

Publication

Poverty is not poverty: the reality on the ground including the rural-urban divide and how we can turn the tide on NCDs

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Cardiovascular diseases (CVDs) tend to occur in younger sub-Saharan African (SSA) populations, about 20 years earlier as compared to high income countries (HIC). Weak health systems and infrastructure, scarce cardiac professionals, skewed budget away from non-communicable diseases (NCD), high treatment costs and reduced access to health care. On top of that, hypertension diagnosis, treatment and control are low, less than 40%, less than 35% and 10-20% respectively. SSA has 23% of the worlds rheumatic disease, while 80% of CVD deaths occur in low to middle income countries. Poverty is not poverty. The rural-urban divide is one reality that has to be acknowledged among others, particularly in Africa. Being poor, while owning land and having the possibility to grow crops and rear livestock, goats and chickens, is different from being an unemployed young man or young woman, renting one room, in a crowded township with dilapidated infrastructure, intermittent or untreated water and surrounded by leaking sewers. Understanding the dynamics in different contexts is important for us to identify and address the different challenges affecting health in general, and heart health of people in these contexts in particular. For example, the detection, treatment and control rates of hypertension are higher in semi-urban as compared to rural areas. Detection rates for both men and women are suboptimal particularly in rural areas. Diet, sedentary life, loneliness and stress, insecure environments rather and unsafe places to walk are issues more common in urban settings. The conditions in which people are born, live, grow and work affect their health. The rural conditions are very different from the urban ones. The quality of air, access and types of food, stress levels, isolation, loneliness and fear not to mention violence, vary. All these factors affect heart health in one way or the other. Addressing heart health issues therefore ought to be context specific. The burdens might be treble or more for some -economically, environmentally (climate change, political instability), socially and historically-apartheid and colonialism.

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