THE PLIGHT OF NON-COMMUNICABLE DISEASES IN DEVELOPING COUNTRIES WITH THE INCREASING LEVELS OF INEQUALITIES.

"As we work to create new theories, new frameworks, new institutions and policies. Inequalities are not inevitable. They are not the result of the laws of nature or the laws of economics. We created them ourselves, through bad policies, indifference and greed. It is time to put an end to this peril. Effective public policies, inclusive multilateral cooperation, and new economic thinking, can do the trick"

Angel Gurría, Organization for Economic Cooperation and Development (OECD) Secretary-General.

Abbreviation

NCDs	Non Communicable Diseases
UN	United Nation
IMF	International Monetary Fund
WHO	World Health Organization
NGO	Non-Governmental Organization
DANIDA	Danish Development Agency
OECD	Organization for Economic Cooperation and Development
MDGs	Millennium Development Goals
ILO	International Labour Organization
GMA	Global Medical Aid
OECD	Organization for Economic Cooperation and Development

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1. INTRODUCTION

WHY IT WILL BE DIFFICULT FOR DEVELOPING COUNTRIES TO DEAL WITH THE PLIGHT OF NONCOMMUNICABLE DISEASES (NCDs) IN A WORLD THAT HAS BECOME SO UNEQUAL.

Despite the financial and global economic crisis that has hit the world in the recent past, there have been a lot of progresses towards the achievement of Millennium development goals (MDGs) with a deadline of 2015.According a recent United Nations (UN) report on the progress, several targets have already been met and others are within close reach (UN, 2013:4).Despite the above results, there has been a very high increase in inequality between countries and within countries. As Milanovic (2011) argues, inequality has been growing for the past quarter century instead of falling as expected due to economic growth experienced by many countries. While some countries like Brazil have managed to lower the levels of inequalities with economic growth, other countries like China, South Africa among others has continued to witness a widening gap of inequalities.

Inequality takes various dimensions and as Stigliz (1999) indicate, inequality could be observed in income, wealth, health, exposure to environmental hazards and opportunties.Gini coefficient is a measure of inequality and as Milanovic indicates, egalitarian countries like Sweden and Canada have a low gini of 25 to 35, meaning less inequality while most African and Latin American countries have a high gini of 60s, indicating high levels of inequalities. Although the growth of an economy is associated with translating to better lives of the population, sometimes this is not always the case and in most cases economic growth could lead to increase in inequality. In China for instance, the GDP rose from 20% to 60s % in 2008 and this would have resulted to a reduction in the level of inequality due to increased wages, but on the contrary, the gini coefficient rose from 30 in the 1980 to 45 today (Milanovic,2011).

There have been a lot of debates on what causes inequality? Is it justifiable? if not what needs to be done to adjust it. Those who support the status quo believe that the rich have worked hard to acquire the wealth they have. They further indicate their riches will trickles down to the poor people and therefore the system should be adjusted because if this is done, the economy will be affected negatively. They also believe that poor people are not doing enough to lift themselves out of poverty. Those opposed to the level of inequality are of the view that rebellions, revolutions, demonstrations and wars that have been witnessed in the world over the past few years, majority of them are linked to inequality. Some economists have supported the move towards reducing inequality sighting that it facilitates economic growth (International Monetary Fund (IMF) 2012 and OECD, 2013).

They are many causes of inequality and Milanovic indicates they include technological change resulting to increasing demand for highly educated workers, changing social norms where

people tend to accept for example a high pay to a chief executive officer, Globalization and institutional frameworks are some of the factors that lead to inequality(Milanovic,2011).Stigliz also identifies six factors that cause the high levels of inequalities as observed today, they include: - Weak institutions, social conventions & customs, legal framework, globalization, disparities in endowments and rent seeking by those in authority(Stigliz, 2013).

Health is a key driver to development. Good health leads to the growth of an economy in that there is improved productivity; increased saving and people tend to live longer. Health also has some intrinsic value in that healthy people live better and happier lives. World Health Organization (WHO) defines Health as "state of complete physical, mental and social well-being and not merely the absence of disease of infirmity" (WHO, 2013).Health has been one sector that has informed a lot of policies both at country and global level. For example three of the MGDs which guide the development efforts today are on health issues. There have also been a lot of global initiatives to fight the pandemic of various diseases and this has led to increased funding towards specific initiatives like Global Fund to fight AIDS, Tuberculosis & Malaria.

Health globally has improved with people having a longer life expectancy more than 50 years ago. In 1955 life expectancy was 48 years and in 2011, life expectancy at birth globally was at an average of 70 years, with an average of 60 years in low-income countries and 80 years in high-income countries. This increase could be attributed to dramatic control of communicable diseases which have increased the quality of life (WHO, 2013). Despite these good news, there is a growing disparity between the levels of health achieved between countries and as McGillivray et.al (2011:1) indicates that "life expectancy for African women was 49 years in 1978 compared to world average of 63 years. This improved by 6 years in 1998 to a world average of 69 years and it only increased by two years to an average of 51 years for the African women".

As indicated above, control of communicable diseases which are diseases that can be spread from one person to another has greatly been reduced but there is a growing burden of non-communicable diseases and more so in developing countries. WHO defines NCDs as "diseases that are not passed from person to another, they are of long duration with a generally slow progression. They include cardiovascular diseases, respiratory diseases, diabetes and cancer" (WHO, 2013). According to WHO, 36 million people every year die due to non-communicable diseases .Almost 80% of these deaths which is an equivalent of 29 million occur in low and middle income countries.NCDs are the leading cause of death in all regions and projection indicate that by 2030, death from NCDs in Africa will exceed combined deaths of communicable, nutritional, maternal and perinatal death due to the rate at which these diseases are increasing in Africa (WHO, 2013).

NCDs posse a great challenge to development of low and middle income countries in that they increase a burden of what is already created by communicable diseases. They are also expensive to treat and demand a long-term care. Most people pay for medical care from their pockets with the little resources they have. These diseases are also affecting young people who are not able to get to their full potential as they die at a very young age and overall these diseases reduce the productivity of the people which is necessary for development.NDCs are

said to be caused by rapid unplanned urbanization, globalization on unhealthy lifestyle and ageing. There are also risk factors which have been identified to lead to these diseases and they are **Tobacco use, physical inactivity, harmful use of alcohol** and **unhealthy diets.** (WHO, 2013).

Although risk factors associated with NCDs are prevalent in developing countries, the general social determinants of health which are defined by WHO as "conditions in which people are **born, grow, live, work** and **age**" seem to play a very significant role in the spread of NCDs.These determinants are dictated by the distribution of money, power, resources and opportunities in the various strata's in a society (WHO, 2013). Research indicate that the lower in a class you are in a society the more exposed you are to the risk factors that lead to NCDs.Examples of such research include one by WHO in 2004 which showed that there are 1.3 billion estimated smoker worldwide and 84% live in developing and transitioning economy countries (WHO,2004:5).Another research on alcohol also showed that alcohol abuse is also on the rise in developing countries (WHO,2013).What this shows is that the poor are more exposed to NCDs risk behavior and this could be due to inequality in distribution of resources leading to frustration and stress.

1.1. PROBLEM FORMULATION

Majority of the poor people in developing countries are highly exposed to risk factors associated with NCDs ,social determinants of health seem not to favour them and . With the levels of inequalities increasing daily it will be difficult to manage and control there diseases. Many people in African countries do not understand the link between risk factors and these diseases and there is also insufficient health care to detect and treat these diseases.NCDs have not received a lot of global attention in that these diseases continue to be less funded despite being a huge threat to development of these countries.

With all the above unless something is done, it will be difficult to eradicate the plight of these diseases.

1.2. CHALLENGES IN WRITING THE PROJECT

Lack of data about NCDs in developing countries and this limited me in using a case study as a research design as this would have helped me in doing an in-depth research about NCDs in one country. I had also hoped to develop a theory for my analysis from the interviews I had planned conduct but it turned out the directors I was in touch with got so busy and they were only available early January when my project was due. So I used other theories.

2. METHODOLOGY

This chapter provides a framework or the structure used in this project. The various tools used are also outlines and the reasons why these tools have been found useful in this project. The explanation also attempts to demonstrate the reason for the choice of the research design used which in this case is a cross sectional research. In addition it also shows data collection methods which consist of qualitative and quantitative data.

Cross Sectional Research, which according to Levin (2006) gives a snapshot of a population at a certain period of time and allows conclusions about a phenomena across a wide population to be drawn will be used in this project. He gives an example where this research has been used in looking at the prevalence of breast cancer in a population. This type of research uses data that have not been collected specifically for this particular research but other sets data collect for other purposes. The researcher looks at a holistic range of factors including and not limited to ages, ethnicities, gender, income, education level and social backgrounds.

The advantage of this design is that it allows a comparison of different types of variables and it brings in various perspectives about the same thing and out of this a richly informed conclusion is drawn. This design has been used in other medical research works in trying to identify prevalence of certain diseases or risk factors. There has been criticism in this kind of research design in that it only gives a snapshot of the situation and if a more detailed research was done with a lot more time allocated to it, the research would yield different results (Olsen & Diane, 2004).This project has relied both on secondary and primary data. This project is more of qualitative in that it provides an understanding of underlying reasons.

Being on an internship in a medical field and trying to look at the correlations between health and development, guided me in wanting to find out what diseases are hindering development today in many African countries today. There were no rich historical data on NCDs in the most hospitals of our recipient countries since no much data of these diseases is collected on the groud.This most happens in the main referral hospital .I relied on data collected for other purposes and the few interviews I had with different medical practitioners. I decided to look at these diseases holistically looking at their risk factors and social determinants of this made the cross sectional design applicable.

The first part of this project looks at the background of the problem and demonstrates the role of health in the development process of a country. The second chapter is the methodology and it gives an outline of how I carried out my research. The third chapter is the theory chapter, where i outlined in details the two theories used in analyzing the problem. In the following section I used the theory to analyze the social determinants of health and the risk factors

associated with NCDs. The conclusion is divided into 3 sections on my reflection on what should happen at various levels i.e.:- Individual, national and global levels.

3. THEORY SECTION

This section gives an overview on the theories that will be applied to carry out a thorough analysis to help in answering the problem formulation. The theories are Justice as fairness and capability approach. The former will actually help to develop the backbone of the analysis section thus it is described more in detail than the latter reason being capability approach was developed as a critic to the Justice theory though the author (Sen) acknowledges the importance of the first theory .

The relationship between theories and research can be drawn from two approaches as indicated by Bryman (2012:24) .They are (i) Deductive approach and (ii) Inductive approach .Deductive approach is where the researcher begins with a theory and uses it to guide in what observations to make and later tests the theory while Inductive approach is where the researcher begins with observations then they guide him on what theory to use. The knowledge i gained through literature review of NCDs and their trends guided me in arriving at Justice as Fair theory since allocation of resources seemed to contribute heavily to how these diseases are spreading.

3.1. JUSTICE AS FAIRNESS THEORY

This theory was developed by John Rawl who argued that justice requires fair distribution of primary goods .He defined goods as things that every rational man is presumed to want and that these goods should be allocated to individuals on the basis of fair equality of opportunity (Ruger,2004: 1092).Primary goods include and are not limited to rights, liberties, opportunities, income,health,intelligence.His theory was guided by two principles; (i) Each person is to have equal right to the most extensive scheme of equal basic liberties (ii) Social and economic inequalities are to be arranged so that they are reasonable and expected to be of everyone's advantage and attached positions and offices should be open to all. He noted that these principles apply to the basic structures of a society and govern the assignment of rights and duties and regulate the distribution of social and economic advantages. He further indicated that unequal distribution could only be allowed if it was to everyone's advantage (Rawls, 199:52-54).

This theory was later developed by Norman Daniels who indicated that they are various opportunities that the society provides to its population and they include; individual rights, health, education, jobs, law and order. Some of these opportunities are interlinked in that accessing one opportunity could help an individual in realizing another. The reverse is also true; in that when one is denied access to one opportunity it could be difficult to achieve another.

For example if you are denied access to education, it would be difficult to some extent to improve your health status in that in today's world you need to get education so that you can get a job and earn a decent living and by extension be able to meet your health needs. He further calls for justice in distribution of these opportunities so that no one who is deprived off them despite their race, background or social status. Health inequalities depend on distribution of other goods i.e. education, income, wealth, housing and access to health care (Daniels, 2008:29).

Major rewards in our society are derived from jobs or offices. The competition for these positions must be fair since fair procedures will yield outcomes that are fair even if unequal. Fairness should be observed right from when a child is born since it determines what opportunities he gets exposed to and these opportunities in a huge way determine who or what he becomes in the future. If the basic structures of the society work to the advantages of all and in a way that is open to all, then the distribution of goods and resulting life prospects for individuals will be the outcome of a fair process. This puts everyone to the same level playing ground and there is no one who would feel deprived or left out. He also states that when careers are open to all they are judged from skills and talents where everyone has an opportunity to develop his or hers and where other factors like class, family connections don't matter at all (Daniels, 2008:51-52).

He further argues that financial access to medical services is not the primary determinant to health status. Being not well educated for example can lead to engaging in some behaviors that exposes people to poor health without their knowledge. Social determinants of health are socially controllable and when all people don't have equal access to these factors then there is a problem with distributive justice. Daniels recommends flattening of "social economic inequalities in a robust way assuring far more that a decent minimum". He further stated that "policies should be aimed at equalizing individual life opportunities, such as investment in basic education, affordable housing, income, security and others forms of antipoverty policies" (Daniels, 2008:75).

3.2. CAPABILITY APPROACH

This approach was developed by Amartya Sen as a critic to Rawls theory of Justice. Sen's framework has its origin in political theory as he seeks for expansion of human capabilities what he calls real freedoms that people have and the ultimate end of public policy. To him, health is more of intrinsic values than non-intrinsic or solely social goods like income and health care. He opposes the approach of availing primary goods to the people and he suggests that emphasis should be directly with what people are enabled to be and do with their resources, given their traits and circumstances .Sen calls for freedom from all the various aspects of life that affects health and they include economic freedom, social opportunity- capability to avoid premature mortality and to be well educated, political freedoms – capability for self-determination and protective security- capability to avoid economic vulnerability (Ruger, 2004:1094).The major critic of this approach to Rawls theory was the lack of inclusiveness where Sen felt that for example the disabled people because of their special needs just the mere equality in income distribution, it would not placed them on a better position than the "normal people".

Sen argues that Rawls theory focus more on means than the ends .Resources and means alone cannot be goods in their own right they need to be converted into goods that promotes their wellbeing and this conversion depends on individual capabilities. He felt that ensuring possession of primary goods and reduction in socioeconomic inequality does not necessarily lead to addressing health inequality. He indicated that health should be looked at more directly on own right. He stated that capabilities in relation to health should be looked at as and end on their own and also instrumentally important for achievement of other ends for example economic facilities. He further argued that this theory does not take into account human diversity in that people are different and due to their own capability they will choose what fits them (Ruger, 2004:1094).

Capability approach is more people centered and agency-oriented. Individual should be agents in determining their own health. He emphasis that people should be involved in decision making and in policy making in relation to their health so that they can choose what fits them.Sen argues that individuals should not just be passive recipients of medical care or even income redistribution decisions or other public-policy programmes rather people should understand and shape their own destiny. This approach emphasis the need for an integrated platform where health improvement strategies should be delivered through a plurality of institutions (Ruger, 2004).

4. ANALYSIS SECTION

In this section, I have used the two theories to first analyse the social determinant of health and then the risk factors.

4.1. JUSTICE AS FAIRNESS THEORY ANALYSIS

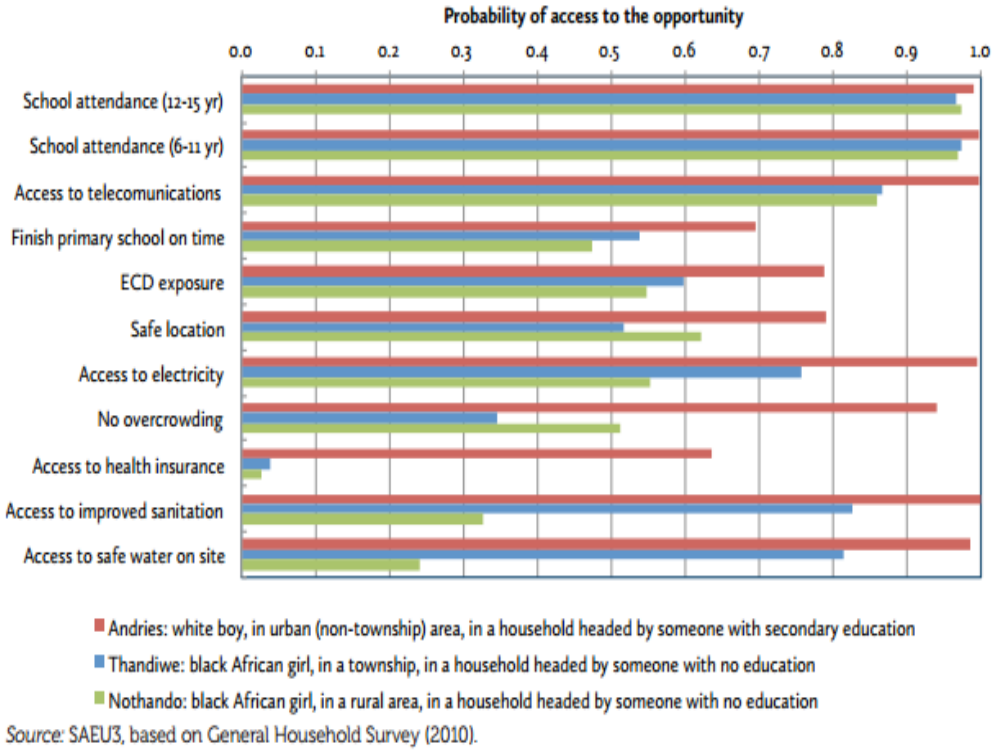
4.1.1. CONDITIONS WHERE PEOPLE ARE BORN, GROW AND LIVE

Early formative year of a child are very important because they shape the future a child in many ways. Irwin et al. (2007:15-16) states that "a healthy start in life gives each child an equal chance to thrive and grow into an adult who makes a positive contribution to the community – economically and socially". They further argue that a child is born with billions of cells in her brain that represent lifelong potential if they connect with one another and this can only happen if these child is brought up in a stimulating friendly environments. These friendly environments include and not limited to healthy diet, good shelter, access to health care, clean surrounding among other things. On the contrary, if these environments are not available at the early age of a child they do not develop to their full potential. The responsibility of providing these surroundings does not solely lie with the parents but also with the government in allocating resources (Irwin, 2007: 5).

Conditions where people are born grow and live in a way determined their health. Unequal distribution of resources has led to developed of social classes, where the status of the parents in the social ladder to a huge extent determine the conditions or surrounding where their children will be born and raised. In most African countries there are very high rate of population growth, high rate of urbanization coupled with very high rates unemployment. This puts many parents in a position where they are not able to provide for their children the basic needs i.e. food, shelter, education and healthcare. This situation is even made worse due to lack of social nets. There is also no proper planning in the urban areas where many people migrate to in search of jobs. There are no proper housing, no infrastructure and the sanitation is poor. Many people settle in slums which provide cheaper housing solutions.

The growing gap between the urban and rural areas in some countries shows a great need for improvement of the health care systems in the rural area. In some countries the health facilities in the rural areas are so poorly equipped with less or no equipment's at all, lack of medicines and little medical staff. In some countries there is also a very poor infrastructure making it difficult for the poor people to access these facilities compared to those living in the urban areas. The diagram below shows the level of inequality in distribution of opportunities in South Africa one of the most unequal countries in Africa.

Contrasting Opportunities of Three Children in South Africa 2010



Source: SAEU3, based on General Household Survey (2010).

Looking at the diagram above it shows that the three children have different level of access to different opportunities and the one worse of is the child in the rural area. There is injustice in how opportunities are availed to various members of the society based on where you live.

Some mothers could be exposed to hazards environments that may put the health situation of their unborn children at risk.Balbus et al. (2013: 3-4) indicate that "maternal metabolic status (eg diabetes) in early intrauterine life increases the risk of metabolic disorder and cardiovascular diseases in adulthood". They further argue that environmental exposure to air pollutants has been associated with genetic changes and resulting to effects on children's respiratory health .These factors pose a huge threat at a very early age of the child and this develops later into their later stages in life and these children may not develop to full potential and its expensive for poor families to pay for medical care of these diseases. If the mother had a good working environment this situation may have been reversed.

In Marsabit, a certain part of has continued to record increased cases of cancer and this have been attributed to consumption of contaminated water in this regions among other factors. People of Marsabit and more so of Kargi village has been worse hit. Several reports indicated that the underground water that peoples in this region use is fit for domestic use. The water is said to have high levels of nitrite, nitrate and arsenic .Unconfirmed report indicate that these toxic waste were dumped in this region during oil exploration in 1980s.There is only one health

care and one nurse in this area to take care of these patients and this calls for her to sometimes go to their houses because they are too weak to come to the health clinic. Being born and brought up in this area exposes you to cancer diseases. In Kenya, there is only one government referral hospital and there are many people to be attended and so the waiting period before the patient is seen by the doctor takes long time and many of them die before (Chulugo, 2013).

4.1.2. PLACE OF WORK

Work is a source of livelihood for many people in that it provides people with the income that meets their daily needs. Most people who have access to education are able to secure formal jobs, where they work in offices and have a decent pay. Their employers in most cases pay for their medical insurance so they don't have to pay from their pockets. As health is defined as "not merely the absence of diseases or infirmity but a positive state of complete physical, mental and social well-being" (WHO 1986 in WHO, 2013).A healthy working environment is one in which there is not only as absence of harmful conditions but an abundance of health-promoting ones. Some jobs expose people to some hazards environments that could later on in live lead to some health complications. Some work environment exposes many workers to health hazards that contribute to injuries, respiratory diseases, cancer and cardiovascular diseases among others. Poor people in most cases are the ones taking up these jobs since they are not well educated and they just need to earn a living. Daniels argues health inequality is unjust when social controllable factors in the society are distributed in an unjust way (Daniels,2008).

In developing countries up to 80% of the workforce is employed in agriculture, mining and other type of primary production. Often heavy physical work, lack of proper protecting clothes, pesticide poisoning, organic dust and biological hazards are the main causes of occupational morbidity and mortality in these countries. Many poor people work in the informal sector since they require less skills and many working here suffer adverse health impacts due to exposure to dusts, heat stress, toxic substances, noise, vibration and poor hygiene. To these people the most important thing is to put food on their table and not more so on how to protect their bodies. These people have no form of health insurance and when they get sick they have to pay out of their pocket and many of them cannot afford proper health care. Health problems could also arise due to use of technologies that are less advanced and more hazardous than those favored by developed countries (WHO 1986 in WHO, 2013).

According to United Nations Development Programme (UNDP) report on African economic outlook, an income inequality is one of the current challenges facing the entire continent. These inequalities can be attributed to the high level of unemployment in many African countries and also the arising of the class of workers called the "working poor". The working poor are those people who are working but yet they are not in a position to meet their daily needs because they earn too little (UNDP, 2013).International Labor Organization (ILO) also indicates that unemployment rate in most African countries have been on the rise and more so among the youths who are the majority. They demonstrate for example the rates moved to 65.1% in 2012 from 64.9% in 2008 (ILO, 2013).Income inequality is a sign of social and economic factors that are not arranged in a way the is to everyone's advantage and Rawls calls for in a

just society. When some people in the society are earning so much money, others earning so little and others nothing at all is only an indication that the primary goods are not being distributed equitably.

Mismatch between what the education provides and what the employers in the market are looking for is another reason leading to high rates of unemployment. There are those richer in a society and they are able to send their children to better school even abroad to get high quality education and get better skills that places them high on the job market compare to those who attended local schools. Since children are never given an opportunity to choose which family to be born in, they should be given equal playing grounds so that they can grow and realize their full potential. Other factors that have been associated with unemployment are attitude by young people not willing to take up some jobs considering them to be of lower class considering may be they went to school and also labour regulations also limit some people in getting jobs (African Economic Outlook,2013;OCED,2013:2012).

4.1.3. AGE

There have been an increase in life expectancy in developing countries in the recent past and it is predicted to improve much more in the future. These results could be attributed to among other things; level of management and prevention of communicable diseases. While developed countries have managed to control NCDs even in old age, these diseases pose huge challenges to their counterpart in developing countries. Adult and older-age health problems are rooted in the early life experiences and living conditions a child is brought up in. A child's who have been brought up in a poor environment and with poor diet may get to old age with a lot of health complications. This increases the health and economic burden in their old age and the situation is even made worse due to the poor health systems in place in those countries. Most of these people cannot live long because they cannot afford health care or they simply cannot access it. Lack of social nets makes the burden of their health care to be transferred to their children who in most cases are also poor (WHO 2013).

There have been a lot of social changes In an African setup, the young people used to take care of their old people like their parents but trends are changing now due globalization and urbanization leaving the old and vulnerable people to live in the rural areas while the young people relocate to the major cities and so the more the old people can be mobile and able to take care of themselves the better. With such changes in the society, there is need to ensure children gets the right support and are given equal opportunities when they are young so that they can support themselves in the old age. If the social systems of a country are fair then no child who should be exposed to conditions which will make then vulnerable to NDCs in their old days? Governments in developing countries need to improve health care to all its population so that people can get all the facilities they need and they also need to make if affordable to everyone (WHO, 2013).

RISK FACTORS

4.1.4. POOR DIETS

Balanced diet promotes good health and hence there is great importance in improving the quality of food consumed in a society. The increase of NCDs in developing countries has been associated with poor eating habits and consumption on unhealthy foods. Pregnant mother needs to consume some certain types of food to promote the health of the child during the baby's formative ages. Many poor pregnant women in developing countries may not afford all the required nutrients by their unborn children and this affects their health even before they are born. When a child is born, the class of the parents determines the kind of food the child can access. Poor parents can only provide a meal that does not have the right nutrients and one that is not very healthy. As Daniels (2008) argues ,if basics structures of a society works to the advantage of all then there is no one who should go to bed hungry or children not having the right nutrients while some people are having more than enough.

Globalization and market liberalization have facilitated the availability of foods from most part of the world to developing countries market. Most poor people all what they want is food on the table and most of them pay little details on the contents of the food and the production process, as long as it's cheap it's that's what they go for. Lack of regulations in these countries on what needs to be sold or certifying that the foods available in the market is fit for human consumption exposes the poor more to these diseases. Most of these foods are found in the black markets and the rich can afford the properly produced food available in all other stores. They can read and understand the food components of the food they are buying since they are well labeled but the poor some of them cannot even read and what is available where they buy their food is not well labeled (Schutter, 2013).

Schutter further criticizes the subsidies of food produced in developed countries that end up in markets of developing countries in which he questions why the subsidized foods are only cereals and not fruits and vegetables. He argues that if fruits and vegetables that are rich in nutrients and help in preventing these diseases were produced in high quantity in developed countries they would in a great way helping in fighting these diseases in poor countries. Some cereals produced in developed countries are genetically modified food and there have been complains that some of these foods are not fit for human consumption (Schutter, 2013).With raising levels of income in developing countries, there are various levels of income that have come up which are high, middle and lower income economies. The high and the middle income families have adopted a lot of western cultures into their ways of life. This includes eating a lot of processed foods with high levels of salt and sugar contents. This kind of life is also associated with less physical exercise, using vehicles as the mode of transport and also watching a lot of television and also being on the computers for long hours.

The government has a role to play in reducing the level of consumption of these foods by controlling the availability of these foods in the market. This could be done through laws and regulations and the population in a certain country cannot be condemned solely for consuming these foods and by extension contracting these diseases. Availability of these foods in the

market is as a result of aggressive marketing and the market policies operating in these countries. The multinational companies use very strong adverts to get people to consume their products because all what they need are profits but people should also be so ignorant to when consuming these products. Since people in the low income levels are also contracting this disease, it seems they are also other factors playing a key role in the increase of these diseases and so poor eating habits is not the only cause.

HARMFUL USE OF ALCOHOL AND TUBACCO USE

4.1.5. TOBACCO USE.

Sub Saharan Africa have a high number of smokers and the figures are predicted to increase at a rate of 148% by 2030.This poses a threat to already increasing number of non communicable diseases in the region. The trend is associated with an existence of an attractive, under tapped market and high rate of promotion by tobacco industry (Jha & Chaloupka, 2000 in WHO 2013). Men are the highest smokers in the region but there have been reports indicating that the number of women smoking is also on the rise. Globalization and women empowerment have been two reasons associated with this trend among others factors. In the early days, smoking among women was not socially acceptable but with time and with calls for equality between men and women, smoking in women in some regions is becoming socially acceptable. Some children as young as 13 years of age in this region are also reported to be involved in this vice. This could be due to peer pressure or the availability of tobacco within the vicinity of these children since it is grown in the region and some children work where it is grown. With the numbers of smokers increasing and the NCDs threatening the region, there is a great urgency to halt this trend (Hitchman & Fong, 2010).

International tobacco companies have also come up with strong marketing strategies targeting women and young generation in developing countries. Some of these adverts linking smoking with glamour making these target groups in these regions to fall prey to their adverts. They are also claims that these companies avoid tax in the countries they are operating in, making them earn a lot of money when their customers put their lives at risk due to use of tobacco (WHO,2013).There have been debates on whether growing tobacco really benefits the farmers and these international companies have come to the defense of this indicating the economic importance of tobacco to developing countries, showing that if global tobacco laws were implemented, they would lead to decline in jobs and lose of foreign earning (Otanez et al. ,2009).Some countries have bought this idea and they have put the lives of their population at risk in return of economic gains that are unequally shared. The role of the government is to protect its people and policies need to put into consideration the importance and value of human life before the economic gain. The only lives that are put at risk in such a case of the people who grow the tobacco and in most cases do not get to see these gains which are unfair.

There is a link between poverty and tobacco in that, tobacco smoking leads to poverty and the poor smoke more. WHO calls this a vicious circle in that the poor people use the little money they have to buy tobacco and by smoking tobacco they are pushed more to poverty by diseases, death, loss of income and productivity. The poor have no assets apart from their

ability to work and if the bread winner becomes sick due to tobacco use his dependent lacks the ability to meet their basic needs. Lack of access to information on living healthy, mass-target tobacco advertising, addiction to nicotine all contribute to poor people spending their money on tobacco rather than on essential needs. High medical costs in relations to diseases associated to smoking and lack of health care or even if it's there it is expensive. The poor sometimes are not in a position to link the risk factors that cause NCDs to their behaviors and this is not purely ignorance but its lack of knowledge. If the rich in the same society are able to keep off smoking because they know the risks that some with it and the poor don't know then the government has a responsibility to provide the same information to all people equally (WHO, 2004:6).

Tobacco Industries have continued to encourage households and countries to grow tobacco. In some cases, cigarette companies finance the growing of tobacco with a promise of prosperity to the farmers but in the end, the farmer end up competing to sell tobacco to these companies at reduced prices. While some large-scale famers have benefited, the majority of small scale farmers suffer by producing a crop that is labour intensive, have health and environment dangers from pesticides and exposes them to nicotine poisoning. Tobacco also leads to poverty through lost education opportunities because of child labour. The use of child labour in tobacco producing countries is a common practice.Mhango, 2000 in WHO 2004 argues that "child labour is an evil practice that contributes to Malawi's poverty rates. Most of the children are denied schooling and grow up illiterate and uneducated. Many farmers are continuously in debt with the tobacco companies because they operate on contract bases where they are given seeds and fertilizers on credit by the company and in return they will sell all their produces to them. The companies decide on the price and in many cases they amount the farmer gets is normally lower than the loan they were given and so they cycle goes on. They can only grow tobacco because it is the only crop they are supported to grow (WHO, 2004:7)

To quit smoking in developing countries is more difficult due to the availability of tobacco in these countries. In some regions, tobacco is grown and people are never told the negative effect of using tobacco since they know it's a source of income for them. There has not really been much campaign in these countries against tobacco. Most of the countries also lack strict policies regulating the tobacco industry thereby allowing little taxation to these companies despite the harm they cause on people and the environment. There is also very little restriction at all if any on adverts about tobacco products and through the various marketing strategies these companies are able to get many more customers who really don't understand negative reasons behind smoking. Since the government understands the risks and the burden associated with smoking of tobacco, the lack of proper policies to guide these industries and thereby exposing the lives of millions of people to these risks could be taken an unjust. The government need to do a risk and benefit analysis associated with growing and selling of tobacco and put up heavy taxation to commensurate the associated risks. Governments compromising the health of its people in return to economic gain of a few people in the society more so the elite if not fair (WHO, 2013).

4.1.6. ALCOHOL

According Uchtenhagen (2004 in WHO, 2013), excessive alcohol use is in the rise in many developing countries and this behavior starts at a very early age. The developed countries have managed to deal with this problem. Factors attributed to alcohol abuse include urbanization, poverty: - associated with unemployment, low education, and deprivation, lack of social support, migration, technological change, education deficits and vested interests in marketing substances among others. He further argues that social deprivation invites substance use to alleviate emotional stress. Many young people in Africa face a lot of the above challenges and for a prolonged period of time and there seem to be no solutions coming their way and the only "temporary solution" to the current state of affair is to drown themselves to alcohol and forget about their problems for a moment .As Andersson states "It is always easier to go to the pub or local beer hall to forget your worries rather than try and change your circumstances" (Andersson, 2008:7).

Excessive drinking in Africa was common in men but with time the number of women has been increasing. The same reasons behind the increase in number of women smoking i.e. Globalization and women empowerment are some of the factor behind this trend. The many people involved in drinking with time most of them become addicts because the problems facing them don't seem to get solved and many of them need help in quitting. Rehabilitation center in these countries are so expensive and most of them cannot afford and this just makes them to become hopeless and their lives are wasted. Alcohol contributes to poverty and it's a huge obstacle to development. This is because the little monies that the poor people have use to buy alcohol and with time they become hopeless and they are not productive in generating a living for their families. The problem associated with excessive use of alcohol brings in other problems in the families for example the children cannot get good education and this affects who they will become in future and there are also increase rates of domestic violence in homes where alcohol is abused (Ogot, 2012).

The poor in developing countries are the ones most affected by this problem and the type of alcohol they consume is cheaply and poorly produced and some of it is homemade and continuous excessive drinking of this type of alcohol always has very negative effects on individual health. Some of the people have gotten blind or lost their lives because of consuming this alcohol. Others have developed longtime terminal diseases like cancer or diabetes due to alcohol. The people who produce the local brew do so to make a living and meet the needs of their families like educating their children and buying food for them. Due to lack of opportunities. The rich in these countries drink responsibly since they drink well produced alcohol and they also check their levels of drinking because they have jobs or businesses to take care of. If the society was fair in distributing resources and opportunities then the many challenges facing the poor people would be minimized and the level of alcohol abuse would be minimized(Craig,2012).

Alcohol consumption is a problem globally but the developed countries have managed to control the situation. Anderson (2008) argues that "nations with weak economies and new, unstable democracies are poorly equipped to deal with the problems caused by alcohol at

different levels – national and family. At national level the government lack of policies and laws to regulate alcohol availability and consumption. For example homemade alcohol is always available and at a very cheap price or even as an exchange of little manual labour. There are also no proper policies protecting the consumers from aggressive marketing and sales techniques of the alcohol industries. Failure of the government to protect the poor who are worse hit by this problem is unfair. The poor are not drinking excessively because they don't have what they can do; they are only drinking because they are frustrated by the systems in their governments for not being given the opportunities they need. As Morojele in Andreson (2008) states "the way people drink shouts desperation, we have areas where almost everyone is unemployed, but alcohol is always available and soon provides an escape from reality" (Anderson, 2008:15).The government need to restore the deprived opportunities and the poor will have a reason to wake up every morning to go work instead of waking late due to hangover.

4.1.7. PHYSICAL INACTIVITY

Physical activity is described by WHO to include planned exercise and activities that include bodily movement done as part of playing, working, active transportation, house chores and recreational activities. Lack of physical activity is not just an individual problem but also a global problem and so it demands an approach that is population based, a multi-sectional one, multi-disciplinary and a culture based (WHO, 2013).The problem is more common in the urban areas ,since in most rural areas their activities involves are more physical. The world have become so dynamics in the way it functions today compared to decades ago.Modernasation is a concept that has taken the world by storm and many people have abandoned their traditional way of doing things and adopted a westernized culture. Modernization affects what people eat, how they move from one place to another, how run their day to day affairs and how they pass their leisure time. Means of transport have improved and become cheaper with many people preferring to use various means of transports available public or private rather than walking.

Many people in developing countries are striving to successed in a capitalist society where everything is geared towards a better life and this can only be achieved through hard work. People are working hard everyday so as to make more money and live better lives. There is little time for exercise and many people consider exercise as a waste of time that could be used for something more productive. There have also been a lot of automation making life more easier, quicker, less demanding and less time consuming living very little to be done physically. There is also a lot of cheap labour in developing countries and most people will hire somebody to fix something for them and pay little money instead of doing it themselves. In most developing countries also many people have house helpers in their in their homes and they have little or no time at all to be involved in house chores. All they do is to go to work, sit on their desks the whole day and later on go home where food is already prepared and they are basically not involved in any physical activity (WHO, 2013).

Use of technology is on the rise in many developing countries and many people have resulted in spending a lot of their free time on internet of watching television. Many children are becoming obese due to poor eating habits, watching a lot of television and spending time on their playing

station and having no physical activities. In most urban setting more so for the poor and the middle class there are no recreational areas since every open places is normally grabbed by the elite so that they can bring up buildings and make more money. These areas are also associated with high rate of crimes and it's never safe for the people to exercising early in the morning before work or late in the evening after work. Again the poor are the ones who are affected by this problem more because of the above reasons and if we look at the root cause of their poverty it's all rooted in distributive injustices. The rich have their money working for them for example they have employed people to work for them while they go to expensive recreational facilities (Hood, 2005).

4.2. CAPABILITY APPROACH ANALYSIS.

From a capability approach, reducing the social economic gradient through income redistribution and availability of health care are not enough to guarantee health equity. Looking at the social determinants of health i.e. conditions where people are born, grow and live, work and age, even if all the people have access to the same opportunities for example income, education and work, the degree to which they would draw benefits from these opportunities are different from one another depending on their individual capabilities. There are people who are more hand working than others and they are others who are more persistent on what they do than other and these people derive more benefits than the lazy people who may end up giving up quickly. Individual need to be responsible people who are willing to take responsibilities and they should not be ignorant of what they do. People could be living in a slum but they should take initiatives to clean up and keep their environment clean instead of polluting and messing it around .They are people who have risen from slums or poor background and they have become successful, so people need to be hard working, resilient and pursue their goals in life instead of just sitting down and blaming it on the system and passing the same to their children.

Depending on the family lineage and genetic predisposition, some people could have inherited the genes that expose them more to NCDs than others despite their opportunities in life. Some diseases like cancer and diabetes have some origin on the family genes and anyone under that family lineage could be exposed to these diseases and this has nothing to do with income distribution. Incase this is the case,it is important for people in that family tree to check their habits and behaviors so as to keep off from them and reduce the chances of making their situations worse. There are also other people who have adopted habits and behaviors like smoking, excessive drinking and bad eating habits that expose them to these diseases their actions cannot be blamed people on the resource distribution. It's about their own choice and people should be responsible for their own choices. Sen's calls for people to be responsible for their own health and this way people are able to take care of their action.

Sens approcaches to health from a more holistic and inclusive perspective where people are incharge of their health and they are also involved in decision making.This also brings in the aspect of public health which emphasis more on diseases prevention and it aims at employing internvension strategies of issues to do with environment,human behaviour and life style and medical care.Social determinants of health and risk factors associated with NCDs will be addressed better if others factors that are related to health are also taken into consideration.

5. CONCLUSIONS

There is a general consensus that the level of inequality in the world today is unacceptable and something needs to be done about it.As Sen, Rawls and Daniels agree, there is need to be some form of distributive justice where all people are given equal opportunities despite their race, background or political affiliations. The world today has adopted a distribution model which has created losers and winners and this has left some people way far behind the poverty ladder. A more inclusive mechanism need to be adopted so as to help everyone enjoy the fruits of economic growth experienced in many developing countries. Primary goods need to be distributed in a more just and fair manner by ensuring everyone have access to equal opportunities.

5.1. Global level:-

Development Assistance towards these diseases needs to be increased: -. As Nugent (2010) indicates NCDs receive only 0.9 of Health Development Assistance. There is also need for NCDs to be included in the POST 2015 agenda and specific goals developed and developing countries should adopt these goals and pursue them. The Multi-National Companies producing food, alcohol and cigarettes needs to be checked. Globalization have enabled these countries to spread all over the world and countries need to develop strategies to check these companies to ensure they are following the laid procedures and they are producing products that are up-to the required health standard. Finally, a Global fund for NCDs needs to establish as diseases like HIV & AIDs and Tuberculosis have been well managed under such funds. Such funds help in research on how to manage these diseases effectively.

5.2. National Level

To begin with, the government needs to pursue economic growth that is inclusive and it does not live anyone behind and opportunities should be availed to all so as to reduce the level of inequalities. There is also need to create awareness of NCDs and their associated risk factors and this could be done through already existing health and education systems. Increased surveillance and data collection of these diseases is also important so as to monitor the trends and plan effectively. The government also need to come with ways of reducing alcohol abuse and smoking among its population and this could be done by restricting access by for example charging high taxes and having an age limit on who should buy tobacco.

The government need to implement strong laws and regulations guiding production and selling of tobacco, alcohol and processed food. The also needs for the government to do a cost and benefit analysis of the farmers growing tobacco so as to try and establish if it's beneficial to the farmers instead of relying on what the cigarette companies says. If the crop is not beneficial to them they should abandon it and the government should support them in growing other beneficial and harmless crops.

The government should also address the issue to brain drain where medical professional are looking for jobs and relocating to other countries leading to few of them working in their own countries. This could be done by offering them better remuneration and creating a better

working environment for them for example equipping the hospital with the right equipments.The government could also provide scholarship to bright medical students and have an agreement with them that they have to work for the government or with the community for a certain period of time after they finish their education.

5.3. Individual Level

People in developing countries need to take care of their own health by ensuring they eat the right food and they are physically active .The need to quit habits that expose them to these diseases. They need to be careful of what they eat by reducing fat content and trying to establish the ingredients of the food they eat.

5.4. Role of NGO

International Ngo's working in the health sector in developing countries needs to help increasing awareness and management of these diseases. They could do so by donating medicines and medical equipment's which are so expensive for the governments of developing countries.NGOs can also form advocacy groups that push for attention of these diseases .

A combination of all the above measures which are currently missing in developing countries and hence making it difficult to control and treat these diseases will in a huge way bring the levels of NCDs down.

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ANNEX I – BACKGROUND OF GLOBAL MEDICAL AID AND MY ROLES AS AN INTERN.

Background of the organization

Global Medical Aid (GMA) is a nonprofit organization, that collects medicines and medical equipment's that are still in proper uses from hospitals in Denmark and donates them to developing countries. Every day, Denmark destroys over two tons of useful medicines and discards usable medical devices worth millions of Kroners, while millions of people in poor countries are dying due to lack of medicine and medical equipment.

How GMA works.

Medicines: - GMA liaises with the drug firms and gets a list of all the medicines they are willing to donate. GMA contacts the various medical specialists in beneficiary countries and enquires if they would use the medicines available before the expiry date .After this confirmation the sending process begins and it roughly takes two weeks. Almost all medicines are sent by air. The list also contains the quantities of medicines, their strength and their expiry date.

Equipment: - Whenever there are equipment's available in a hospital, GMA is notified and it sends a team that sorts and labels them .A list is generated and sent to beneficiary countries asking them if they are in need of these equipment's. After a confirmation, the equipment's are checked and tested by nurses and technicians in Denmark and when confirmed to be in a working condition the shipping process begins.

Beneficiary countries so far are:-

1. Benin
2. Burkina Faso
3. Nepal
4. Afghanistan
5. Sri Lanka
6. Cambodia
7. Macedonia
8. Somali Land

There are no criteria for receiving donation from GMA and the director chooses which country is to get what.

My Roles

I have been working closely with the GMA's president helping him in applying for funds from various donors in Denmark .The application process is tedious in that each and every organization has its own procedures and requirements and I have been helping in putting the documents together and going through the application forms. During the entire internship period I was involved in application of close to 10 applications. I have also been helping with daily routine of running of the office, communication work, drafting of letters and sorting of office documents. I was also involved in an exercise of programming and cleaning up of computers that had been donated to GMA from Hvidovre Hospital. The process involved deleting all the information on the hard drive and adding more RAM's in the computers before they would be donated.

I have also in several occasions been going to various hospitals, together with a nurse who checks the equipment's to ensure they are in proper working condition. My work has been helping in sorting, labeling and taking pictures of the equipment's and later generating a list that we send to recipient countries. This list helps the doctors in identifying what they can use and what they cannot use. After which they send an acceptance note to us of what could be used. After receiving the acceptance note, I was preparing donation letters for the customs in receiving countries.

There are enormous needs of medicines and medical equipment's in developing countries and a lot of requests have been sent to GMA from these countries. The huge problem is that GMA is only in a position to meet these needs since it relies on donations from hospitals and drug firms only when they have equipment's and drugs to donate.GMA is not in a positions of plan or promise anything's because for example it is difficult to tell how much drugs it will receive in a certain period of time. I came up with an initiative of contacting drug firms in Sweden and Norway to establish a working collaboration with them where they would be donating their surplus medicines to Global Medical Aid. This project is ongoing and I will be following up with these drug firms in January 2014 on the possibility of working together.

I had an opportunity of meeting Burkina Faso Ambassador in Denmark and through this meeting I learnt a lot. For example I came to understand the challenges facing landlocked countries Burkina Farso being one of them. Being poor and not having a costal line makes it expensive to transport donations to these countries the beneficiary ends up being a country with a costal line or one that is easily accessible. From this meeting I also learnt how sometimes guidance by NGO may be misunderstood by beneficiary countries. One case in scenario, some equipment had been donated to Burkina Faso and they had stayed for a long time without being installed since they thought the equipment's were only meant to be used by public hospital but later on it was agreed that GMA'S donations can be used in other form of heath care center for example those owned by church organizations instead of the medicines going bad.

Through my discussion with the ambassador, I came to a learn of a very important concept of Traditional medicines that is still very real in Burkina Faso. Where the Government get into dialogue with the medicine men and advices them on more hygienic way of producing their medicines. After this I had a

discussion with a member of GMA and where we were trying to think how this should be encouraged in developing countries instead of sorely relying on modern medicine which are expensive and may have resistance in the body if used for a long time. This is also in line with World Health Organization (WHO) strategy of promoting the support and integration of traditional medicines into national health systems (WHO, 2013).

The major challenges facing many NGOs like GMA is the various bureaucracy at beneficiary countries and also with many development agencies like DANIDA.They are rules and regulations that donors use so as to donate to NGOs.For example one of them is that the NGOs must work more with the less fortunate in the society because they perceive the government to be corrupt. This perception could be true and to some extent it could be wrong. An NGO like GMA cannot work with the poor sick people in Benin for example without the help of the government. It cannot donate the medicines or equipment's to the poor people without working with the Government. By corroborating with the government officials it facilitates and fastens the process than going through the people so as to reach the government which could take long period of time or not happen at all.

ANNEX II

INTERVIEW 1:- Hans Dydensborg – President Global Medical Aid

1. What motivates you: - The key fundamental drive is the loads of medicines and equipment available in Denmark and the need in 3rd world countries. I do not feel the cry of the little babies and the agony of their mothers but I am only persuaded further to strengthen the objective link between medicines and equipment's in Denmark and the countries with need.

2. What is behind GMA success: -

    - GMA is very result oriented organization and we take more pride in working than talking. This calls for hard work and commitment. Our results are based on the amount of drugs we have donated to date. Founded in 2010, GMA has so far donated medicines and equipment's worth 85 Million kr, this is quite a huge achievement.

    - Our achievement also encourages a lot of donors who look at the value of donations we have managed to donate so far and this in a way encourages them to donate more.

    - Drug firms have really supported us by donating a lot of medicines and to me they are good people not just people out to make profits. I have met many of them and I have been able to convince them to give their surplus medicine for a worthy cause. He shows me a list of companies who he has been in touch with.

    - GMA does not care much about the civil society strategy but instead works for collaboration with the governments and the highest government officials and we also consider this to have contributed to our success. Because they are the people who makes "thing happens". Many international organizations and development agencies are sitting behind their desks and view the governments as corrupt and opt working with the people at the grass root level. We have realized this cannot work because we cannot take medicines from Denmark and go start distributing them to people in all over the countries and it's very important in creating partnership with the government. This approach sometimes has made it difficult for GMA to get funds from development agencies that follow the civil society strategy.

    - GMA is a very transparent organization to all its stakeholders. We publish all donations on our website. We also produce a newsletter twice a year to brief our members of what we are doing.

3. How and what tools do you use to navigate and overcome organizational, institutional rules and regulations: -Off course GMA is following all procedures although sometimes there is a lot of bureaucracy on the processes. Being a lawyer sometimes gives him an edge in that he is able to read the rules and interpret them and in a way he is able to get a way around since as he puts it “there is no rule without exemption”.
   Once GMA starts engaging with a recipient country, there is an agreement that spells out the responsibility and each party.

4. What are the challenges: - Being short of medicines and funds.
   GMA has not been able to match the donations with the needs in our recipient countries. We rely on surplus medicines from drug firms and it’s never certain how much medicines we will receive nor the frequency in a given period of time.
   A lot of funds are required if we have to send equipment’s and medicines to these countries and GMA operations depends wholly on the donations in terms of money we receive from individuals and foundations .(more money more medicines and more equipment’s).

5. What has been your experience in helping those in need
   The beneficiary countries and by extension the people are very grateful for the medicines and equipment’s we donate. Our partnership is based on high level of trust since we are not able to control each and every bill we donate but we know at the end of the day, the medicine will be taken by a sick person.

6. Are the government on these countries doing enough :-
   These countries being poor are not able to meet the medical needs of their people. Having have interacted with the president of Benin and various government officials in different countries I can see the goodwill in them and they are working hard to meet the health needs of their people.

7. How should be the issue of non communicable diseases be approached: - he did not know about the classification

8. How best can helping those in need be done: - Each and every stakeholder should do their duties for example
   - The developed countries should instead of destroying drugs and equipment’s help the developing countries with the equipment’s and the medicines they need.
   - The government should offer better pay and opportunities to the doctors and nurses to curb brain drain.
   - The population should also take care of themselves by eating healthy, not involve themselves with activities that expose them to sickness for example smoking.

9. What's the future of GMA :-
   We are looking to expand our network by making an agreement with all the hospital in Denmark so that we can get more of their out-phased equipments.We also want to widen our collaboration with more drug firms in Scandinavia, Europe, and America so that we can reach as many people in need as possible.

REFLECTIONS

Professionalism: - working with Hans has made me appreciate to a great deal the importance of professionalism in development work. Some people who start NGO work have no professional background at all and some see it as a lucrative business instead of understanding the needs of the people and coming through to help them. One reason he have been very successful is that he reads the rules and requirements by various stakeholder and he is able to interpreted them and he is able to get around a problem that otherwise would have led to the project being abandoned or delayed.

Public Relation: - Hans has such a high level good public relations attributes he is able to relate with people of all levels and he treats them with a lot of respect despite his position. Through this he is able to get support of any nature from everyone he interacts with.

Transparency: - Some NGOs are very secretive on how they run their organization and more so when it comes to finances. On the contrary Hans says very well he gets no penny for working for GMA and he publishes all the funds he receives on the website for accountability purposes.

Commitment and hard work: - Finally one thing I have admired about Hans is the dedication he has towards his work. Most of the time he will be seated in his offices almost for 24 hours. Sometimes he sends emails at 3.00am and 4.00am in the morning and this shows the commitment he has towards achieving GMA goals.

Interview 2:- Semde Rasmane, Director General de la Pharmacie, Benin

1. Which are the main types of Non Communicable Diseases (NCDs) in your country?

Diabetes, Hypertension, mental illness, cancers

2. What is the status of NCDs in your country and how has been the trend for the past 20 years?
   There are no reliable official figures about NCDs, but there is a progressive increase in the incidence and prevalence of these diseases specially diabetes, Hypertension and Cancers.

3. What factors can you attribute to these diseases?
   Changing life style mainly due to urbanization: Diet, alcohol, lack of physical activities

4. Do the ordinary people understand the link between the factors and the diseases?
   No for the majority of people

5. Who are actors involved (Government, international Organizations, and NGOs etc) and what's their role in fighting these diseases?
   Governments, International organizations (WHO.), civil society, NGO, Patients Associations…

6. Roughly how much does it cost to treat and manage these diseases and is the treatment done locally?
   - Diabetes: **1.22 to 10.84 USD/Month for medication**
   - High blood pressure: **9.20 USD to 28.64 USD/month for medication**
   - Cancer: **treatment generally not available locally! 60% of overseas evacuations**

7. What are NCDs policies in place?
   National policy on NCDs, Strategic plan against Cancers, Strategic plan against mental illness,

8. Are there any prevention/diagnosis campaigns running in your country and if so how is communication being done?
   YES! Prevention/Diagnostic campaigns for mental illness, diabetes and cancers through media or targeting specific groups

9. How can the issue of brain drain (migration of nurses and doctors to other countries) in the field of health be managed?
   Through the motivation of health workers: clear career development plan, means and material, salary.

10. How can sustainable health be achieved?
    By increasing the national budget for health and promoting public-private partnership

Interview 3:- Nirmal Rimal, Medical Director Nepal.

1. Which are the main types of Non Communicable Diseases (NCDs) in your country?

   Heart Diseases including hypertension, COPD (Chronic Obstructive Pulmonary Disease), Cancers, Diabetes

2. What is the status of NCDs in your country and how has been the trend for the past 20 years?

   There is increasing trend of the prevalence of NCDs in Nepal. Studies have revealed that proportion of NCDs increased with age. Distribution of NCDs was less in (35-50) year's age group but highest in above 80 years of age.

3. What factors can you attribute to these diseases?

   Changing life style, food habits. Particularly, Smoking, physical inactivity.

4. Do the ordinary people understand the link between the factors and the diseases?

   Large number of people does not understand the link between the factors and the diseases

5. Who are actors involved (Government, international Organizations, and NGOs etc) and what's their role in fighting these diseases?

   Few actors are involved in the fighting these diseases. Government, Health institutions (public and private), University Teaching Hospitals, media, I/NGOs etc.

6. Roughly how much does it cost to treat and manage these diseases and is the treatment done locally?
   - Diabetes**: treatment is available locally. It will cost about 0.3 $/day for medication.**
   - High blood pressure: **treatment is available locally. It will cost about 0.3 $/day for medication.**
   - Cancer: **treatment is available but not everywhere. Cost depends upon the type of cancers and is costly.**

   These costs are on top of the costly initial and ongoing investigations costs.

7. What are NCDs policies in place?
   It is in the preliminary state. Ministry of Health should develop a national level policy and plan of action for implementing the collaborative action between the health sector and other donor agencies to emphasize on clinical as well as preventive measures for the controls of NCDs.

8. Are there any prevention/diagnosis campaigns running in your country and if so how is communication being done?

   Prevention campaign is been held time to time. There is no systematic prevention/diagnosis campaign. Communication is from the media (TV, Radio, newspaper), internets.

   Risk factors reduction activities should be implement immediately for the reduction of NCDs in Nepal

9. How can the issue of brain drain (migration of nurses and doctors to other countries) in the field of health be managed?

   Brain drain is a problem, increasing the job opportunity and carrier ladder options.

10. How can sustainable health be achieved?

    By Public-private partnership and government commitment for the health of its citizens. There is a need of greater awareness and concerns among the common people about their health.