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From Poverty to Poverty



Not from Slave Trade – But Onchocerciasis

BACKGROUND

- The main types of NCDs are **cardiovascular disease** (such as heart attack and stroke), **cancers**, **chronic respiratory diseases** and **diabetes**
- Together they kill 41 million people each year, equivalent to 71% of all deaths globally
- Cardiovascular diseases account for majority deaths, then cancer, chronic respiratory diseases and diabetes.

NCDs Not Diseases of High-Income Countries

- **77% of all NCD deaths are in low- and middle-income countries, where around 84% of the world's population lives**
- **The number of people living with NCDs is likely to increase largely because of the growth and aging of populations across the world unless urgent action is taken.**

Premature Deaths and ill Health **from NCDs:**

- **Curtail economic growth and trap populations in poverty**
- **Improved NCD outcomes support all three dimensions of sustainable development:**
 - **Economic**
 - **Social and**
 - **Environmental**

There are three types of modifiable risk factors for the main NCDs:

- **Behavioural,**
- **Environmental and,**
- **Metabolic.**

- Cost-effective and affordable evidence-based interventions are available and can be implemented in almost all settings to **prevent, detect, screen, treat and care** for people at risk or with NCDs.
- Age-specific rates of most NCDs are now declining in most countries, although **more quickly in high- vs low-income countries**.
- Interventions are multisectoral

The responsibility for reducing the burden of NCDs lies not only with the government but also with the society as a whole, for example the private sector, civil society, the media and those carrying out research to develop new and evaluate existing interventions.

The Uganda Government in 2007 approved the Comprehensive National Development Planning Framework (CNDPF) policy which provides for the development of a 30 year Vision



A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years

A Peasant Society



TO



Middle Class Society

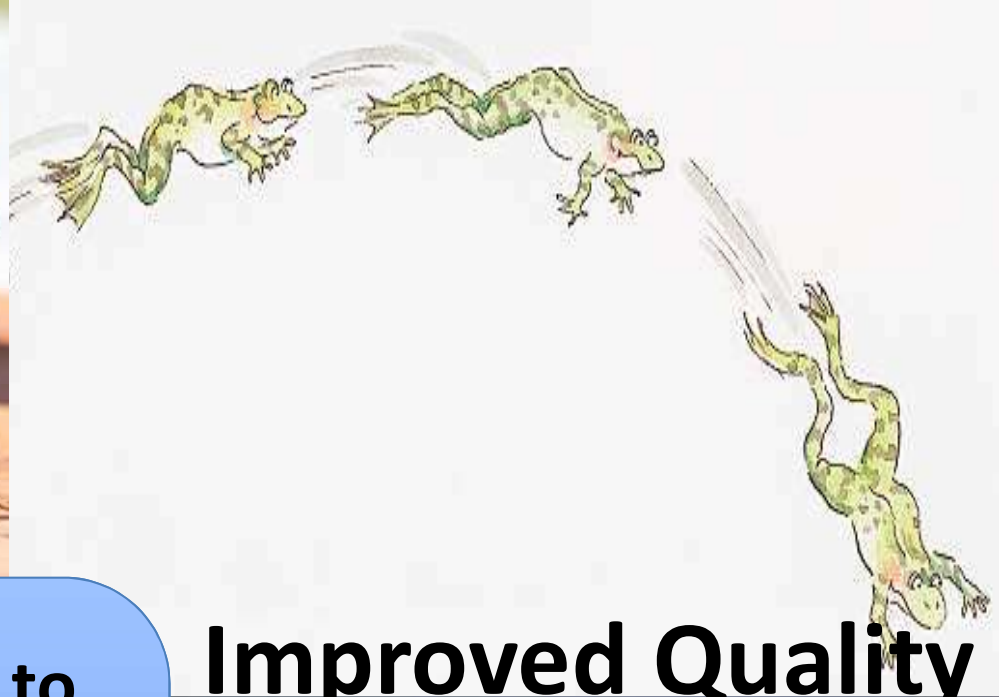
From Immersion of Poverty & Infectious Diseases



Sub-Saharan Africa

To Immersion of Poverty & Non-Communicable Diseases

Healthcare Delivery Change



The slow progress in getting to improved quality of health has been attributed to the current health service delivery which is **facility based** (See Section 252 : Uganda Vision 2040, pp 88)

**Improved Quality
of Health**





Health Care & Service Delivery System in Uganda

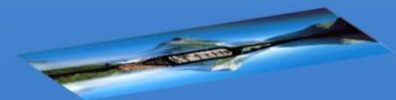
Health Care in 2000

ected Health Care in 2021

System efficient
Patient Centred
Care

Present Health Care in 2021

Health system
inefficient and
not responding
to needs of
patients





This is where
we are



This is where
we may end



**Cultural
Habits are a
Barrier to
Behavioural
Change**



**Do We Need Some one
From Europe To Stop
us from Drowning?**





**ALWAYS MANAGE
DIABETES
AS SERIOUS DISEASE**

I PRAY FOR THIS
CHILD WITH
DIABETES

I PRAY FOR
THIS AFRICAN
CHILD WITH
DIABETES





We Pray that these children will get both food and insulin



ACCESS TO CARE

Health Service
Delivery is Packaged
Like Chicken

Requires to be
Unpacked

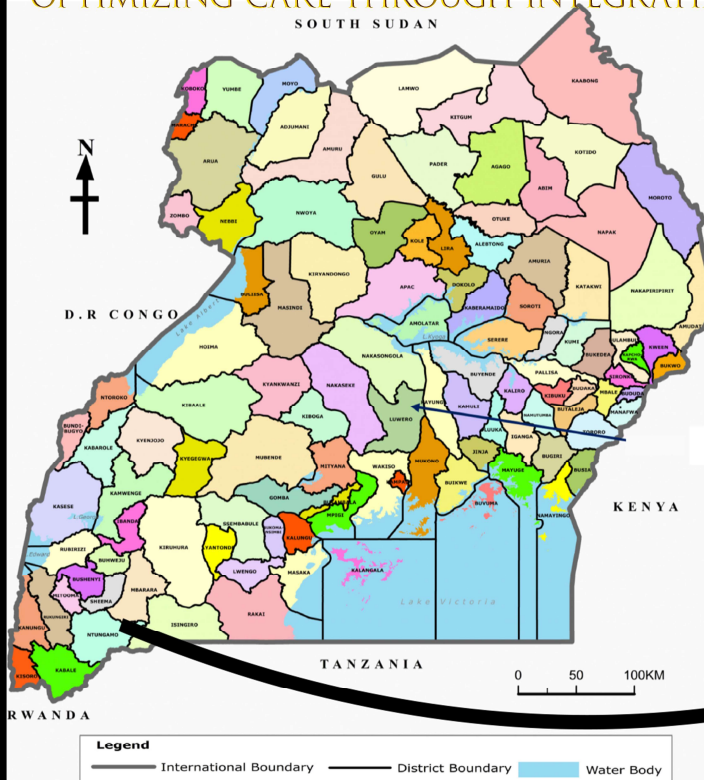


TRANSITIONING
FROM
LOW SOCIO-ECONOMIC TO
MIDDLE CLASS



HOPIET Uganda

OPTIMIZING CARE THROUGH INTEGRATING NON-COMMUNICABLE DISEASE SERVICES IN PRIMARY CARE



WORLD **DIABETES** FOUNDATION

The Eat Well Plate

HAVE A BALANCED DIET



Eat appropriate portions of carbohydrate, and proteins foods including mixed vegetables



OR



Choose healthy fruit options



Food Exchange List

The potential of food to raise blood sugar is determined by amount of carbohydrate it contains
 The potential of a food to increase your weight is determined by the amount of energy it contains

Mainly Carbohydrates



20g Carbohydrate



20g Carbohydrate

Milk

Exchange for



40g Carbohydrate

Chapatti

Rice
posho
sweet potato



40g Carbohydrate

Exchange for



40g Carbohydrate

Matonke



Mango: 14g Carbohydrate



Avocado: 8g Carbohydrate



Jack-Fruit: 24g Carbohydrate

Exchange for



Sweet Banana
Bogyo = 30g Carbohydrate
Kabaregere = 16g Carbohydrate

Mainly Proteins

chicken



Zero Carbohydrate

Exchange for



Beef

Zero Carbohydrate



Nsenene:
Zero Carbohydrate

Exchange for



Eggs:
Zero Carbohydrate

Food Exchange List

Vegetables



Greens
Zero Carbohydrate



Greens
Zero Carbohydrate

Fats and Oils

Choose healthy fat options



Cooking oil
Zero Carbohydrate



Butter
Zero Carbohydrate



Ghee (Amajita ga Ente)
Zero Carbohydrate



Cheese
Zero Carbohydrate



Margarine
Zero Carbohydrate



Margarine/ Ghee
Zero Carbohydrate

Physical Activity

Engage in Adequate Physical Activities Daily

Key Messages

Physical activity:

- **Improves blood circulation.**
- **Stimulates appetite**
- **Improves mood**
- **Maintains muscles**
- **Makes you alert and active**
- **Increases insulin action**

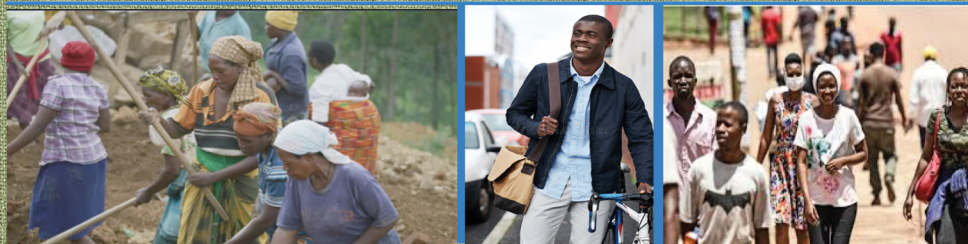


Adults should engage in 30 mins of moderate intense physical activity per day.

Children and adolescent should engage in 60 mins of moderate intense physical activity per day.

Examples of moderate intense physical activities include:

Brisk walking, Climbing stairs, Domestic work, Gardening, Jogging, Aerobics, cycling and sports.



KYEBEZA

OYERINDE OBURWIRE OBU

SHUKARI  **DIABETES**

PURESA  **HYPERTENSION**

N'EZINDI ENDWARA

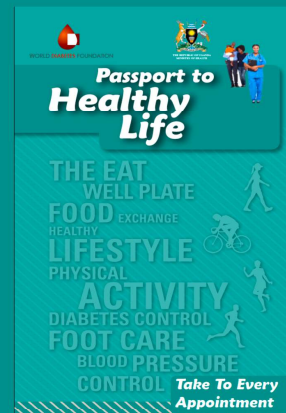
BUZA

ABASHAHO AHA

EBY'AKATABO

KAMAGARA

AHA



Health Centre III na IV & District Hospital

**THANK YOU FOR
YOUR ATTENTION**

