

Prevention and Control of Non-Communicable Diseases

The rapid rise of non-communicable diseases represents one of the major health challenges to global development in this century. In 2001 alone, non-communicable diseases accounted for almost 60 percent of deaths in the world and 47 percent of the global burden of disease. Based on current trends, by 2020 these diseases will account for 73 percent of deaths and 60 percent of the disease burden. Underdeveloped and developing countries suffer the greatest impact of non-communicable diseases. The increase in these diseases is disproportionately high in poor and disadvantaged populations and is contributing to the widening health gaps among countries. In 1998, 77 percent of deaths and 85 percent of the disease burden from non-communicable diseases were borne by underdeveloped and developing countries.

In the Philippines, the increase in life expectancy, rapid urbanization and lifestyle trends have resulted in a considerable change in the health profile. Recent statistics attest to this. The life expectancy of Filipinos in 2005 has gone up to 70.5 years. The process of aging brings out myriad degenerative diseases. In 2002, hypertension and heart diseases rank fifth and sixth as the leading causes of morbidity in the country, respectively. Moreover, seven out of 10 leading causes of deaths are lifestyle-related diseases (such as cardiovascular diseases, cancer, chronic obstructive pulmonary diseases, accidents, diabetes, kidney disorders), accounting for 57.8 percent of all causes of mortality in the Philippines in 2000.

As the country's per capita income increases, the social and economic challenges similarly increase and so do the health hazards and risk behaviors of a big segment of the population. Four of the most prominent non-communicable diseases are linked by common preventable risk factors related to lifestyle. These are cardiovascular diseases, cancer, chronic obstructive pulmonary diseases and diabetes. The risk factors involved are tobacco use, unhealthy diet and physical inactivity among others. In a study conducted by FNRI in 2003, it was found that 90 percent of Filipinos have one or more of these risk factors: smoking, obesity, hypertension, high blood sugar and abnormal blood cholesterol levels.

While lifestyle-related diseases account for the bulk of non-communicable diseases in the country, there are other non-communicable diseases that need to be addressed. One group of diseases affects the kidney, such as nephritis, nephrotic syndrome and nephrosis. The causes of these diseases are varied. They can be hereditary or acquired and may be due to infections, autoimmune conditions, drug reactions, poisons, or injuries. Many of the kidney diseases leading to death are secondary to degenerative diseases like diabetes and cardiovascular diseases, but will be presented separately because their control entails a different public health approach.

Another problem is related to mental disorders which are increasing rapidly. Although there is insufficient data to completely describe the prevalence of mental disorders in the country, the WHO hints that due to the ever changing lifestyle of the people worsened by economic woes and social instability, the burden of mental disorders and disabilities is something that must be given serious attention.

The Philippines faces another key health issue: the rapid rise in the incidence of accidents and injuries, making them the fifth leading cause of death in 2000. Collectively, “accidents” and “injuries” include transport accidents, accidental falls, drowning, exposure to smoke, fire and flames, other-inflicted injuries and intentional self-harm among others.

There are other non-communicable diseases that may not directly cause death but nonetheless impact adversely on public health and the quality of life of Filipinos. These include nutritional disorders which are either due to under-nutrition or over-nutrition. Nutritional deficiencies such as protein-energy malnutrition and micronutrient deficiencies usually affect the more vulnerable population like children, pregnant and lactating women. On the other hand, over-nutrition leading to obesity is increasing among children under five years old and among older population groups.

For a country with minimal resources for health care, the cost of treating these diseases would be enormous and could drain vital resources. Intervention at family and community levels is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Action to prevent these diseases should focus on controlling risk factors in an integrated manner. Promotion of healthy diet and nutrition, control of tobacco use, and promotion of regular physical activity should be given the highest priority in the national strategy for the prevention

and control of lifestyle-related diseases. A supportive environment that can provide material, human and political resources to promote, adopt and maintain behavioral change towards a healthy lifestyle should be created. Moreover, upgrading the capability of health facilities at all levels for early detection, diagnosis and management of these diseases is imperative. Sustainable financing schemes to allow patients to have access to health services and essential drugs, particularly for long-term care, should be put in place.