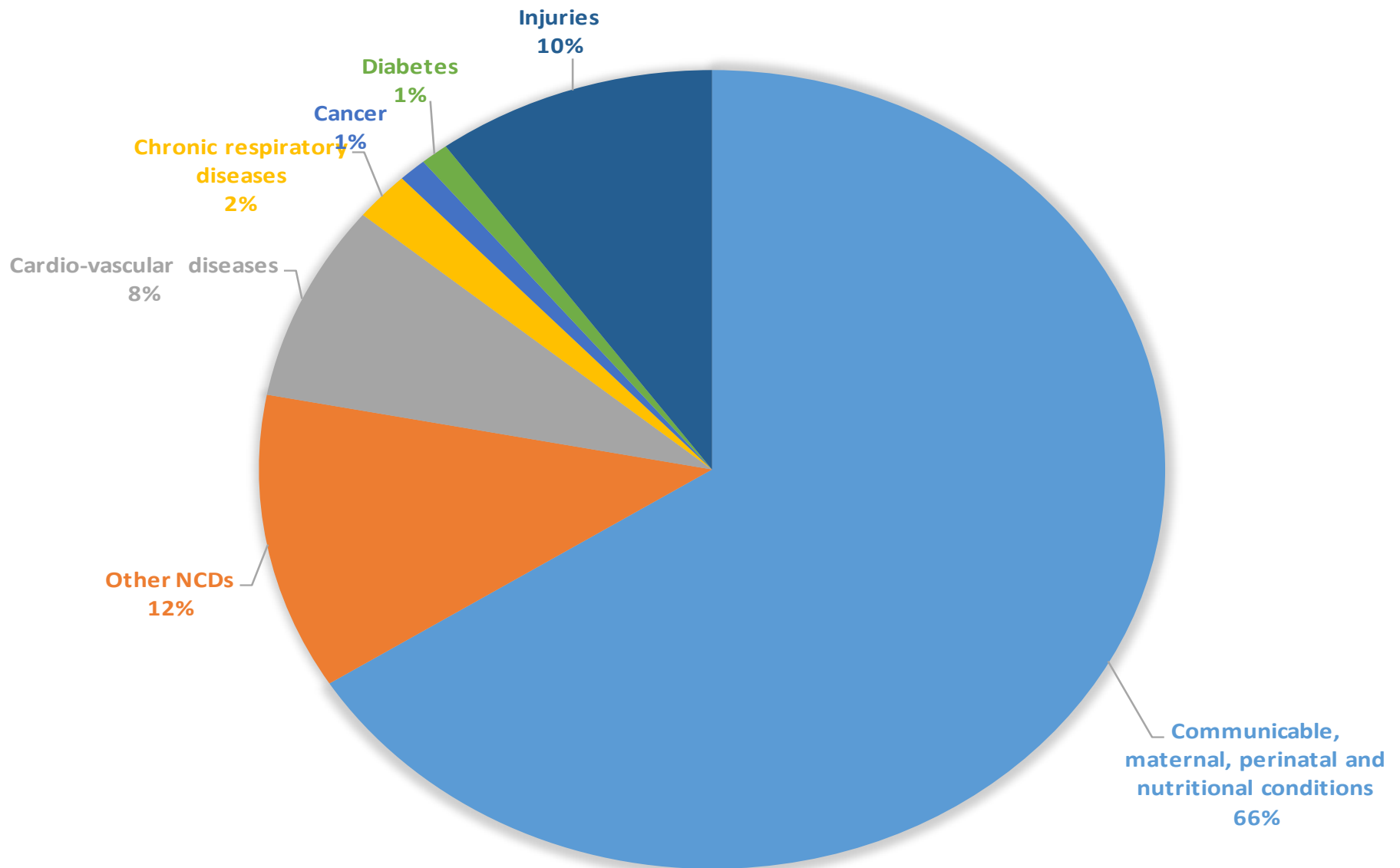
- 65 000 out-patient attendances
- 5 300 in-patients (admissions)
- 1 700 deliveries
- 1 000 major operations
- 2 000 minor operations & procedures
- 57 000 laboratory investigations
- 9 300 diagnostic imaging procedures (USG & X-ray)
- 15 000 i.v. fluid bottles produced



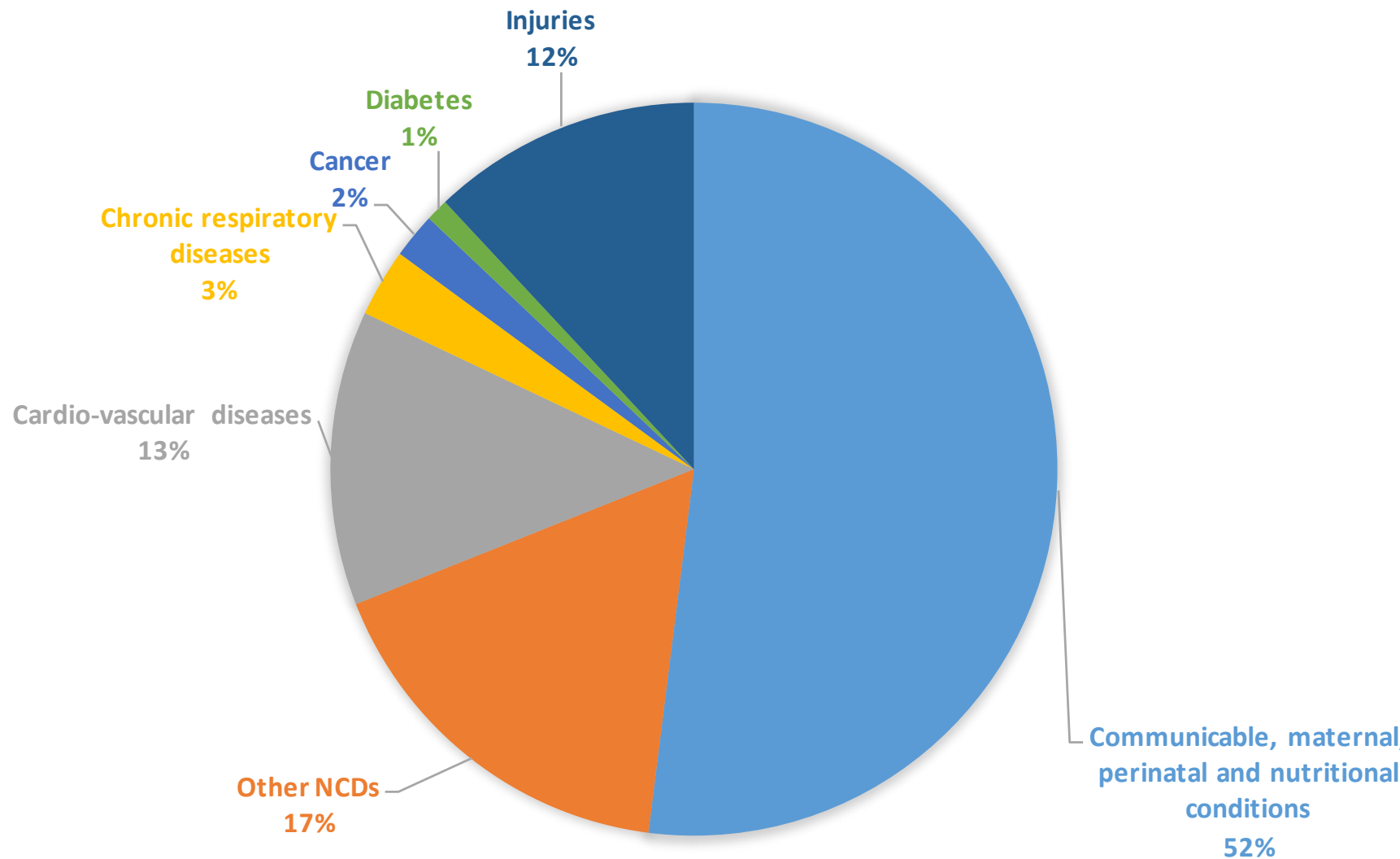
Lugala Hospital: NCDs have always been there



LUGALA HOSPITAL IPD DATA
BASED ON 1400 DIAGNOSES FROM 01. JAN TO 30. JUNE 2017
(ALL AGES, BOTH SEXES)



**LUGALA HOSPITAL IPD DATA FOR ADULTS ONLY (16 YRS OR ELDER)
BOTH SEXES BASED ON 769 DIAGNOSES
(EXTRACTED FROM SAME DATA POOL OF 1400)**



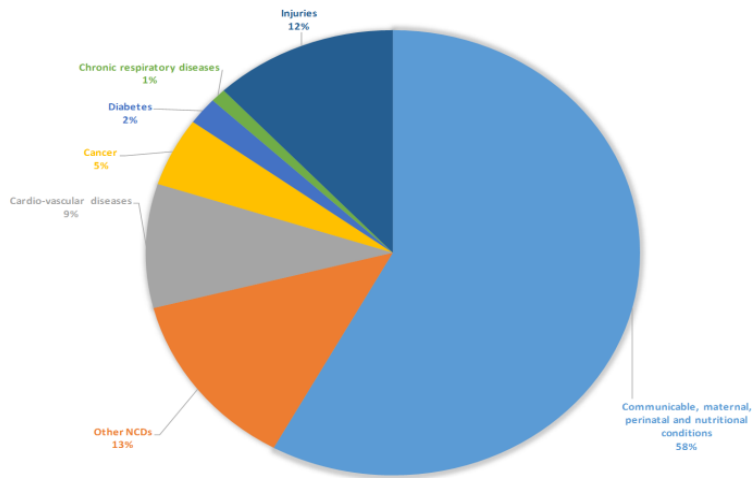
Synopsis

Tanzania country mortality & Lugala local IPD morbidity profiles

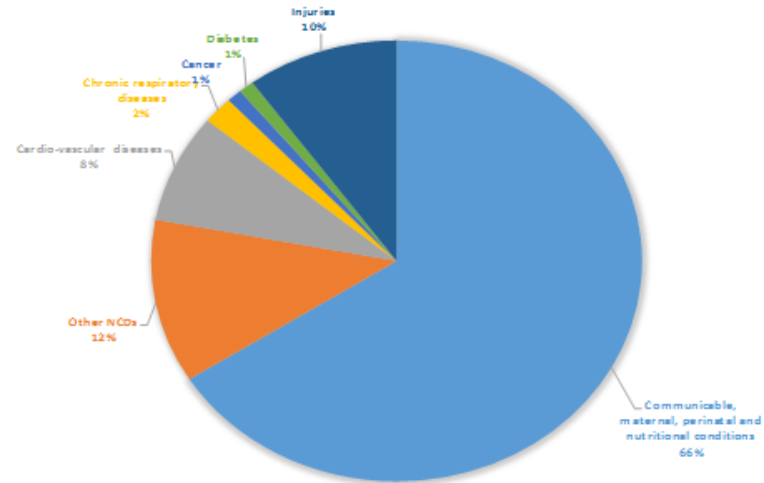


**SOLIDAR
MED**

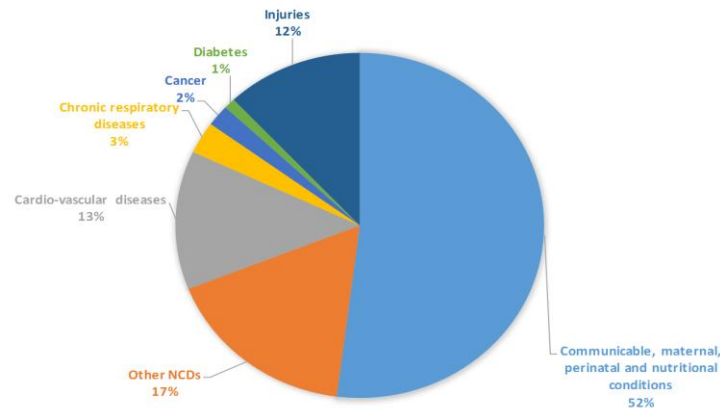
WHO - NCD COUNTRY PROFILES, 2014, TANZANIA
PROPORTIONAL MORTALITY
(% OF TOTAL DEATHS, ALL AGES, BOTH SEXES)



LUGALA HOSPITAL IPD DATA
BASED ON 1400 DIAGNOSES FROM 01. JAN TO 30. JUNE 2017
(ALL AGES, BOTH SEXES)



LUGALA HOSPITAL IPD DATA FOR ADULTS ONLY (16 YRS OR ELDER)
BOTH SEXES BASED ON 769 DIAGNOSES
(EXTRACTED FROM SAME DATA POOL OF 1400)



Changing clinical patterns: boost of MC accidents, regular admissions > post-partum cardiomyopathy, diversified cancer diagnostics, injuries from exploding cell phone batteries



**SOLIDAR
MED**



Socio-economic determinants

- Poverty and illiteracy → *people report late*
- Traditional beliefs & perception of disease → *non-acceptance of scientific concepts*
- Gender inequalities → *male partner decides on treatment*
- On-going, possibly life-long costs for medication → *no Global Fund for NCDs*



Challenge: Arterial hypertension

→ a silent killer → gets less priority

→ Awareness creation → IEC

→ Counselling & adherence

→ a process to be repeated

→ triangulation



→ Continuous patient monitoring

Challenge: Insufficient equipment, technology, diagnostic means & supply of reagents

- Lack of equipment
→ *Equipment often out of order (maintenance & replacement)*
- Insufficient diagnostic means
→ *Unreliable supply of reagents*



Potential for health system strengthening

- Training of human resources on health
- Re-training & supportive supervision of health staff
- Revision of national guidelines
- Equitable access to health services
(Care, referral line, Health financing)



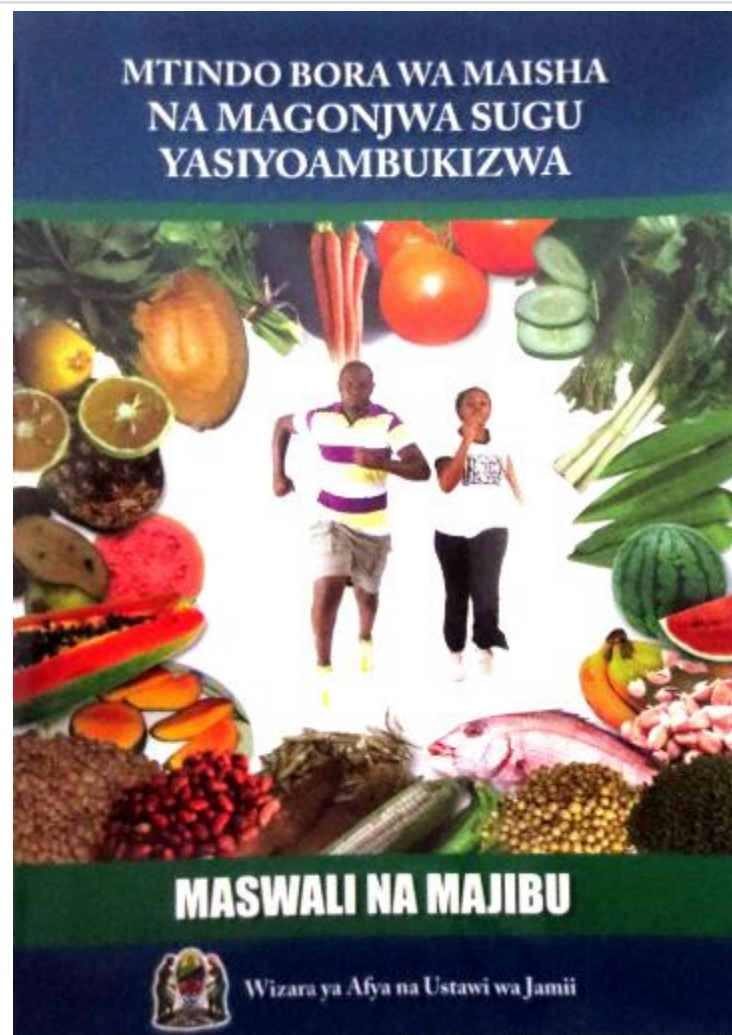
Response of Malinyi district & Lugala Hospital

- Cooperation: district, region, MoH, partners in development
- International cooperation: e.g. with LUKS, CH



Health promotion & disease prevention

- Health promoting lifestyle
 - in absolute poverty settings ??
 - in affluent social settings
(sedative lifestyle, junk food) !!
- Life style messages





Enhanced community involvement

- Promotion of health seeking behaviour at community level
- Task sharing by task shifting in order to achieve coverage (CHWs)

