

## **Non-Communicable Disease Prevention and Control: A Community-Based Approach**

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### **Background and Definition**

Over the last decade, the Eastern Mediterranean region has experienced the epidemiologic transition and chronic diseases are now the leading cause of death among adults<sup>1</sup>. This so called epidemiologic transition is due partly to rapid ageing of the Eastern Mediterranean region population and progressive urbanization and socioeconomic transformation. Other major factors include changes in nutritional patterns with over consumption of fatty foods.

Chronic diseases such as cardiovascular disease, diabetes, cancer and injuries are rising dramatically in Bahrain. According to 2002 health statistics, the leading cause of death is cardiovascular diseases followed by injuries and cancer<sup>2</sup>.

The WHO in the Middle Eastern Region in collaboration with the Executive Council for Arab Health Ministers has launched a giant project to survey non-communicable disease (NCD) and its risk prevalence in the region<sup>3</sup>. This will be followed by an interventional period of promotion of lifestyle modification and food habit changes. This intervention will utilize many medical and non-medical resources to promote this campaign.

Bahrain is a member of this project. The ministry of health is currently evaluating the NCD status in the community. This surveillance will span over two years period to be followed by other project<sup>3</sup>.

The concept of integrated intervention reflects the recognition that a number of risk factors are common to a number of non-communicable diseases (NCD) and the simultaneous reduction of these common risk factors would reduce the major NCD<sup>4</sup>.

This concept emphasizes health promotion and disease prevention through existing health care systems and the active participation both of communities and of individuals. Integration means the implementation of health intervention modules to address the common risk factors in all relevant groups of the population and requires partnership<sup>4</sup>. Multidisciplinary collaboration and intersectoral action at all levels are crucial to success. The scope of the approach is thus broader than the traditional

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delivery of health, by health care services alone<sup>5</sup>. It promotes responsibility for health, both in the individual and in the community, and its strategies are designed to facilitate change in both, and in all sectors of society.

## **Objectives of the NCD prevention and control Community-based Approach:**

### **Main Objectives**

The ultimate goal of NCD prevention and control is to promote the well being of the population in Bahrain by protecting them from the risk of developing or dying from these diseases and to reduce the incidence and prevalence of NCD and its risk factors<sup>4</sup>.

### **Specific Objectives**

The specific objectives for NCD community-based approach is to promote healthy lifestyle particularly in the areas of tobacco use, diet and physical inactivity and reducing NCD risk factors in the community and to provide the experience necessary to extend the project to the whole nation<sup>5</sup>.

### **Why community-based approach?**

The community is a potentially powerful partner in the implementation of any national health plan. The advantages of the community-based programs are numerous and involve many limbs. They are cost- effective, long-standing and self-sustainable through community empowerment.

They are integrated within the existing health and work system. That means they are not add- on systems; rather they are situated within the organizational setting.<sup>6</sup> The idea that they utilize and mobilize community resources to support the health plan objectives is very attractive to decision makers. The value of resources invested in health is maximized through empowerment of the society.

Through this approach the community is reoriented towards prevention and intersectoral collaboration<sup>6</sup>.

### **Who are the programs partners?**

The community-based programs have homes in more than one organization that is the programs may be supported by more than one center<sup>7</sup>. A typical community-based program has four to six institutional partners. Partners are recruited from the health system and from the university, industry, NGOs and community environments<sup>8</sup>. Government is always a stakeholder partner whether at the central or local level.

### **What are the project's scopes?**

The areas of the programs scopes are:

1. Major risk factors like: tobacco control, diabetes, hypertension hyperlipidaemia, physical inactivity and obesity.
2. Selected target groups: worksite population, children, women and youth<sup>8</sup>.

3. The population as a whole.

### **How can we involve the community resources?**

The community can be strongly involved by inviting the government as a major stakeholder in the project. Several governorates could support such project<sup>6</sup>.

The national media should be set and prepared for marketing the project. Different project partners should be given enough power to contribute and support the continuum of the project.

To gain credibility and trust of different project partners, the project should be scientifically and efficiently monitored and reported to different partners<sup>8</sup>.

### **What are the limitations?**

Major limitations of the project include adequately trained manpower to lead the different sectors of the program. The low priority for prevention within the health system renders such project ineffective and impractical.

The changing social and economic factors in the community set as a major barrier for the application and monitoring of this project. For this project to work, it's necessary to obtain a mandate from the governments to operate on a country level. This adds as a barrier to the project.

Financial support, be it governmental or private, constitute a major threat to the initiation and continuity of the project. It is mandatory to develop a "within-monitoring and validating system". Failure to develop and maintain such system is to be blamed for the project discontinuation<sup>8</sup>.

The community based approach as means for prevention and control of NCDs has proven its efficiency and longevity in many culturally and epidemiologically different zones. The Finnish experiment has stood for twenty years and results have deemed this project popular, successful and pioneering<sup>8</sup>. Our efforts in the GCC are promising.

Policy makers' belief and enthusiasm towards the project is mandatory to gather the necessary financial, scientific and official support. Other community partners are of vital importance for the initiation and maintenance of the project.

## REFERENCES

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