MEETING TO SHARE & VALIDATE STUDY REPORT ON NCD'S AND ASSOCIATED RISK FACTORS AMONG UNDERGRADUATE STUDENTS IN UNIVERSITIES IN MUKONO AND KAMPALA DISTRICTS

6th DECEMBER 2013, IMPERIAL ROYALE HOTEL, KAMPALA

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1.0 Background

According to the 2010 WHO global status report, a total of 57 million deaths occurred in the world during 2008, out of which 36 million (63%) were due to Non-Communicable Diseases (NCDs), principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. In the African region, it was noted that there are still more deaths from infectious diseases than NCDs. It was however noted that the prevalence of NCDs is rising rapidly and is projected to cause almost three-quarters as many deaths as communicable, maternal, perinatal, and nutritional diseases by 2020, and to exceed them as the most common causes of death by 2030.

The status of NCDs in Uganda remains unknown as there is no nationally representative data on NCD prevalence currently. It has however, been noted that tobacco is a major causal element for NCDs in Uganda. This has been attributed to the increase in consumption of tobacco products, including cigarettes, cigars, shisha, kuber and others. At present, there is no reliable survey for figures for the national prevalence of NCDs and yet health officials state that NCDs are a major cause of death in the country.

The increase in the incidence of chronic NCDs is predicted to continue over the years fuelled by the increasing exposure of Uganda's population to unhealthy lifestyles associated with urbanization. Yet to date, Uganda does not only lack nationally representative data on NCDs, the country lacks a comprehensive NCD policy, strategic plan, standards and guidelines.

It is against this background that CEHURD, in partnership with Uganda National Tobacco Control Association (UNTCA) and with support from UNDP, commissioned a study in November, 2013 to assess the status of NCDs in Uganda, analyze perceptions and use of tobacco among youths in universities in Kampala and Mukono districts. Hence a meeting of key stakeholders was convened to review the preliminary findings and to suggest recommendations. The half-day meeting took place at Imperial Royale Hotel in Kampala, Friday, 6 December, 2013.

Meeting objectives

The objectives of the meeting were:

a) Share Study Findings

b) Validate the study findings

c) Propose recommendations to findings identified and;

d) Develop a strategy to mitigate findings identified in the field report.

Participant expectations

The meeting participants shared the following expectations for the meeting:

1) To know the outcomes of the study and what CEHURD is planning to do with the outcomes
2) To have a clear understanding of NCDs
3) Understanding findings of the study and the way forward
4) To know how many university students are smoking
5) To get a clear understanding of why there is a tobacco control engagement
6) To know the level of consumption of tobacco by university students
7) To know the trend of NCDs among young people and how medicine manufacturers can best meet the needs of this population
8) To get to know feasible solutions to control tobacco use and use of drugs
9) To see the way forward do eliminate NCDs and improve the health of our people

2.0 Remarks from Uganda National Tobacco Control Association

The remarks from Uganda National Tobacco Control Association (UNTCA) were given by the UNTCA executive secretary, Mr Gilbert Muyambi. Mr Muyambi told the meeting that tobacco is the leading cause of death in the world. It kills 5 million people each year. He said this figure has been reported over and over not for the sake of it, but to demonstrate the sheer magnitude of the tobacco problem.

To address this problem, the World Health Organization (WHO) has put in place a Framework Convention on Tobacco Control (FCTC). The FCTC provides an evidence based roadmap for implementing cost effective demand and supply reduction strategies to curb tobacco use. It obligates governments to invest in it with technical and financial assistance.

Four key measures are prescribed in FCTC: 1) increase taxes on tobacco products to make them unaffordable for people, especially the poor and children (including students); 2) creation of100% smoke-free public and work places; 3) using graphic warning labels to communicate the dangers of tobacco use; and 4) enforcing comprehensive bans on tobacco advertising, promotion and sponsorships. Mr Muyambi said that if these were implemented, we would go a long way in controlling tobacco use and reduction of NCDs.

On taxation, he said that increasing tobacco prices is one of the most effective ways of controlling tobacco use. In addition, higher taxes will generate more government revenue because tobacco demand is inelastic because the rich will continue to smoke even with higher taxes and prices. The presenter noted that about 10% of household income is on average spent on tobacco, and that controlling tobacco would boost household welfare through savings, creating healthier environments, and keeping household members healthy and more productive.

The effective control of tobacco use requires the participation of people of different shades. For instance, there is need for environmentalists because tobacco causes deforestation. Tobacco also poses human rights issues; it also promotes child labor and polygamy because it is labor intensive. Tobacco causes a net loss to the economy because the taxes we get from tobacco cannot compensate for the damage and deaths that tobacco is causing the economy. Even among tobacco farmers, poverty levels are high.

Tobacco is strongly linked to NCDs, and in the near future NCDs will overtake communicable diseases as leading causes of deaths. This study should show us the extent of tobacco use and the need to control it.

Question and answer session

- **Importance of public awareness campaigns**
  One participant said the FCTC strategies are good, it would be important to emphasize public awareness and sensitization.

  In response, Mr Muyambi said the FCTC also highlights the importance of awareness and sensitization. He said such sensitization should be on the links between tobacco and NCDs, environmental degradation, human rights violations, economic costs, etc.

- **Effectiveness of pictorial warning messages**

  One contributor to the discussion questioned the effectiveness of labeling and the use of pictures, given that even doctors who know the effects of tobacco so well are also among smokers.

  Mr Muyambi said it had been proven beyond doubt that labeling is effective, especially the use of graphic pictures. He said he was a member to the technical committee of Uganda National Bureau of Standards (UNBS) for developing guidelines for labeling, but that during the discussions on labeling requirements for tobacco products, the tobacco industry vehemently opposed use of pictures arguing that it would shock people, and that it would not change behavior.

  But Mr Muyambi said that pictorial warnings on tobacco packages had been adopted the world over as a standard because it had been proven to be effective as it can illustrate some of the tobacco effects which ordinary people cannot appreciate by simply reading text and are helpful for people who are unable to read.

- **Taxation as a strategy for tobacco control**
  Another participant said he did not agree with increasing taxes on tobacco products, because once someone is addicted, it will affect the family more because they will spend more on tobacco and less on food for the family.

- In a related comment, another participant to contribute to the discussion said people who are addicted to tobacco go through a lot of pain when they do not smoke. Hence, he advised that emphasis should be on helping these people to cease rather than making it difficult for them to smoke.
- Another member of the audience suggested that making cigarettes unaffordable through higher prices may have the undesirable effect of forcing people to consume unprocessed tobacco, which may be more harmful

In response, Mr Muyambi said the effect of taxes and price increases depends on the category of people in question. While the rich may not feel the price increase, it is documented that a 10% tax increase will reduce smoking by 4% in high income countries and by 8% in low income countries. The point is that some people will reduce consumption or find ways of quitting.

Contributing to the discussion, Dr Possy Mugyenyi of Center for Tobacco Control said there was enough evidence that the most effective way to control tobacco use is tax increase; it is more effective than public campaigns. And in controlling tobacco use, the target are the people who are not yet smoking. This means that if it is expensive, you discourage, especially youth, from taking to smoking.

Dr Mugyenyi said that the second most effective strategy is banning advertising. Today, tobacco companies no longer advertise directly because in most countries tobacco advertising has been banned.

The third most effective strategy according to Dr Mugyenyi are the picture warnings. He said pictures are very effective in communication, citing the example of billboard in Kampala, all of which have images. And with a label, every time one picks a packet of cigarettes the picture reminds them how their lungs will look like. People get disgusted looking at ugly pictures.

The fourth most effective are smoke-free environment regulations. Dr Mugyenyi said such regulations inconvenience smokers, because they will have to walk distances or walk down staircases each time they have to smoke.

The other effective strategies have been proven to be awareness campaigns and quit telephone help lines. He said doctors smoke because they started in senor one, not medical school, and they were already addicted before they became doctors. For many people, they need to be assisted to quit, because they are unable to quit on their own after nicotine has taken over their body systems. He said there is enough evidence that communities growing tobacco even in countries that are highly dependent on tobacco, such as Malawi and Zimbabwe, are among the poorest. In Uganda, districts that rank low in poverty index include Arua, Hoima, and Masindi – and they also rank poorly on the food insecurity index.

- **Ush53 billion paid to farmers by tobacco company**

  There was a reference to a recent advertisement from BAT, showing that the company had made payments to farmers in Hoima to the tune of Ush53 billion, which gives an impression of a paying trade

  In his response, Dr Mugyenyi said the Ush53 billion that is reportedly paid to farmers is a total annual income to the father, mother and children because they are all involved in tobacco farming. He appealed to the meeting participants to be convinced that tobacco is not good for the economy, family and individual. Tobacco taxes about Ush60 billion but a lot more is spent in managing NCDs.

  Mr Muyambi supplemented by saying the tobacco industry has been trained to advertise, and they not show how many people this money goes to. In addition, it comes once a year because tobacco has one season. They will not say that it includes the loans and inputs that the tobacco company loaned to the farmers and which it deducts at source. He said people have run away from their homes following poor yields for inability to repay such loans.

- **Child labor and the right to education**
  Another contributor said child labor in tobacco farming means children are denied education and are likely to have a life of poverty in their future. He said this has also been observed in banana growing areas. And when children are subjected to hard labor, they are likely to start substance and drug abuse at an early stage as a way of trying to get energy to cope with the hard labor.

3.0 Presentation of the draft research report

The draft report of findings was presented by the consultant, Dr. Fred Tusubira Muwanga. Dr Muwanga said the main question the research was seeking to highlight is whether Uganda is ready to deal with the rising burden of NCDs.

Dr Muwanga defined NCDs as diseases that are not passed from person to person and progress slowly. He said the burden of NCDs is on the rise in Africa and southern Africa is already experiencing a high burden. NCDs lead to early deaths, before the age of 60, which affects family and economy because this is the most productive age group.

The presenter said four main NCDs account for 80% of NCD deaths: cardiovascular, cancers, respiratory disease and diabetes. He said the study concentrates on these four, and that the four share four risk factors: tobacco use; insufficient physical activity; harmful use of alcohol; unhealthy diets (low fruit and vegetable consumption).

These risk factors manifest in the form of raised blood pressure, overweight, high blood glucose; high levels of fat in the food. Evidence shows that Ugandans are

slowly becoming heavier and are increasingly having higher glucose and fat levels. To control NCDs, there is need to reduce the risk factors.

The presenter told the meeting that there is limited data on prevalence of NCDs in Uganda. But it is known is known that NCDs are on the rise. For instance, there has been a 500% increase in outpatient attendance at the Heart Institute; there is an upward trend in cancer cases at the Cancer Institute; while at Mildmay has observe a 5% increase in NCDs among people living with HIV (PLHIV) receiving care and treatment.

The study had four objectives: NCD prevalence and associated risk factors; knowledge, attitudes and perceptions (KAP) assessment of the risk factors; policy framework on control of NCDs and how effective it is; and the possible interventions.

Methods were literature review; policy analysis; and KAP study among university students. The presenter said the study should have focused on a lower age group, given that people are starting to smoke at an earlier stage but secondary schools were already doing their end-of-year examinations by the time the study was commissioned. Hence the study focused on university students. Four universities and 2000 students participated in the study by responding to self-administered questionnaires. There was no meta analysis due to limited population-wide data.

Summary of results

- **Reported NCD and risk factor prevalence**

Study	Prevalence of NCDs	Prevalence of risk factors
Murphy et al (2013) – Kasese district	21% - Hypertension 7.2 % - diabetes	9.6%- smoked 7.2% - ate fruit 1.2% - ate vegetables
UNHS 2009/10	9% NCDs 5% - hypertension	13% smoked
Kawuma (2012)	5 % increase in NCDs	

- **Policy and regulatory framework**

  NEMA 2004 – Control of Smoking in Public Places

  Darft tobacco control bill – with MOFPED

NCD prevention and control policy – at technical working group.

KAP study results

- Alcohol use: 40% female; 49% males. Those that reported to drink reported that they had their first drink at between 10-18 years of age. The researcher said these findings show where the alcohol control interventions should be focused.

- Tobacco use: 15% have ever smoked, current smoking at 12%. It is interesting that some smokers also use other products, e.g. shisha. Those that smoke average use 5 sticks per day. Duration of smoking is less than a year, which suggests that the effects of advertising due to high exposure at university. 57% had seen cigarette adverts. 74% would like to stop smoking. There is need to help this group to stop smoking. 40% reported being exposed to environmental smoke.

- Healthy eating: 94% reported eating fruits on a daily basis

- Physical activity: The youths are involved in walking, jogging and sports. It will be interesting to find out whether students at high school are also involved in physical activity, given the shrinking spaces in process of privatizing education.

Limitations of the study

- There was no comparable data on NCDs
- Only 5% of Ugandan children have access to tertiary education
- Use of self administered questionnaires means the research team did not interrogate the respondents on their responses

Emerging issues

- There is need for more evidence; investment in population based studies to generate data to inform planning and program design
- There is apparent fragmentation in handling NCDs. There is need to push for partnership between MOH and civil society. The NCD department is detached from the department handling the risk factors
- Weak policy and regulatory framework: There is need for a national action plan to raise the profile of NCDs, and national strategies for control of alcohol and tobacco use.

The researcher called for the adoption of the WHO recommended National Action Plan on NCDs, which aims "*to reduce the impact of NCD morbidity and premature mortality in Uganda, with a target of at least 25 percent reduction in premature mortality from the four main NCDs by 2025".*

Recommendations

- Build multisectoral policies and partnerships for NCD prevention and control
- Reduce the prevalence of the main NCD risk factors and strengthen the protective factors
- Improve coverage and quality of care for NCDs and risk factors
- Strengthen our capacity for surveillance and research on NCDs, risk factors and social determinants.

4.0 Feedback on draft report

After the presentation of the preliminary findings, there was a general discussion on the draft report. The following were key points during the discussion.

- The study shows that respondents had been smoking for less than a year. One meeting participant wanted to know the question that was asked given that people start smoking at an earlier age.

  In response, the researcher said KAP studies have their limitations because you are not there to probe the respondent further. Do you smoke, how long have you been smoking. We found 56% of those smoking had smoked for one year less; but there is the other 40% plus.

- Dr Possy Mugyenyi said the study was a step further to highlighting the problem of NCDs. He said NCDs are expensive because the treatment is long term and expensive for insurance purposes. When you have a chronic illness, the premium almost doubles, or even the insurance companies will reject you outright because the cost of maintaining you on drugs is very high. He appealed for urgent adoption of the goal of 2025, saying the country had already lost three years. There is need to move faster the national plan, and appealed to MOH to clarify.

  He said the study was only the beginning, we need population studies. That is why we are calling for partnership. This is a good time to start talking about NCDs and risk factors.

- Another participant shared a testimony about a young person who worked for eight years in a casino, to raise school fees due to environmental smoke. He was referred to India and we were raising funds for lung treatment. It was painful to see him and yet he had never smoked in his life. He failed to go to India and eventually died.

- This research was done on people of same social status; they come from similar backgrounds – their families can pay fees. Next time we should do research on people from different backgrounds. It will give general idea.

- One participant suggested that the report should rank the risk factors; what is the link that tobacco plays in any or all these NCDs mentioned. Do all risk factors link to four NCDs.

  In response, the researcher said this is a cross sectional study which cannot answer this question. WHO has done a meta analysis and given proportions. There is commonality between the risk factors, and they are all linked to the four NCDs. In Uganda we don't have data on that.

- Awareness: if people at university do not know about NCDs, what about people in rural areas? What is the MOH doing about this?

  The presenter responded: there are studies planned on tobacco farming. We know it creates a livelihood for some families. So there is need to look at alternative livelihoods. Second, we need to quantify the socioeconomic impact of tobacco use. State gets taxes, forex. We need to look at that for us to make our point better understood.

5.0 Remarks from the Ministry of Health – Dr. Gerald Mutungi (M.o.H), Program Manager, NCD Department

Dr Mutngi thanked CEHURD and the researcher for the reaserch. There is a gap as far as national data is concerned. However, we know the truth, we have evidence, even not documented, NCDs are increasing. There are increasing cancer deaths. We know that many of the MPs who have died have died of NCDs. So there is no reason for us not to act.

He said by time he came into the position, there was a billion shillings unused because there was no data. "I think that is not right. NCDs are silent killers because they present no signs. Many of us may be living with diabetes and we don't know. Later when they show signs will be too late.

"MOH needs to partner with civil society, media and every body. In my department we are only 3 individuals. What we are hearing here is not news, but they had not been documented. We are going to work on the recommendations.

"We have reopened the grant. Our priority is to sensitise the public. In the addition to the four risk factor, there is lack of health checks. We need to go for medical ckeck-ups even when they feel healthy… especially when you are 40 and above. Otherwise you will never know you have raised blood pressure.

"The data says university students don't know what NCDs are. We shall want to engage with media, because they will enable the community know. We need to advance the NCD agenda, for the people to know the risk factors because we don't have the capacity to manage many cases.

"We will be re-orienting HC III-hospitals to be equipped with health checks – glucose levels and blood pressure.

“Media always ask me what is new? There is nothing new but if people are not responding we need to keep sending the message. We are going to do a national survey for risk factors. It has been on plan in MOH for long. By March-April we will have national figures. Accessing money has been made difficult, MOF paying to accounts but they may eat money and not do the work. but our figures may not be different from these in this study. The problem is growing and the time to act is yesterday.

“Some of this data will inform our national policy process. The process of making a policy may take long but no one will stop you from going to TV to talk about NCDs.

“We are starting with Mulago; we want that all outpatients have their blood pressure checked, and every in patient has sugar levels checked.”

Questions and comments:

- Question: We have had challenges. When it comes to challenges. We can do wonders with sensitization. If we start with our selves, to our families, friends, then at the end of the day we will have an NCD free population. NCDs have been presented diseases of the rich and the old, but we are getting challenges – people come to screen and don’t think about children. The sensitization should target messages about children. NCD Alliance is open for free screening.

  Dr Mutungi: We should have these testing at these meetings

- Question: On partnerships, what is the process under which we can feed data to MOH. Civil society has a lot of data. Even these presentations can show a lot. We have rehabilitation centers doing a lot. We have a lot of information scattered in our records which we can share.
- Dr Mutungi: On data sharing, there is need to involve MOH from the first stages. You can present your proposal in the technical working group, and we can do it in partnership and then we can own. If also you present the data to the group, and we can still own. We are not expensive to partner with. Request for time to present. That is the formal channel. Every technical area has a technical working groups

- Question: Some figures on prevalence?
  Dr Mutungi: On data, we don’t have concrete data. Up to 30% of adults have high blood pressure in Kasese study. 10% have high blood sugar. But this is not national data. Media should not wait for figures. The effects are bad, impotence, people are depressed.

- Question: While we blame the patients, patients also blame doctors. Sometimes, patients try. Three week headaques, and blood pressure. Can go to a doctor, it may still show I have pressure. Who do I blame (for not doing a comprehensive test)

Dr Mutungi: We are not blaming patients, but the health system. I did not blame patients. People trust us and it is up to us to interest them to take these tests. Making the population aware they can demand for these services and the doctors will be prompted to provide.

- Question: How do you work with Dr Kazeire, Dr Ssali and others, some of these products make me feel I am ok. How do you deal with those people
  Dr Mutungi: An enlightened population is very important. Civil society should help there; MOH can work on health workers. It helps with fake doctors; they end up cheering Ssali. MOH lost the case against reflexologists… Dr Malinga banned them and they took us to court. MOH is not good at arguing cases. Our society is too liberal. They do not have the mandate to talk about health issues but we cannot stop them; they have money to pay for media time. The media need to take social responsibility. MOH does not have money to pay the media.The complimentary medicines bill has been passed by cabinet, it will give us a leeway of dealing with such people

- Question: can the grant sponsor civil society
  Dr Mutungi: The grant is for approved activities, but there is money for airtime tV. But you can appear with us on such programs. The major intervention is to build the capacity of hospitals to handle NCDs and prevention. E.g. BP machines.

- Kubber has been banned; you find a man seated on top of the world. On top tobacco causes cancer. In small letters, not to be consumed by people under 18, but children are taking it, impoted from India?Please look out and link with people in tobacco control.

5.0 Closing remarks from UNDP Representative – Ms Nakku Sarah

She said she was happy that there is finally had something documented about NCDs.

"I know CEHURD would not be the best organization to do this and we wanted to give the money to MOH. But they wanted to do some of the things, but there was no baseline. Some activities were differed to next year, waiting for this data.

"Thanks to Dr Mutungi because he is active in these workshops and issues/

Thanks to the research, I want to look at it. I ask CEHURD to share report with MOH even before it comes to us and they should own it. It should inform the national survey.

"Thanks to the civil society partners who are part of this process. There is need to continue working together because we need a multisectoral approach involving everyone. We don't have much money, but will continue to support this process. We will combine with other UN agencies to join this initiative.

“This validation should have been invited representatives of the universities where this survey was done. I encourage you to disseminate this report to them. Find avenues, we can also support you to do that. This congregation is already converted. Like Dr Mutungi said we already know, even when not documented. This would have been the appropriate time to get them to know this information.”