



D **DIABETES** FOUNDATION



MATERNAL AND CHILD HEALTH SERVICES AND POVERTY REDUCTION IN RURAL BURUNDI

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BACKGROUND

NCDs, including heart disease, cancer, respiratory diseases and diabetes, are the leading cause of death globally.

Over 36 million people die annually from NCDs, with 14 million deaths occurring prematurely (between 30 and 70 years of age).

LMICs already carry 82% of the burden of these premature deaths. This is expected to result in trillions of dollars in economic losses over the next 15 years.

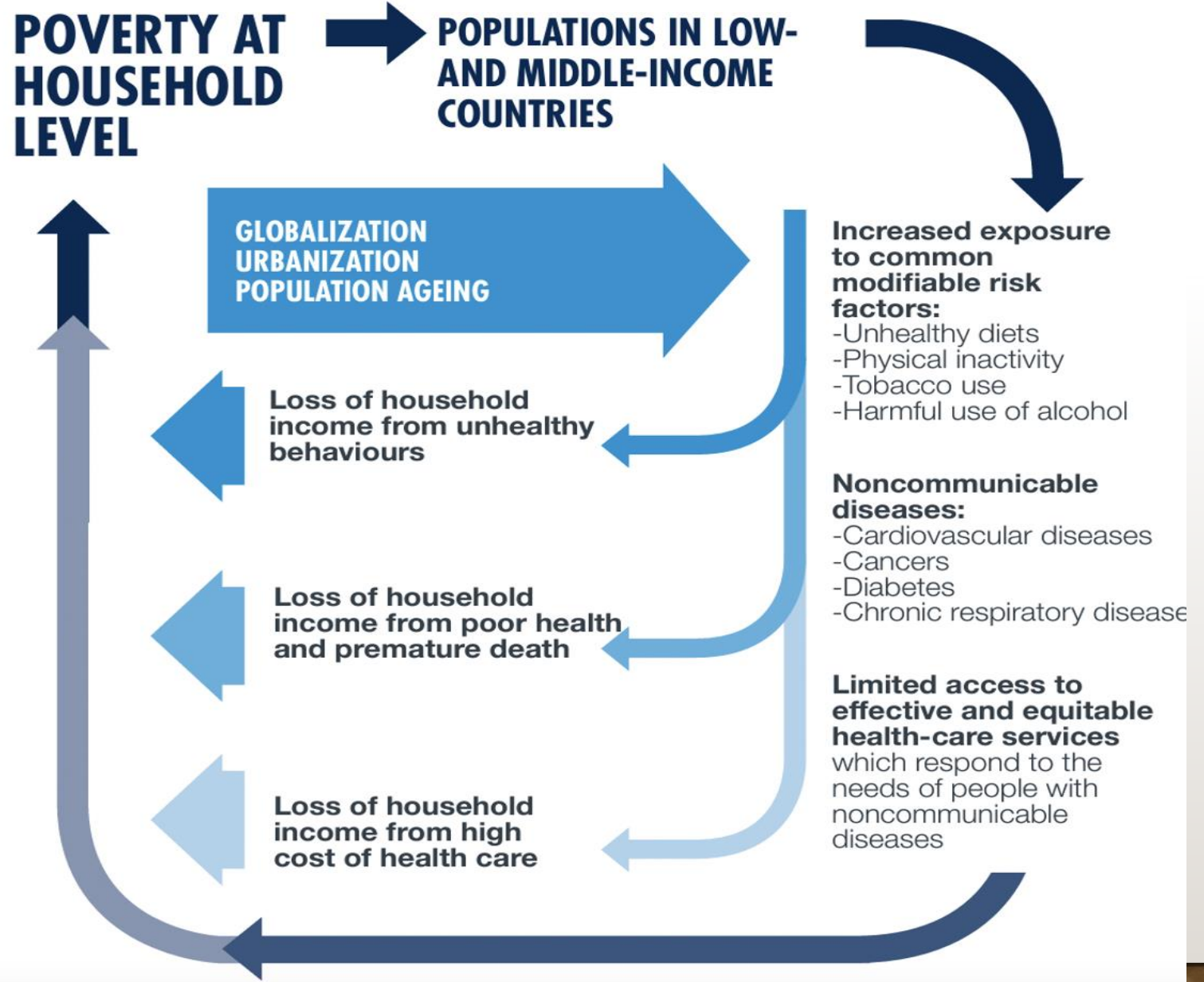
Burundi is an example; NCDs contribute to 37% of deaths in the country.



Figure 1. Poverty contributes to NCDs and NCDs contribute to poverty.⁹

POVERTY & NCDs

- Adapted from the 2010
- WHO Global Status Report on NCDs, page 35.



POVERTY & NCD

Table 1: Economic Burden of NCDs, 2011-2025 (trillions of US\$ in 2008)

Country income group	Diabetes	Cardiovascular diseases	Respiratory diseases	Cancer	Total
Upper middle	0.31	2.52	1.09	1.20	5.12
Lower middle	0.09	1.07	0.44	0.26	1.85
Low income	0.02	0.17	0.06	0.05	0.31
Total of low and middle	0.42	3.76	1.59	1.51	7.28

BEST BUY INTERVENTION

Source: World Economic Forum, 2011

Risk factor / disease	Interventions
Tobacco use	<ul style="list-style-type: none">• Tax increases• Smoke-free indoor workplaces and public places• Health information and warnings• Bans on tobacco advertising, promotion and sponsorship
Harmful alcohol use	<ul style="list-style-type: none">• Tax increases• Restricted access to retailed alcohol• Bans on alcohol advertising
Unhealthy diet and physical inactivity	<ul style="list-style-type: none">• Reduced salt intake in food• Replacement of trans fat with polyunsaturated fat• Public awareness through mass media on diet and physical activity
Cardiovascular disease (CVD) and diabetes	<ul style="list-style-type: none">• Counselling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD)• Treatment of heart attacks with aspirin
Cancer	<ul style="list-style-type: none">• Hepatitis B immunization to prevent liver cancer (already scaled up)• Screening and treatment of pre-cancerous lesions to prevent cervical cancer

COST AND BENEFITS OF SCALING UP BEST BUY INTERVENTIONS FOR CARDIOVASCULAR DISEASE

Cardiovascular disease (ischaemic heart disease and stroke)	Cumulative figure for 2011-2025 (US\$ billions)	Average annual figure for 2011- 2025 (US\$ billions)
Cost of “best buy” interventions (scaled-up response)	120	8
Projected economic benefit (10% reduction in CVD mortality)	377	25

HOW THESE SDGS TACKLE THE HEALTH AND POVERTY CYCLE?

SDG 1 aims to eradicate poverty in all its forms. By lifting people out of poverty, they gain better access to healthcare, sanitation, nutrition, and education, all of which contribute to improved health outcomes.

SDG 3 focuses on ensuring healthy lives and well-being for all. This includes achieving universal health coverage, providing access to quality essential healthcare services, and promoting preventive measures to reduce illness.

• SDG 1: No Poverty



WHY WORKING WITH COMMUNITIES IS SO IMPORTANT IN NCD PREVENTION AND CONTROL

I. Community Engagement and Empowerment:

- **Education and Awareness:** Community health programs can educate people about NCDs, their risk factors, and healthy behaviors to prevent them. This empowers individuals to make informed choices about their health.
- **Behavior Change:** Community programs can promote healthy lifestyles through campaigns, support groups, and access to healthy activities. This can lead to lasting changes in diet, physical activity, and other NCD risk factors.
- **Early Detection and Screening:** Community health initiatives can offer screenings for NCDs like diabetes and hypertension, allowing for early detection and intervention before complications arise.
- **Act as a bridge between policy or the last point of service delivery and communities.**

WHY WORKING WITH COMMUNITIES IS SO IMPORTANT IN NCD PREVENTION AND CONTROL

2. Strengthening Healthcare Systems:

- **Community Health Workers:** These frontline workers play a vital role in NCD prevention by providing basic care, education, and referrals to health facilities for further management.
- **Accessibility:** Community-based healthcare services can make NCD prevention and treatment more accessible, especially in remote areas or for populations facing transportation challenges.
- **Social Support:** Community programs can provide social support for people living with NCDs, helping them manage their conditions and improve their quality of life.
- **Community-centered approaches can lead to greater control and program sustainability**

BURUNDI NCD ALLIANCE (BNCDA)

- **Vision:** BNCDA emerged out of the need to comprehensively and sustainably address the rising prevalence of NCDs in Burundi. Its activities have focused on raising awareness about NCDs among citizens and policy makers through advocacy and awareness activities. BNCDA has also worked on access to diagnosis, technologies and essential medicines, and has promoted accountability.
- **Mission:** BNCDA strive to improve the health and well-being of women, children, newborns, and their families in rural in Burundi. BNCDA achieves this by providing accessible, evidence-based, and integrated holistic care that encompasses education, water, sanitation, and hygiene (WASH) services, nutritional, food security, and environmental healthcare. By embracing innovation, technology, research, teaching, and collaboration, BNCDA aims to eliminate disparities in maternal and child healthcare.

MATERNAL AND CHILD HEALTH SERVICE AND POVERTY REDUCTION PROJECT

- The project aims to improve the health and well-being of children with type I diabetes and their families through a comprehensive approach. This is achieved by implementing the following strategies:
 - - Establishing micro-clinics to improve access to diagnostic services and treatment.
 - - Providing community health workers with training to distribute insulin and glucometers.
 - - Empowering families through micro-loans, agriculture training, vocational training, and other relevant initiatives.
 - - Implementing a nationwide education program.



MATERNAL AND CHILD HEALTH SERVICE AND POVERTY REDUCTION PROJECT

- Three videos of Burundian children living with T1D developed and [shared online](#) – story-telling and sharing
 - ○ [Nsavyimana Emmanuel](#)
 - ○ [Chanelle Bukeyeneza](#)
 - ○ [Young lady](#)

**THE PROJECT USES AN
INTER-SECTORAL
APPROACH AS OUTLINED
IN THESE FOLLOWING SIX
PILLARS
(CLAN STRATEGIC
FRAMEWORK FOR
ACTION).**

The 5 Pillars



1: Access to Medicines and Equipment



2: Education, Research and Advocacy



3: Optimal Medical Management



4: Strong Support Groups



5: Financial Independence

(+ Pillar 6: Ethical Program Management)

CURRENT ACTIVITIES,

- Satellite clinics: basic PHC and linkage to further care, care coordination (integration of care around user needs –social and environmental determinants of health)



CURRENT ACTIVITIES₂

- Train CHWs to optimize holistic T1D treatment by providing maintenance treatment, regular medical reviews, acute illness management, home care, psychological interventions, and preventive medicine.
- Conduct training sessions for people living with NCDs on NCD prevention, self-management, and advocacy.



Cuwima loyukari: insiure y'ise uteye (interpretation de la glycémie et de l'HbA1c)

	Ugureweka (Hypoglycémie)	Ugurewe y'ise (Glycémie normale)	Ugurewe y'ise (Glycémie normale)	Ugurewe y'ise (Hypoglycémie avec risque de complications)
Ugureweka (Hypoglycémie)	Moins de 3.0	3.0 à 6.0	6.0 à 10.0	10.0 et plus
Ugurewe y'ise (Glycémie normale)	3.0 à 6.0	6.0 à 10.0	10.0 et plus	10.0 et plus
Ugurewe y'ise (Hypoglycémie avec risque de complications)	3.0 à 6.0	6.0 à 10.0	10.0 et plus	10.0 et plus

1. "Thérapie"
2. "Plan de la prise en charge"
3. "Prévention d'une panne de sang de la pompe"
4. "Prévention de la glycémie avec les 10 conseils"

CURRENT ACTIVITIES₃

- Provide comprehensive training to healthcare providers, including nurses and doctors, on guidelines, protocols, and evidence-based practices for managing NCD.



CURRENT ACTIVITIES₄

- Provide training to children living with T1D and their parents on self-care and prevention of T1D complications.
- Organized walks, exercise classes, and creating safe spaces for physical activity can promote a more active lifestyle.



CURRENT ACTIVITIES₅

- Financial support: Providing opportunities for income generation through micro-loans, vocational training, and enterprise development.
- Healthy food initiatives: Our initiatives encompass community gardens, farmers markets, and nutrition education programs.



CONCLUSION

- The BNCDA initiative in rural Burundi has successfully improved the health and well-being of women, children, and their families through comprehensive training, community assistance, and financial empowerment.
- BNCDA intends to enhance the nationwide program aimed at preventing and managing NCDs and alleviating poverty, with a particular focus on rural women and children.

Thank you, Gracias
,Merci, Murakoze