PREVALENCE OF NONCOMMUNICABLE DISEASES IN ZIMBABWE: RESULTS FROM ANALYSIS OF DATA FROM THE NATIONAL CENTRAL REGISTRY AND URBAN SURVEY

The disease burden from noncommunicable diseases (NCDs) in Africa is rapidly increasing based on projections from a limited number of reports. In the absence of national health surveys in Zimbabwe, all data nationally generated between 1990 and 1997 were analyzed. From 1990 to 1997, prevalence rates (expressed per 100,000 people) of hypertension increased from 1000 to 4000, rates of diabetes increased from 150 to 550, and rates of cerebrovascular accidents (CVA) increased from 5 to 15. The case fatality rate (CFR) for CVA decreased substantially during the period of study, implying improved case management of the disease, while the CFR for most other diseases did not change significantly throughout the study period. The observation of increased prevalence of some NCDs during the study period was corroborated by findings from a blood pressure survey subsequently conducted in an urban environment of Zimbabwe, which revealed a hypertension (blood pressure ≥140/90 mm Hg) prevalence of 35% in women and 24% in men. In spite of the limitations of the centrally generated hospital-based data, its analysis is still valuable. Countries are therefore encouraged to utilize this easily accessible resource to aid policy formulation and resource mobilization. (Ethn Dis. 2006;16:718–722)

INTRODUCTION

Limited epidemiologic studies indicate that noncommunicable diseases (NCDs) are emerging as a major disease burden in Africa.¹ This NCD epidemic has emerged at a time when communicable diseases still require tremendous human and material resources, with no respite in sight.² The developing countries in Africa are faced with a double burden of disease from preexisting communicable diseases and the emerging NCD epidemic. Most governments have already put in place disease prevention and control programs for communicable diseases, but few standardized studies on NCDs in Africa have been conducted, and prevention and control programs for NCDs are a distant prospect.³

Estimations of the burden of NCDs in Africa are based on a combination of reports from a limited number of studies conducted in some countries in Africa and extrapolation from reports done in Western countries.⁴ Few African countries have conducted and published studies from national surveys of NCD risk factors.⁵ The NCDs of particular concern are the cardiovascular diseases, such as diabetes mellitus and hypertension, and events that result from target organ damage, such as stroke and myocardial infarction. Another disease is rheumatic heart disease (RHD), which has been resurging in some countries.⁶

The pathogenesis of most of these NCDs is not well established, which makes instituting effective national control programs difficult. The available prevalence data from published studies conducted among Africans of all races in the continent reveal a variety of NCD features: the metabolic or insulin resistance syndrome,⁷ urbanization-related hypertension,⁸ and sodium sensitivity.⁹ Most hypertensive patients are obese, exhibit insulin resistance, and may have diabetes mellitus and lipid disorders.⁷,¹⁰ This cluster of risk factors used to be referred to as insulin resistance/metabolic syndrome.⁰ Initially it was thought to be a common pathway for essential hypertension, but the existence of hypertension in lean subjects has somewhat clouded this hypothesis and called for alternative mechanisms.¹¹

Observations of higher blood pressure and prevalence of hypertension in urban compared with rural subjects have been consistent throughout Africa, with a few exceptions where the opposite was true.¹²,¹³ A number of factors have been attributed to this urbanization-related hypertension, including increased psychosocial stress, dietary salt, and Western lifestyles and diet.¹⁴

Most countries are rapidly decentralizing their economies and government structures. This economically justified development has essentially transformed previously rural areas into regions in transition to urban areas and is associated