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A Call for Sierra Leoneans to Adopt Healthy Lifestyle

By Aminata Kobie, WHO Health Promotion Officer

Introduction

Sierra Leone is faced with the double burden of communicable and Non-Communicable diseases (NCDs). Available hospital data indicate that in 2011 more cases of diabetes (352), hypertension (4207) and cardiovascular disease (284) were reported. These diseases are strongly associated with common lifestyle risk factors such as smoking, alcohol consumption, diets rich in fat, sugar and salt; and physical inactivity. If these risk factors are not prevented, the country will be faced with increased disease burden from non-communicable disease in the near future.

Results of the 2009 national STEPS survey revealed high incidence of risk factors for NCDs. A high number of the population smoke tobacco (25.8%), 90.9% consume less than 5 servings of fruits and vegetables per day, 17.2% currently drink alcohol and 16.4 % are involved in low levels of physical activity. Moreover, 74% and 69% of the non-smoking population are exposed to environmental tobacco smoke (ETS) at home and workplace respectively. 35% of the populations have high blood pressure (i.e. SBP≥140 and/or DBP≥90mmHg or currently on medication for high blood pressure) with only 7% on medications. The average body mass index (BMI) of the adult population is 23 kg/m^2, with 22% classified as overweight (BMI ≥25 kg/m^2) and 8% obese (BMI ≥30 Kg/m^2).

MAJOR RISK FACTORS	*PERCENTAGE*
Currently smoke tobacco	*25.8%*
Smokers smoking manufactured cigarettes	*92.4%*
Fruits and vegetable consumption(ate less than 5 servings of fruits and vegetables on average per day)	*90.9%*
currently drink alcohol (drank alcohol in the past 30 days)	*17.2%*
Low levels of physical activity	*16.4%*

A study done in Western Areas (rural and urban) also revealed that 27% of males and 5% of females aged 15 and above had a history of smoking: either as active smokers or are being exposed to tobacco smoke (GYTS 2008).

In public health, "lifestyle" generally means a pattern of individual's practices and personal behavioral choices that are related to elevated or reduced health risk. A healthy lifestyle is a valuable resource for reducing the incidence and impact of health problems, for recovery, coping with life stress, and for improving quality of life. There is a growing body of scientific evidence that shows how important our lifestyles influence how healthy we are. What we eat and drink, how much exercise we take, and whether we smoke or use counter banned substances, all will affect our health, not only in terms of life expectancy, but how long we can expect to live without experiencing chronic diseases.

The WHO Director General Dr Margaret Chan in her statement to the UN General Assembly in 2011, stated that "*The worldwide increase of non-communicable diseases is a slow-motion disaster, as most of these diseases develop over time. But unhealthy lifestyles that fuel these diseases are spreading with a stunning speed and sweep*". Many health problems can be prevented or at least their occurrence postponed by having a healthy lifestyle.

In this respect, a number of initiatives were taken by the government of Sierra Leone in partnership with stakeholders and supported by WHO. These included but not limited to development of health promotion policy and strategic plan; implementation of the WHO FCTC, sensitization/advocacy activities to media, public & policy makers in promoting healthy lifestyle as summarized below.

Tobacco Control

In the area of tobacco control, Sierra Leone has acceded to and ratified the WHO Framework Convention on Tobacco Control. A national strategic plan for the control of tobacco has been developed. Furthermore, a number of health institutions are promoting advocacy for smoke free environment. There is a taskforce consisting of partners including state and non-state actors in promoting tobacco control.

Notwithstanding the above achievements, there is more to be done in terms of passing legislations that prohibit sales of tobacco to and by minors, public smoking, tobacco advertisements and sponsorship. There is also no systematic approach to inform the public about the harmful effects of tobacco use.

Harmful use of Alcohol

The number of people who drink alcohol is alarmingly high. Alcohol is associated with many serious social and developmental issues, including violence, child neglect and abuse, and

absenteeism in the workplace. It also causes harm far beyond the physical and psychological health of the drinker.

Among the challenges related to harmful use of alcohol include the unregulated production and marketing of alcohol and the consumption of alcohol especially the 'palm wine' by all age group including children less than five years.

Physical Activity

The number of people who keep themselves active is encouraging. However organized activities that encourage the public to be physically active are limited. Among the major challenges are the inadequate infrastructure to support physical activity and the need to coordinate the number of groups supporting physical activities.

Healthy Eating

Available data from the STEPS survey 2010 indicates that few people eat the required five servings of fruits and vegetables per day. Additionally, the national dishes are prepared with too much oil (palm oil, coconut oil, nut oil) that is high in cholesterol. Furthermore a lot of sugar and salt is being consumed.

The availability of fresh fruits and vegetables and their high cost is a major challenge. There is need to advocate to the Ministry of Agriculture and Food Security to see the benefit of growing more fruits and vegetables to contribute to the prevention of NCDs.

Recommendations

The following are recommended to promote healthy lifestyle which will prevent a number of non-communicable diseases.

- Finalization of the National Non Communicable Disease policy and strategic plan

- Legislation on tobacco control
- Regulations on alcohol
- Promotion of the growing of fruits and vegetables
- Sensitization of the public on the importance of fruits and vegetables in their diet
- Removal of or reduction of import-tax on fruits and vegetable
- Increased tax on tobacco and alcohol
- Awareness raising and mobilizing the public for healthy lifestyle.



Strengthening Laboratory Database for Disease Surveillance

By Fredson Kuti-George, WHO-EPI Data Manager

Back ground

Disease Surveillance since 1998 has been a major programme in the Ministry of Health and Sanitation (MoHS). The concept of disease surveillance is geared towards the continuous, systematic collection, analysis and interpretation of health related data for planning, implementation and evaluation of public health practices. It serves as a system to track impending public health emergencies, document the impact of public health interventions or track progress toward specified goals. It also monitors and clarifies the epidemiology of health problems, to allow priorities to be set and to inform the public health policy and strategies. However, the concept cannot be completed without the involvement of the laboratory which is very crucial in the diagnostics, investigations and testing to identify the cause of an illness or disorder during public health emergencies and the surveillance programme.

For many years, since the inception of the surveillance system, the country lacked the capacity to conduct basic laboratory tests. Samples were therefore sent to laboratories

in the sub-region for confirmatory tests. It has now been deemed necessary to bring on board the laboratories in order to strengthen the surveillance system locally. Over the years MoHS with support from WHO, CDC and other partners has established a Central Public Health Reference Laboratory (CPHRL) which has been going through series of reformation. The aim for the establishment of the CPHRL was to enable the country to conduct confirmatory tests in country.

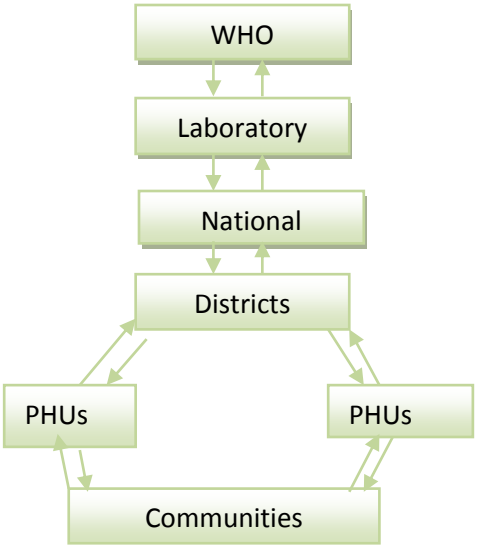
Accreditation of CPHRL for measles and yellow fever testing: A panel of experts from WHO accredited the CPHRL in March 2012 to test measles and yellow fever. This status was awarded after an intensive training of the laboratory staff and testing of the accuracy of their skills.

Installation of the data base: A laboratory data base created using Epi info software for surveillance activities was installed in the computers of staff. The lab personnel were trained to do data entry, data cleaning and feed forwarding of data for sharing with the next levels.

Data entry & use of the software: the staff were introduced to basic data collection tools e.g. Measles rubella specimen shipment form and the Yellow Fever specimen shipment form. After running every test the laboratory staff collects, collate and enter laboratory data into the data base.

Laboratory information flow: Samples are collected from the communities by the PHU staff and are sent to the districts with an investigation form which are then sent to the national level. Samples are collected at national level for laboratory confirmation by the laboratory staff. Results of the samples are archived in the data and copies forwarded to the national level, WHO country office and WHO - IST West Africa. The national office sends results to the respective districts. After the assessment and training exercise the laboratory has been granted accreditation to do Yellow Fever and Measles tests with very few samples to be sent to the regional laboratory for quality control.

Laboratory information flow



Way Forward

- Enhance management of laboratory data to ensure use of information for program planning, implementation and evaluation and inform decision making.
- The data manager at the CPHRL should commence sharing data on weekly basis with the national disease surveillance programme, WHO/SL and WHO/IST.
- Continue supporting strengthening of lab data management at CPHRL within the partnership.

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