cultural, religious beliefs and practices have been a major hindrance to reducing this burden. At county level, the health systems are still largely oriented to address communicable diseases with uptake of preventive services such as screening remaining low despite efforts by the government to make them available and accessible. Poor readiness of health facilities to provide NCD services, unavailability of good data and limited information on the situation and trends in mortality and morbidity are some of the key challenges in addressing NCDs.

Recommendations

1. Legal and legislative Actions

- Enforce laws that ensure safety for all and reduction of injuries e.g. Traffic amendments act.
- Introduce legislation to control exposure to NCDs risk factors such as regulation of salt and sugar content of food produced in industries; restriction of advertising of unhealthy foods especially those targeting young children; Increasing physical education e.g. introduction of safe pedestrian walkways among others.
- Providing guidelines for healthy school diet.

2. Restructuring of health systems

- Integration of NCD management in the primary health-care services through development of clear structures to prevent and manage NCDs.
- Develop and review necessary treatment guidelines for management of NCDs and ensure Health care workers adhere to them.
- Establish innovative ways to ensure patient follow up and retention to maximize treatment outcomes
- Allocate more resources to NCDS at both policy and service delivery levels.

3. Monitoring and Evaluation systems

- Establish clear M&E systems to track NCD indicators for policy formulation and evaluate progress at the national, regional and global levels. Development and Incorporation of indicators that properly capture NCD data, provision of harmonized tools, streamlining the reporting systems and training of relevant staff to properly code and capture NCD data is urgently needed to improve the quality of NCD data.
- Integrate NCD indicators in other National surveys e.g. KDHS, KAIS

4. Strengthen NCD interventions at community level:

- Enhance health promotion programs targeting such areas as regular screening, healthy diets and lifestyles using a variety of public channels and media.
- Training CHV (Community Health Volunteers) on NCDs prevention and management.
- Intersectoral collaboration for example, use of school health policy.

References and Useful Resources

1. The Kenya Health Sector Strategic and Investment Plan (KHSSP) July 2014 June 2018.
2. Mid-term review of KHSSP analytical report, 2016/17. MOH. 2016,
3. STEP survey 2015.
4. Kenya Health and Demographic Health Survey 2014

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MINISTRY OF HEALTH

POLICY BRIEF

LIFESTYLE DISEASES – An Increasing Cause Of Health Loss

Authors: Dr. Kiarie Helen, Dr. Gatheca Gladwell, Ngicho Calestus and Dr. Elizabeth Wangia

Summary

Kenya in undergoing an epidemiological transition marked by a decline in morbidity and mortality due to communicable conditions, and an increase in the burden of non-communicable diseases (NCDs), which include diseases such as diabetes, cancers, cardiovascular diseases and chronic respiratory infections.

The second strategic objective of KHSSP 2014-2018 targets to halt and reverse the rising burden of non-communicable conditions, while the fifth strategic objective is focused on putting into place health promotion interventions that will address risk factors to health. These include health promotion and interventions aimed at improvement of individual level behaviors, physical environment and societal environment.

Key Messages

- The burden of NCDs and injuries has been constantly rising over the years both globally and in Kenya.
- NCDs are preventable.
- Screening for and treating NCDs is the main focus of management as a country, but more needs to be done to address their risk factors.
- Data and surveillance systems for NCDs need to be strengthened.

Introduction

There are a lot of concerted efforts globally to address the rising burden of NCDs. These include existence of a Global action plan for the prevention and control of NCDs 2013-2020, with an intention of reducing the number of premature deaths from NCDs by 25% by 2025 through nine voluntary global targets.

Kenya has made gains in setting up measures to control and prevent NCDs. At the policy level, the Kenya Health Policy 2014-2030, which outlines the overall sector direction in health, has prioritized NCDs, through one of its objectives to curb the rising burden of NCDs.

The KEPH also focuses on, among other things, control of Mental health, Diabetes, Cardiovascular Diseases, Chronic Obstructive airway conditions, Blood disorders focusing on Sickle cell conditions, and Cancers. In addition, the sector is tasked to provide prevention activities addressing the major non-communicable conditions through establishment of screening programs in health facilities and other institutions for major NCDs; provision of health

promotion & education for NCD's, rehabilitation; workplace health & safety and food quality & safety.

The findings of the health facility assessment -Service Availability and Readiness Assessment-SARAM 2013 indicated that there was poor readiness of health facilities to provide NCD services.

The STEPS survey 2015 showed that NCDs accounted for over 55 percent of hospital deaths in Kenya while more than 50 percent of all the hospital admissions were due to NCDs. It also indicated that these diseases were associated with multiple negative effects in low income countries given that they decreased economic productivity and drained family resources, becoming a major threat to economic and social development.

Some of the risk factors identified were overweight and obesity, resulting from rapid urbanization marked by changing lifestyles with reduced physical activity and a shift in dietary patterns. These dietary patterns have been shifted from consumption of healthy diets, to an increased use of processed foods, foods high in energy, fats, free sugars e.g. sweetened foods and drinks, naturally occurring sugars present in honey, syrups, fruit juices and fruit juice concentrates; or salt/sodium, and low consumption of fruit, vegetables and dietary fiber such as whole grains.

Methodology

This brief seeks to assess progress towards achieving set targets in the KHSSP with a focus on NCDs. The specific focus is on cancer, diabetes, and hypertension, as well as risk factors like obesity and overweight. Violence and injuries are also discussed. Review of findings from recent surveys including the Kenya STEPS survey 2015 and KDHS 2014 together with the NCD policy and strategy documents was done to quantify the extent of the problem.

Results and Conclusions

1. Cancer

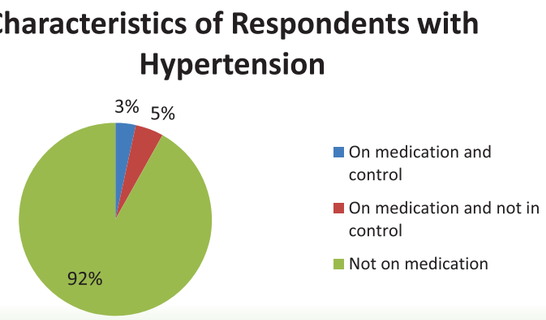
In terms of cancer prevention, the MTR report showed that coverage for cervical cancer screening among women 25-49 years was very low. The KDHS 2014 survey showed that only 18.8% of women 25-49 years had ever had cervical cancer screening, while in the STEPS 2015 survey showed cervical cancer screening coverage rates to be similarly low, with 14.2% of women 25-49 years ever screened, with Nairobi and Central Region having a coverage higher than 20%. Among women 30-49 years (the WHO recommended age range for the indicator) the coverage of cervical cancer screening was equally low (17%), ranging from 0% in Wajir and West Pokot to 54% in Mombasa county.

In terms data availability, inpatient data on cancers are insufficient for monitoring of trends and burden. Between July 2015-June 2016 only nine facilities reported on inpatient cancer cases.

2. Hypertension and Diabetes

The STEPs survey 2015 showed that close to a quarter of Kenyans had hypertension and among those previously diagnosed and were currently on treatment, only 4% had achieved control. Among all people with raised blood pressure, only 1 in 6 persons said they had been diagnosed in the year prior to the survey. Out of those with hypertension, only 12% were on treatment, and effective coverage was only 3.8%.

Diabetes prevalence was 1.9% and among those previously diagnosed and were currently on treatment only 7% had achieved control. Counties in the former Central Province and to a lesser extent Eastern Province had much higher prevalence of raised blood pressure than other counties in Kenya.



3. Violence and Injury

Road traffic fatalities remained at about 7 per 100,000 persons in spite of a dramatic increase in the number of vehicles (doubled between 2009 and 2015). NTSA reported about 3,000 deaths per year during 2010-2015, indicating a sharp decline in fatalities per 10,000 vehicles. However, CRVS services reported about 5,000 deaths annually.

Other injuries, most commonly cuts and falls, accounted for about 1% of all OPD diagnoses with little change over time and similar to the 1% midterm target.

Less than 1% of new outpatient cases were as a result of GBV during the period July 2015 – June 2016 which was significantly lower than the target of 3%, which targeted increased reporting of sexual violence cases and increased responsiveness of the health sector to address victims of sexual violence.

4. Mental Health

The MTR reported, less than 1% of the new outpatient cases diagnosed with mental disorders, which was below the target of 3%. The outpatient data did not disaggregate the key different types of mental disorders. In 2015, 1691,049 cases were reported, of which 85% were 5 years and older. There was little change in the total numbers during the last 4 years reviewed.

5. Risk factors

The fifth strategic objective focuses on minimizing exposure to major health risk factors includes several key multisectoral interventions against NCDs, such as tobacco use and harmful alcohol use. The launch of the first Kenya National Strategy for the Prevention and Control of NCDs 2015–2020 and the Kenya Mental Health Strategy 2015–2030 have also emphasized management of risk factors as a pathway to further reducing the rising burden of NCDs.

Data for women 15–49 years from four national surveys, since 2003 show that the prevalence of obesity increased rapidly after 2008. The increase ranged from 7.2% in the KDHS 2008/09, to 10.1% in KDHS 2014 and 12.6% in the STEPS 2015. The prevalence of overweight also increased considerably over these periods.

The Figure below shows the trends in prevalence of overweight and obesity in Kenya. There were however dramatic differences between regions. Nairobi and Central regions had prevalence rates of over 50% in the 2015 STEPS; Coast, Eastern and Nyanza were between 30-40%; while Rift Valley, Western and North-eastern had a low prevalence below 30%.

The prevalence of tobacco use in Kenya was 11.6% among adults and 9.9% among the youths while heavy

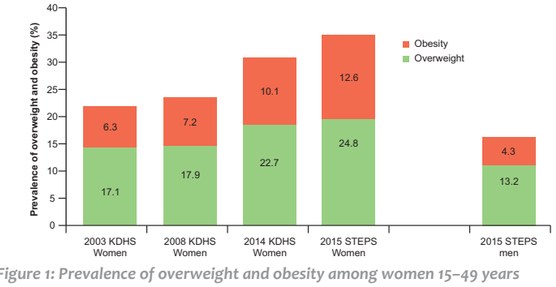


Figure 1: Prevalence of overweight and obesity among women 15–49 years

episodic drinking prevalence was at 12.7% . Overall. 6.4% of Kenyans did not engage in the minimum recommended amount of physical exercise daily. Only 6.0% of Kenyans consumed a minimum of the recommended five servings of fruits and vegetables daily, while 23% added salt to food at the table. The proportion of Kenyans who added sugar to beverages was 28% while 2% consumed processed foods high in sugar on a daily basis.

Challenges

Good data for NCD indicators, including data on outpatient morbidity for mental conditions are currently poor. In addition, there is limited funding to NCDs in the health sector from both government and partners. Low level of awareness of NCDs and their risk factors, and continued existence of certain