Original Article

Synchronizing policy, practice, and partnership efforts: Improving knowledge and care of noncommunicable diseases in West Africa

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ABSTRACT

Background: The epidemic of non-communicable diseases (NCDs) such as type II diabetes and high blood pressure has crept upon an unsuspecting public health community in Africa. The four major problem areas contributing to this epidemic are: (1) lack of enough resources for health care, (2) few medical facilities and personnel to care for a large number of the population, (3) the inability of public health professionals to address or unravel complex causal nets of risk factors that reflect the culture and history of countries, communities, families, and individuals, and (4) medical care curriculum in the region is not tuned to the reality of the people it serves. There is the need to develop educational partnership teams between health experts and local citizens.

Methods: This team-based community participatory approach effort will involve tapping into the local reservoir of knowledge by experts and Western medical knowledge by citizens; the resultant effect will aid policymaking and program development while also synthesizing the two.

Results: Findings from several studies have shown that the solution to Africa’s health-care struggle depends on synchronizing policy, practice, and partnership efforts through proper culturally tailored public health approaches, as well as the development of policies that ensures improving the general public’s knowledge about NCDs and its prevention.

Discussion and Conclusion: We suggested innovative ideas on areas of concern that will provide a unique opportunity for health educators to advocate for and improve the health literacy of laypersons. We call for the development of more regional research and disease control centers because research and evaluation efforts can guide education and service delivery methods. In addition, we call for appropriate training that provides opportunities for African health professionals to acquire knowledge on cutting-edge knowledge about prevention and treatment. We concluded that an accepted medical practice for Africans is one anchored on efforts whereby people feel like partners when it comes to the issue of their health. Simply put, “people’s voices, people’s input, and people faces. It is challenging to hold people accountable when they do not understand health care and have little information on how to prevent the onset or spread of diseases.

Keywords: Africa health care, medical facilities, noncommunicable diseases

Introduction

The recent epidemiological finding shows that the epidemic of noncommunicable diseases (NCDs) in the continent crept upon a continent and unsuspecting public health community, further crippling an already overwhelmed health-care system. The World Health Organization (WHO) 2005¹,² projects that over the next 10 years, the continent of Africa will experience the largest increase in death rates from cardiovascular disease,
The epidemic of NCDs is particularly draining and worrisome because the continent is struggling to cope with the cumulative burden of both infectious and chronic diseases. Health-care issues in Africa are multifaceted and have been attributed to factors such as the insufficient growth of the health-care system, life expectancy, changing lifestyle practices, poverty, lack of knowledge about how to prevent diseases, as well as globalization. Other contributing factors include general underfunding and limited resources in the continent; few African countries have chronic disease plans or policies; therefore, more resources are allocated to communicable diseases (CDs) even when several health ministries acknowledge the presence and impact of the chronic disease burden.

This, according to Vaughan, is partly because historically, formal health care in Africa was developed in response to acute CDs and issues such as environmental degradation and pollution. Therefore, little attention was and is still given to NCDs. It is also shown that there is a drastic shortage of health-care workers in Africa despite the disproportionately higher burden of NCDs than in other continents. While there is an urgent need to reprioritize NCDs to be as important CDs, there is also need to look into the issue of personal and medical facilities to carry out epidemiological findings that can lead to disease prevention and early detection, like Nchinda, puts it, there is a mismatch between the increased burden of diseases and the research capacities of the region that can lead to generating new knowledge to combat the dual burden of diseases.

Indeed, there is no doubt that many factors have contributed to the increased cases of NCDs. However, the aim of this study is that the major factors contributing to the problems of health care are the huge burden of health-care costs among Africans and the apparent general lack of knowledge about causes and disease prevention. For example, ordinary basic information on how to live a healthy life is very limited in most of the societies. Doctors, nurses, and health educators in the African communities do a poor job of explaining simple, basic things such as the importance of physical activity and healthy eating as a way to ensure that people have longer, healthier lives. An observation supported by Moten et al. is that a lack of awareness, prevention, and early detection of NCDs in developing countries is reasons why they fall behind in survival and have the highest rate of death. Currently, the lifestyle in most societies in Africa does not support healthy living, either because of ignorance about the consequences of some cultural practices that promote a sedentary and unhealthy lifestyle or because of a lack of general knowledge about recognizing signs and symptoms, and how to prevent these diseases. Lack of knowledge about diseases in a society does not only increase the burden of such diseases but also can derail the efforts and goals of any public health effort.

The Problem So Far

Lack of resources

It is observed that even though the increasing problem of NCDs in Africa is influenced by the increase in the growth and number of aging and population. Lack of resources It is observed that even though the increasing problem of NCDs in Africa is influenced by the increase in the growth and number of aging and population. Observation by Peeling, & Mabey, (2010) and the WHO (2003) indicate negligible expenditure or little allocation of resources is the major reason that has precluded the widespread development of health efforts and has made it difficult to adequately diagnose and treat illnesses. In the same line, Airhihenbuwa et al. observed that the challenge of limited resources in the continent is producing scholars who are unable to be innovative in developing ideas and solutions to health problems through research in their local communities. Furthermore, war and consequences of war are known to be draining on the scant health resources, the resultant effects of these wars according to Musisi (2004) are huge complex humanitarian, and health emergencies with significant negative impacts on the socioeconomic development of affected societies. Therefore, it is correct to say that persistent and unending war across many African countries makes the issue of health a bit less urgent compared to the loss of human lives and the amount of resources that are lost during wars. Moreover, because families are battling for survival, emphases are placed more on escaping the wars, hunger, and the aftermath of war. It is well speculated in research that the context of people’s lives determines their health. An argument supported by the WHO (2014) states that a combination of many factors can affect the health of an individual and communities. But more so, the circumstances that people find themselves, and the environment plays a major role in whether people are
healthy. Low income in some part of Africa is seen by Deaton and Tortora[13] as playing a role in determining an individual’s health and well-being. The argument being that poverty or lack of income makes it likely for individuals to be unable to directly control many of the determinants of their health. This argument, therefore, supports the proposition that individuals should not be blamed for having poor health; more so that wars not only destroy life and property but also they create a huge number of casualties that encourage the movement of medical personnel to safer countries. The factors that arise from within the source country and facilitate a potential health worker’s decision to leave is call the push factors. These include low pay, war situation, and unsafe conditions. Pull factors reflect actions or omissions of recipient countries that create the demand for or encourage potential migrants to leave home. While push refers to foreign policies that encourage the migration of health personnel[14] mentioned that pull and push are seen as factors that have hugely affected health-care delivery in the region and lead to the status quo where there is few medical personnel to care for a large number of people that need care.

**Few Medical Facilities and Personnel**

The movement of health and medical personals has affected the sustainability of the health-care systems in many African countries and has left the continent in a situation where there are no enough trained medical staffs to cope with the large number of people needing care. Medicine has always had its “centers of excellence;” mostly in developed countries where African doctors have flocked, eager to advance their skills, and understanding. The problem is that most of these doctors do not return to practice in Africa, partly because of the collaborative health-worker migration schemes operated in most developed countries. For example, in 2003, the UK work permits were approved for 5880 health and medical personnel from South Africa, 2825 from Zimbabwe, 1510 from Nigeria, and 850 from Ghana.[15]

There is also the problem of lack of access to medical facilities; this problem has affected health-care delivery in most parts of the continent. People without transportation have to walk for days to get to a medical facility, even more so for those living in rural areas. People in the urban areas are more likely to receive better health-care services than those living in rural or remote regions. Even so, when people are able to make it to a medical facility, they may be discouraged because the facility may not have personnel or equipment to meet their personal needs. Therefore, the lack of access to medical personals and facilities has made it difficult to adequately diagnose and treat illnesses. Thus, communities have better access to traditional medicines than to modern cures, a practice that has led to increasing the number of morbidity and mortality in the continent. It is the position of this study that health care has not been giving its rightful place in most African countries, a position supported by Leo.[16] Government and policymakers have not made health care a top priority less resource, and emphasis is placed on getting infrastructure, personnel, and equipment in place, and there are dozens of clinics and hospitals that have no basic equipment for data storage such as computers, folders, or files. This makes Africa the continent with the poorest health data according to Deaton and Tortora.[13] The combination of all these factors has encouraged most people within the society to patronize traditional healers who provide a holistic approach using herbs and local remedies even though the efficacy of traditional healing practices is highly questionable. Therefore, understanding the problems of health-care system and services in African will require an understanding of the ability to address or unravel complex causal nets of risk factors that reflect the culture and history of countries, communities, families, and individuals in the continent. This can be seen as the root of the problem. Poor health-care services and policies in Africa are the results of policymaking and program implementation that have failed to understand these cultural and historical factors. The inability of public health personnel and policymakers to unravel complex causal nets of risk factors that reflect the culture and history of countries, communities, families, and individuals in different African countries are seen as responsible for poor health-care services and policies in Africa. By this, I mean policymaking and program implantation have failed to take into consideration cultural and histories of countries. Some disease factors are culturally influenced and wrapped in history that is dated back to the different countries colonial period. An argument shared by Airhihenbuwa et al.[10] that scientific representation of local knowledge is very important for the long-term sustainability of interventions to address some of the pressing human health challenges in the region. For example, the use of alcohol and tobacco is ingrained into various important culture practices in most African societies. The production of these products was further encouraged by the slave trade during the colonial period. Any health solution must tap into the local reservoir to unravel complex cultural attachments and how to formulate acceptable health policies that are carefully crafted around cultural values supported by scientific findings.
At the moment, health policies are seen as isolating the same people they were made for. When it comes to issues that affect people’s health and well-being, it is not only proper but also right that there should be a true representation of the communities’ interest, perceptions, and needs. Health policies should be anchored on perspectives that are culturally relevant to local contexts, and sustainability can be ensured when locals feel they have ownership of solutions about their health more so that behavior change in health promotion is to a large extent voluntary. By extension, the promotion of community health is more likely to be effective, acceptable, and relevant if it is participatory. Community involvement leads to community buy-in and taking responsibility. It is very common to hear that the level of education in Africa makes it impossible to get local people involved in policymaking, no doubt there is low level of Western education in most societies in Africa, but when there is a fundamental issue of one’s life that involves millions of health care, attention should be focused on how to channel health information, education, and program to meet people’s needs. Information about diseases and prevention should be reduced and translated to the level where people will understand as it is health information and programs are seen and considered foreign, and in some cases, challenging cultural beliefs and knowledge. Understanding cultural and religious practices will lead to the understanding of how to offer properly tailored health programs that should be anchored on and reflective of the collective nature of the communities involved. This issue can and should be addressed by changing the medical school curriculum in the region to be in tuned with the reality of the people it serves. The foreign nature of medicine that has been created to be responsible for the complete disconnect between policymaking and the people for whom policies are made. Furthermore, medical care curriculum in the region is not turned to the reality of the people it serves.

Lack of proper understanding of the peculiarity of Africans and Africans’ health issue is reflected even in the way its health-care system operates. Health care and health-care setting are foreign in its appearance, language, method, and culture. Over the years, situation and first-hand evidence have shown that health care in Africa should undergo some acculturation process. Considering also the fact that health care agencies both local and internationally are still having the problem of how to package a culturally revenant health program. An indication that there is serious gap between health-care culture/program, policies, practice, and health programs implementation. It has been well documented that public health practitioners are still struggling with the persisting challenge of how to get local communities to buy into numerous health programs, more especially those that are designed by world bodies, as observed by the American College of Obstetricians and Gynecologists.[17]

There is no doubt that the African culture and the medical culture are so disparately apart. They suggested a change, one that will involve establishing a balance between patients and the healthcare culture; they went further to say that the change should be one that will bridge the divide between the culture of medicine and the beliefs and practices that make up patients’ value systems. There and then only will medicine be improved, patient care enhanced, and health-seeking behavior will mean. Although this may not be an easy road to take, it is achievable, if, and when medical curriculum in Africa will be adjusted and culturally tuned to reflect the need of the society. There is also the need to create more public health schools because at the moment, they are very few public health schools in most African countries, and even the few schools favor admitting only trained medical doctors during. The downside of this is that by the time, doctors get more knowledge they are quick to apply to the international organization. It will be right to say knowledge is limited by policies of these public health schools. The curriculum of medical and nursing school needs to be changed to include health education as a way of emphasizing prevention of disease in the society. Even though the benefit of preventive intervention takes a long time to manifest, it would be a more pragmatic and cost-effective way to prevent disease than to deal with it once it has occurred.[18] Along with curriculum adjustment, there is also the problem of the lack of access to knowledge about new and effective treatments that are developed for some of these diseases. Hence, there is the need for collaboration on research and technology between developed and developing countries. In essences, there is an urgent need to develop research capacity in the region as a way to promote more effective and sustainable public health and health-care systems (Airhihenbuwa et al., 2016; Drain et al., 2007; Raeburn et al., 2006).[10,19,20]

The Challenge for Public Health Professionals and Policymakers

Recent events and the trend of diseases such as the Ebola outbreak and how quick it went from one continent to another reflect the reality that the world is interconnected and is indeed a global community, the outbreak did shape
and change the fight against diseases. The valuable lessons learned show the need for public health professionals more than ever even before we begin to invent prevention practices and interventions that are supported by theories that are applicable both locally and internationally. Observation also made by Glanz et al. that the stage has changed from one that labels some diseases more specific to certain areas, primarily local or countries specific to one that is both global and local.

There is also the challenge of how to improve education and service delivery about NCDs using team-based efforts. One solution would be the development of education teams that will allow health experts and local citizens to work together to develop appropriate training experiences and provide opportunities for local governments to partner with health professionals and doctors to improve knowledge and treatment. A similar observation made by de-Graft Aikins et al. noted the fact that most health systems prioritized training and expertise in CD and underestimate the importance of building human and material capacity for chronic disease care, thereby validating the argument that it is challenging to hold people accountable for the spread of disease when they are not able to understand health-care messages and are provided with very little information to help them learn how to prevent the spread of diseases. As it is resources for treatment are hugely inadequate and may be worse in the future with the rapid increase in NCDs. New methods of education that will encourage peer-peer and community support groups should be encouraged as a way of delivery of preventative and curative care because only primary prevention can protect public health and allow continued economic development in the continent. More importantly by now, it should be obvious to public health professionals and health policymakers that there is no one size fits all when it comes to health issues, more so that they have tried different methods that are seen as best practices around the world, yet those have not sufficiently improved health conditions in most of Africa continent.

**Conclusion**

There is the need for more investment and a change of strategies in the way health care and health issues are handle in most African countries. Regional and international organizations in Africa can help in packaging and sharing good practices. To date, very few studies have focused on the powerful interplay between partnership, policy, and practice and the potential solutions on how to address them. Addressing the problem of these three factors will require more than just lip service from both African governments and the international organizations. This is because these three factors are not only interrelated but also they are connected and do influence each other. Therefore, solving one without the other will amount to a waste of time and effort. As a continent and society, Africa has to up its game and be proactive in the way it handles the issue of health care by changing its model apparatus and face the issue of its health care from a new platform. Just like Dovlo (2008) had said, there should be more investment and change of strategies in the way health-care policy and program are handled. African countries themselves must initiate and drive the strategies and actions needed for their health-care system while also seeking the support of development partners. Current efforts he noted appear patchy and uncoordinated possibly due to the lack of capacity to design and pursue reforms.

Furthermore, countries and regions should establish disease research and disease control centers. While regions are encouraged to have bigger centers that are similar to the Centers for Disease Control and Prevention (CDC) in the US to investigate diseases and outbreaks. Countries, on the other hand, should be more engaging and encourage more community involvement and education. It is important that attention and funds should be invested in fighting diseases. Agency should be active in disease and outbreak investigation. Other problems to be addressed are the issue of the shortage of health-care workers in Africa despite the disproportionately higher burden of NCDs when compared to other continents. Another fundamental issue is education and the availability of quality education in most African societies. If Africans have to compete with others in the international and business market, education is an area that should be critically looked at. The world is operating in a high technological phase, but technology is still in its infancy stage in most of the African countries. With that said, health education should be customized to include the element that addresses the need and the peculiarity of the society. Finally, attention should be focus not only on the economic but also on how lifestyle choice and lack of health education affects health and well-being in developing countries.

Synchronizing policies, programs, and implantation require a community participatory approach to program and policymaking as well as implementation, whereby people feel a part of, can take ownership, and feel like partners when it comes to issues of health and health
care in the African continent. Simply put, “people’s voices, people’s input, and people faces.” So far, this is farfetched with health care and health programs and services in Africa. The justification for a desirable result should be a change that leads to acculturization and acclimatization of health care in the African continent.

**Recommendation**

Developing regional research and disease control center that will be similar to the CDC of America in Africa will be a good start.

As a way to discourage brain drain of health workers and ensure the availability of health workers in the society, governments in the continent should design programs that will sponsor young medical students, the program should be designed to require such medical students to sign a bond ensuring that the students will work for the government for at least 10 years after graduation. This will ensure the availability of larger sets of health workers.

To create a lasting solution to the peculiar health issues in Africa, medical school curriculum in the region should include community training and empowerment as a way to further ensure that nurses and health-care workers get the training they need as community health educators and workers. There should be plans for the development of education teams that will allow experts and citizens to work together. This partisanship should focus on the development of appropriate training experiences and provide opportunities for local governments to partner with health professionals and doctors to improve knowledge and treatment as well as sharing the best practices.

It is also important to incorporate knowledge about diseases into primary and secondary school curriculums so that children start learning about nutrition and disease prevention at a very early age in life. While also organizing in-terminated training as a way to train and empower nurses and community health workers with information that should be given to members of the communities. This is seen a tentative solution to health problems in Africa because nurses and community health workers are more close to the community than medical doctors.

The government should design scholarship program for young students that want to go into the medical field, with the understanding that such students will sign a bond that will ensure that medical students will work for the government after graduation for at least 10 years before they can relocate out of the country. Doing so will ensure that there are always new sets of medical students to replace those who may want to leave for other countries and ensure availability of health personals. Health programs and policies should be monitored and evaluation periodically to assess the impact on the public.

Finally, it is the strong opinion of this study that there is the need to address poverty in Africa. It is well documented that poverty deepens diseases and increases inequalities in the society. African’s poverty needs to be trickle from the society. Leaders must refuse to be corrupt and see their position as a privilege to serve their society.

This study strongly recommends team-based participatory efforts as the best way for delivering culturally accepted education and service delivery about health and NCDs in the African society.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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