WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITÓRIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA **AFR/RC51/15**
31 July 2001

Fifty-first session
Brazzaville, Congo 27 August - 1 September 2001 **ORIGINAL: ENGLISH**

Provisional agenda item 13

CHOICE OF SUBJECTS FOR THE ROUND TABLES IN 2002

1. The Regional Director has proposed the following subjects for the Round Tables at the fifty-second session of the Regional Committee:

(a) Addressing cardiovascular diseases through risk factor reduction.
(b) Health sector response to the dual epidemics of tuberculosis and HIV/AIDS.

(a) Addressing cardiovascular diseases through risk factor reduction

2. Noncommunicable diseases (NCDs) are increasingly assuming epidemic proportions in developing countries. In 1999, they contributed to approximately 60% of deaths worldwide and 43% of the global burden of disease. Based on current trends, by the year 2020, NCDs are expected to account for 73% of deaths and 60% of the disease burden. A substantial proportion of this mortality and disease burden can be attributed to cardiovascular diseases (CVD). For instance, in 1999, cardiovascular diseases alone were responsible for approximately half of the number of lives claimed by noncommunicable diseases and for one-fourth of the global burden of disease.

3. Low-income and middle-income countries bear a relatively greater burden of cardiovascular diseases. In 1998, two-thirds of global deaths from cardiovascular diseases and three-quarters of Disability-Adjusted Life Years (DALYs) were recorded in low-income and middle-income countries. Also notable is that, unlike in the developed countries, a high percentage of deaths from cardiovascular diseases in low-income and middle-income countries occur among people aged below 70 years. Studies conducted in different parts of the world have shown quite clearly that the incidence of cardiovascular diseases and related deaths is higher in Africa than elsewhere in the world. The prevalence of hypertension, for example, ranges from 10% to 40% in the urban areas of some African countries. Furthermore, mortality due to stroke is higher in some African countries than in industrialised countries.

4. It is important to note that the main cardiovascular diseases are largely caused by a few major controllable risk factors particularly hypertension, tobacco use, physical inactivity, unhealthy diet and alcohol consumption. There is now a wealth of knowledge and experience of how to prevent cardiovascular diseases through a comprehensive long-term approach that effectively reduces the levels of risk factors. Community-based approach to reducing the levels of risk factors is crucial to the success of any programme aimed at controlling the current epidemic of cardiovascular diseases. Furthermore, people who are at greatest risk either because they respond to several risk factors or have been firmly diagnosed as having a cardiovascular condition must be identified, treated and rehabilitated in order to reduce their risk levels, decrease their need for interventional procedures, improve their quality of life, and enable them to live longer.

5. A Round Table discussion at the fifty-second session of the Regional Committee is expected to address critical issues related to the prevention and control of cardiovascular diseases through: reduction of risk factors; implementation of strategies and initiatives at community level; identification, treatment and rehabilitation of high-risk groups; and establishment of coalitions of people and institutions for cardiovascular disease control.

(b) Health sector response to the dual epidemics of tuberculosis and HIV/AIDS

6. The dual epidemics of tuberculosis and HIV/AIDS are now the greatest challenge to public health and development in Africa. Twenty-five million Africans between the ages of 15 and 49 years (close to one in ten adults) are living with HIV/AIDS and the impact of the epidemic is already measurable in terms of a huge increase in adult and child morbidity and mortality. HIV/AIDS has also had a severe impact on the incidence of tuberculosis which is an important but neglected cause of illness and death among children and adults in the African region. Countries of the region currently have some of the highest tuberculosis case notification rates in the world, ranging from 100 to 500 per 100 000 population in several countries, especially in eastern and southern Africa. Available information indicates that approximately 30%-50% of newly-diagnosed tuberculosis cases are also infected with HIV, and that at least 40% of AIDS deaths are due to tuberculosis.

7. Although the impact of the dual epidemics on public health and development is generally recognized, and governments are making efforts to strengthen the health sector's response to the dual epidemics through improved access to health care, the weaknesses of the health sector appear to be growing. Furthermore, the health systems, largely over-burdened, are unable to cope with the ever-increasing number of hospital admissions and deaths from HIV-related tuberculosis and other opportunistic infections and conditions. Generally, the health systems are understaffed, facilities for diagnosis and treatment are inadequate, drug supplies are erratic and health workers are not adequately trained. Besides, most ministries of health have yet to mainstream tuberculosis and HIV/AIDS activities into the general health delivery system and to fully utilize the opportunities provided by the health sector reforms. In some cases, although the health sector reforms have strengthened the overall institutional and financial capacities of the health systems, they have nonetheless affected the integrity of some technical programmes. On the whole, inadequate access to preventive services, care and drugs is a major constraint on the provision of response to the dual epidemics of tuberculosis and HIV/AIDS in the African Region.

8. The Round Table discussions at the fifty-second session of the Regional Committee will look into critical issues related to the provision of strong and effective collaborative health sector response to the dual epidemics. Specifically, for HIV/AIDS, this response should involve strengthening the health sector to play such key roles as prevention and treatment of sexually transmitted infections including HIV; provision of care and support for HIV/AIDS cases including access to antiretroviral therapy; implementation of blood safety measures; prevention of mother-to-child transmission of HIV; voluntary counselling and testing; and epidemiological surveillance. In the case of tuberculosis, the response should include strengthening the health sector to develop strong national control programmes based on the Directly-Observed Treatment, Short Course (DOTS) strategy; sustaining the focus of tuberculosis control in the context of health sector reforms and development; ensuring uninterrupted availability of supplies of quality anti-tuberculosis drugs and laboratory supplies; monitoring and evaluating the control efforts; promoting capacity building for DOTS expansion; and carrying out essential operational research to improve treatment outcomes and service delivery for all populations at risk. The discussions will also look at ways and means of strengthening the commitment and involvement of key players from the public and private sectors, donors and other partners, nongovernmental organisations, the international community and civil society in the effort to combat the epidemics.