

## Non-Communicable Diseases - Challenging Agenda for The Rwandan Health Sector

**Author:** C. Mazimpaka<sup>1,\*</sup>

**Affiliation:** Partners In Health/Inshuti Mu Buzima, Rwanda

### EDITORIAL

Worldwide, seven out of the 10 top causes of deaths are from non-communicable diseases (NCDs) [1]. Each year, 41 million deaths, accounting for 71% of all deaths globally, are due to NCDs [2]. In resource-limited countries, NCDs account for 85% of all premature deaths for people aged between 30-69 years [3]. In Rwanda, NCDs account for 44% of all deaths [4]. The estimated cost of treatment and productivity loss associated with NCDs in middle and low-income countries is estimated to be \$7 trillion between 2011 and 2025 [5].

Rwanda has made remarkable progress in rebuilding its health system that enabled the delivery of HIV and TB drugs after many believed it was too complex for resource-limited countries to achieve [6]. For example, with the global fund and the President's Emergency Plan for AIDS Relief (PEPFAR) funding, great progress was made in rebuilding our health system. The funding enabled the country to have almost universal access to HIV, TB, and malaria treatment and the best children vaccination program in the world, with 93% complete vaccination for 11 vaccines for boys and 93% complete vaccination for 12 vaccines for girls [6]. In addition, Rwanda has set up a sound legal framework with policies, strategies, an action plan to tackle major health care challenges, and a decentralized system that brings care to where people live [7]. However, the implementation of NCD prevention and treatment strategies remain an unfinished agenda.

The main challenge lies at the community level where low habit of routine health check-ups do not facilitate the health system in detecting and treating NCDs at the earlier stages. This habit originates from a health system that underwent major reforms at a time when infectious diseases were the most pressing healthcare challenge. During that time, most health systems in resource-limited countries were designed to address infectious diseases mostly in hospital-centered environment and major investments from PEPFAR and the Global Fund were made to educate communities and health care providers on alarming symptoms such as fever, pain, diarrhea, vomiting, headache and many other acute infectious disease signs. With most NCDs however, challenges lie in fact that patients have no symptoms until the diseases have progressed to late stages and that is why clinicians call these diseases "silent killers".

Mass screening, education campaigns and linkage to care are important, however, enhancing health systems strengthening initiatives to facilitate routine community screening and follow-up by community health workers can be a key solution [8, 9]. In addition, strengthening the primary health care facilities to include systematic NCD screening in outpatient departments, can facilitate early diagnosis and timely treatment [10]. This requires optimizing and leveraging resources in primary care delivery achieved in the health sector over decades from infectious diseases funding.

**Keywords:** Non-communicable disease; Premature Death; Early Detection; Linkage to Care; Rwanda

### REFERENCES

- [1] R. Factors, "The Lancet : Global Burden of Disease study 2015 assesses the state of the world ' s health," 2015.
- [2] WHO, "The top 10 causes of death," no. May, 2018.
- [3] D. Detection, "Noncommunicable diseases," no. June 2018, pp. 1-4, 2019.
- [4] R. Of, P. Death, and D. U. E. To, "Non-communicable Diseases (NCD) Country Profiles. Rwanda," p. 2018, 2018.
- [5] P. Ncd, T. Who, A. Director-general, and N. Diseases, "Noncommunicable diseases prematurely take 16 million lives annually , WHO urges more action," no. January, 2015.
- [6] Binagwaho Agnes et al, "Rwanda 20 years on: investing

**\*Corresponding author:** Christian Mazimpaka, Institutions: Partners In Health/Inshuti Mu Buzima, Email: machrist2020@yahoo.fr, Phone: +250783545391; **Potential Conflicts of Interest (Col):** All authors: no potential conflicts of interest disclosed; **Funding:** All authors: no funding was disclosed; **Academic Integrity.** All authors confirm that they have made substantial academic contributions to this manuscript as defined by the ICMJE; **Ethics of human subject participation:** The study was approved by the local Institutional Review Board. Informed consent was sought and gained where applicable;

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in life,” vol. 384, no. 9940, pp. 371–375, 2014.

[7] F. Sayinzoga and L. Bijlmakers, “Drivers of improved health sector performance in Rwanda : a qualitative view from within,” *BMC Health Serv. Res.*, pp. 1–10, 2016.

[8] K. Heidari et al., “Establishment of Health Clinics as Mass Screening and Referral Systems for Chronic Non-commu-

nicable Diseases in Primary Health Care,” vol. 3, no. 3, pp. 173–180, 2012.

[9] D. Maher, A. D. Harries, R. Zachariah, and D. Enarson, “A global framework for action to improve the primary care response to chronic non-communicable diseases : a solution to a neglected problem,” vol. 7, pp. 1–7, 2009.