

4<sup>th</sup>



# Annual ECSACOP Scientific Conference and Annual General Meeting Report 2019

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**The Emerging Threat of Non Communicable Diseases in Africa**

**Livingstone, Zambia**

**5<sup>th</sup> – 7<sup>th</sup> September**



## Executive Summary

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The 4<sup>th</sup> ECSACOP Scientific Conference and Annual General Meeting, held under the theme “*The Emerging Threat of Non Communicable Diseases (NCDs) in Africa*” took place in Livingstone Zambia from 5<sup>th</sup> to 7<sup>th</sup> September 2019. It was officially opened by the Honorable Minister of Health of the Republic of Zambia Dr. Chitalu Chilufya and attended by representatives of the World Health Organization, the Royal College of Physicians of England, fellows of ECSACOP, and members of the Zambia Medical Association.

The Conference sought to address common NCDs and their risk factors, in order to promote the intensification of preventative measures against NCDs in the East Central and Southern African region. In addition to highlighting the growing NCD crisis in the region, the conference aimed to increase awareness of the ECSACOP mission to improve standards of healthcare throughout the region through the provision of specialist training for physicians committed to lifelong learning.

A total of 38 presentations and 39 abstracts from physicians and public health experts from across the region were delivered during the conference. These covered areas such as NCD prevention and risk factors, epidemiology and clinical management of various NCDs. This report provides a comprehensive summary of the conference events and offers all partners and participants the opportunity to re-analyze the conference topics and discussions in the hope of promoting increased action against NCDs in the region.



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# ACKNOWLEDGEMENTS

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The Zambia College of Physicians and the East, Central and Southern African College of Physicians acknowledges the contributions of the following partners without whom the 4<sup>th</sup> ECSACOP Scientific Conference and Annual General Meeting would not have been such a success:

- The Zambian Ministry of Health
- The World Health Organization Regional Office for Africa
- The Royal College of Physicians
- Medland Hospital
- The National Health Research Authority
- CIDRZ
- AIDS Healthcare Foundation
- Adult Centre of Excellence
- Zambia Sugar
- Wellspring Hospital
- Denk Pharmaceuticals
- Glenmark
- Ajanta
- Phillips
- Artemis
- Metropolis
- AVANI Hotel and Resort

The Zambia College of Physicians and the East, Central and Southern African College of Physicians would also like to acknowledge the contributions of the all the speakers, session chairs, participants and the conference logistics team.

This report was prepared by a team consisting of:

Dr. Dorothy Kasonde:	Chair conference organizing committee
Dr. Levy Muchemwa:	ZACOPH President
Dr. Kondwelani Mateyo:	ZACOPH Secretary
Dr. Edna Chikoye:	Member organizing committee

# INTRODUCTION

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Reducing the increase in premature mortality rates in Sub-Saharan Africa largely depends on the ability of medical institutions to develop and implement comprehensive policies and strategies for the management of non-communicable diseases, which are projected to become the leading cause of adult death in the region by 2030. The popularity of unhealthy risk behaviors in the region, such as physical inactivity, unhealthy diets and alcohol abuse alongside the scarce resources available to physicians intending to combat the emerging NCD crisis, provide further challenges for the long-term management of NCDs in Sub-Saharan Africa, raising significant concern over the region's ability to effectively combat the emerging crisis.

The Zambia College of Physicians hosted the 4<sup>th</sup> ECSACOP Scientific conference and Annual General Meeting in Livingstone, Zambia, under the theme "The Emerging threat of non-communicable disease in Africa," in an attempt to provide physicians in the region the opportunity to fruitfully discuss current interventions in effect as well as the way forward in the fight against NCDs.

Over 200 delegates and speakers attended the conference, representing numerous countries namely; Angola, Botswana, India, Kenya, Malawi, Tanzania, The United Kingdom, Nigeria, the Democratic Republic of Congo, South Africa, Zambia and Zimbabwe. This report is designed to provide the delegates, speakers and partners with a summary of the conference that will provide the foundation for health professionals in the region promoting interventions and preventative measures or NCDs going forward.

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## OPENING CEREMONY

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The conference began with welcome and introductory remarks delivered by the ZACOPH President, Brigadier General Dr. Levy Muchemwa. He highlighted the importance of the conference theme of the emerging threat of NCDs in the region, encouraging active participation by attendees, further stating that the conference provided medical professionals in the region with a unique platform to share experiences

in research, practice and teaching that will promote shared medical advancements. Professor Ian Walker delivered a goodwill message on behalf of the Royal College of Physicians (RCP) encouraging continued collaboration within the region as well as with the Royal College in London, following which the President of ECSACOP, Professor Evarist Njelesani, spoke, re-emphasizing the importance of the conference theme, asserting that NCDs are silently on the increase, creating a “double disease burden” (infectious and non-infectious) on the continent. He advocated for increased research on NCDs on the continent to help determine the extent of the burden as a means to direct policy.

The conference keynote address was delivered by the Honorable Zambian Minister of Health, Dr. Chitalu Chilufya, who called for a regional shift away from cure-based medicine towards preventative interventions, through health promotion. He issued a clarion call to all attendees to strengthen partnerships within communities, educating populations on the causes and effects of NCDs in order to empower people to take preventative measures. He further advocated for: increased investment into research to address evidence of disease; increased collaboration with other Government ministries in the fight against NCDs and; increased investment in human capital through high quality training of Physicians. The Honorable Minister ended his address by wishing the delegates a fruitful conference.





Following the conclusion of the opening ceremony, the Honourable Minister viewed scientific posters, and addressed the media, who were attending a parallel medical reporting training session.

## SCIENTIFIC SESSIONS

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### DAY 1

#### ***Session 1: Non-communicable diseases: are they really changing?***

**Chair:** Dr. Bwakura

**1<sup>st</sup> Speaker:** Dr. Francis Barango Prebo (World Health Organization)

**Title:** Epidemiology of NCDs in Africa

Dr. Barango Prebo, on behalf of Professor Jean Marie Dangou, lead a presentation that highlighted the change in the burden of disease on the continent from acute infectious diseases to non-communicable diseases. He stated that the change in the burden of diseases on the continent means Africa is facing a double burden of disease from both communicable and non-communicable diseases. Furthermore, he added that WHO has concluded that three quarters of the NCD related premature deaths occur in low- and middle-income countries and if left unchecked, the burden of NCDs would increase in the AFRO region and by 2025 will become a major contributor to mortality, which currently had an aetiology-distribution for the four main NCDs as; cardiovascular diseases 44%, Cancer 22%, chronic respiratory diseases 9% and diabetes 4%.



He emphasized that the growing burden of NCDs on the continent would have a negative economic impact on the domestic skilled workforce and National GDPs, in addition to the impact on individuals and families.

Some of the challenges cited by the presentation in the fight against NCDs include:

- Low prioritization of NCDs by countries in the region;
- Failure to translate political commitments into action at regional and country level;
- Weak institutional and human resource capacities and;
- Low financial resources allocated for NCD prevention and control;

all of which Dr. Barango Prebo emphasized need to be addressed at regional and country level if Sub-Saharan Africa is to effectively tackle the emerging NCD crisis.

**2<sup>nd</sup> Speaker:** Professor Richard Walker, Royal College of Physicians in London

**Title:** Epidemiology of Strokes in Africa

Professor Walker began his presentation by stating that strokes are the second leading cause of mortality worldwide. He gave a comparative epidemiology of stroke in Africa and the UK, lamenting the lower mean age of stroke in Africa, as well as the rising stroke mortality on the continent, in contrast to the opposite trend occurring in the UK.



He highlighted that there is a need for population-based or opportunistic screening of hypertension (the leading modifiable stroke risk factor). In his conclusion he discussed the importance of physicians promoting non-pharmacological treatments such as low salt diet, weight loss and exercise, alongside the importance of family-involved rehabilitation post-discharge.

**3<sup>rd</sup> Speaker:** Prof Ian Chikanza

**Title:** The burden of Rheumatic and musculoskeletal disorders (RMDs) in Africa

Key points

Professor Chikanza highlighted that RMDs comprise of more than 200 different painful disorders (inflammatory or non-inflammatory) of the musculoskeletal system, affecting joints, ligaments, bones, muscles, blood vessels and the skin. He stated that the exact extent of the RMD problem in Africa is unknown, however, it is suggested that approximately 490 million out of the 1.23 billion African population have RMD at any given time, with a male to female ratio of 9:1.

He discussed the fact that RMDs led to a 30% increase in the risk of developing cancer, osteoporosis, accelerated atherosclerosis and secondary osteoarthritis. As a result, he made the following appeals;

- The World Health Organization should consider advocating for Rheumatic diseases as an urgent unmet medical crisis for African countries

- Rheumatology doctors should be trained using the Arthritis care centres as training hubs
- ECSACOP should consider holding a rheumatology symposium at each scientific conference and annual meeting
- ECSACOP should develop a training program for Rheumatology to encourage Rheumatology specialisation

## ***Session 2: Physician Education in the ECSACOP region***

**Chair:** Dr. Lumbwe

**1<sup>st</sup> Speaker:** Professor Gangaidzo (Specialist in Internal Medicine and Gastroenterology)

**Topic:** ECSACOP as a driver for change

Professor Gangaidzo provided a brief background to the ECSACOP fellowship training initiative highlighting that the initiative was introduced due to:

- Lack of access to well-trained physicians in the region,
- Differing standards of medical education in the different countries,
- Rising burden of disease and;
- The urban/ rural divide in accessing specialised physician services.

He identified that the initiative aimed to improve the following:

- **The Quantity of physicians:** Traditional methods of training have not been able to produce sufficient numbers to meet the growing demand for physicians in the region. The need for qualified physicians has been addressed by the ECSACOP college system where resources and expertise are pooled in order to standardize the education provided across the region.
- **The Quality of physicians:** Competency based medical education is the basis of the ECSACOP system, with most of the assessments done in real time by observation. Dr. Gangaidzo stated that the ECSACOP training model has a quality assurance system that had internal (Academy) and external (RCP) guidance, with multiple partners building into this quality.

In 2018, the ECSACOP training initiative expanded into 20 countries including Zambia. The anticipated outcome of the ECSACOP Training initiative is an increase in the number of well-trained specialist physicians in the region that will eventually lead to sub-specialty training and overall, be able to provide good clinical service; teach the next generation of physicians; participate in the leadership and management as well as provide quality research and evaluation of evidence.

**2<sup>nd</sup> Speaker:** Professor Kasonde Bowa

**Title:** Postgraduate Training Public vs Private

In his introductory remarks, Dr. Bowa expressed concerns over the low physician to patient ratio in most of the African region. With this background, he voiced that:

- The current public model of medical education through Universities is expensive and slow, highlighting that the University of Zambia to date has only trained 10% of the specialist physicians in the country.
- The private model through Universities is expensive. It may not be cost effective and may not appeal as a business model, though it is more efficient than the public sector at training specialist physicians.
- The mixed method approach to medical education focusing on training sites and trainers may be the practical approach however there is concern over the sustainability of the mixed method approach given the mixed approach to funding.

Dr. Bowa concluded that the mixed method approach to medical training is gaining momentum across the region citing the COSECSA model, which utilizes trainer based and hospital based training, as an example.

3<sup>rd</sup> Speaker: **Professor Fastone Goma**

Topic: **Physician training: Quality vs Quantity**



Professor Goma raised questions about quality in the fellowship training programmes, **stating the importance of the trainers being trained.** (Information needed to fill section no presentation found)

### ***Session 3: A holistic view of NCD care***

**Chair:** Dr. Francis Barango

**1<sup>st</sup> speaker:** Dr. Grace Kabaniha-WHO

**Topic:** The cost of NCD care in Africa

Dr. Kabaniha highlighted that the current spending on NCDs is not keeping pace with the economic and epidemiologic burden of disease. At an individual level, spending

on NCD care exposes African households to financial hardship as an average of 60% of minimum wage income is spent on NCD medication such as insulin, whilst treatment of NCDs results in lost working days reducing income. There is therefore a need to create safety nets for people to reduce the exposure to financial hardships, such as: cash transfers, health insurance as well as restrictive pricing policies for drugs. She stressed the fact that physicians had a role to play with rational prescriptions for individual based interventions alongside multi-sectorial campaigns for population based interventions.

**2<sup>nd</sup> Speaker:** Dr. Jabu Munalula

**Topic:** Role of private sector in controlling NCDs

Dr. Munalula premised his talk on the fact that the rising burden of NCDs was too big to be handled solely by the public sector. Thus, his presentation advocated for increased partnerships between the public and private sectors in fighting the emerging NCD burden. He described the private sector agents responsible for combatting NCDs as not only health care providers and pharmaceutical companies but also; educational institutions, manufacturing industries, the telecommunication sector, advocacy organizations, civil society organizations and the entertainment industry. He highlighted that the private sector, if mobilized to fight NCDs, would provide the following:

- Higher operating efficiency
- Better service and quality/reliability
- More cost effective use of public resources
- Better value for money and;
- Greater transparency

In his conclusion, Dr. Munalula stressed, that in order for a public-private partnership to succeed in combatting NCDs, the partnership needs to be based on shared values, which are essential in meeting SDGs. In this regard, he emphasized the need to have proactive policy and legislative support for the private sector that forces both sectors to think outside the box.

**3<sup>rd</sup> Speaker:** **Prof. Rashida Ferrand**

**Topic:** **Chronic diseases in adolescents with HIV**

Professor Ferrand's presentation centered on the increase in the prevalence of NCDs in HIV infected adolescents due to HIV epidemic ageing: infected children were now entering adulthood and thus exposed to the risks that predisposed them to NCDs. She emphasized the need for increased screening, diagnostics and therapeutic strategies for long-term complications, as well as a shift of focus of HIV programs beyond the care cascade.

**4<sup>th</sup> Speaker:** **Dr. Sharon Kapambwe**

**Topic:** **Effective Cancer Care in Africa- the Landscape of cancer control in Zambia**

Dr. Kapambwe stated that Africa had the highest cancer burden but very little resources were allocated to cancer treatment, with access to less than 40% of the world's radiotherapy facilities. She informed the audience that cancers were the second commonest cause of mortality among NCDs in Zambia and cervical cancer was the most common cancer in the country.

She presented some of the government's responses toward cancer in Zambia as; the adoption of SDGs 2015-2030, the establishment of a cancer control unit at the Health ministry and the development of strategic plans for NCDs to guide NCD control. She cited some achievements over the past 15 years such as the local training of clinical oncologists which commenced in 2018 and the setting up of 100 cervical cancer screening clinics countrywide.

## **DAY 2**

### **1<sup>st</sup> Session: Rheumatology Symposium**

**Chair:** Dr. Hachaambwa

**1<sup>st</sup> Speaker:** Prof. Ian Chikanza

**Title:** Pathogenic mechanisms of Rheumatoid Arthritis: why treat early and aggressively

Professor Chikanza gave a background of the pathologic mechanisms of the disease and its usefulness in individualized treatment. He emphasized the need for early diagnosis to help with early management of patients which significantly reduced complications and improved quality of life

**2<sup>nd</sup> Speaker: Prof. James Chipeta**

**Title: Juvenile Idiopathic arthritis in Africa**

Professor Chipeta stated that JIA is a syndrome and was the commonest Paediatric rheumatic disease. Its varied spectrum suggests variation in genetics, giving rise to the need for individualised trajectory in patient management.

Among the challenges in the management of JIA in Zambia were the late patient presentations and the paucity of specialists and the mooted solutions included shorter and targeted specialist training programmes and improving the referral system.

**3<sup>rd</sup> Speaker:** Dr. Panganani Njobvu

**Title:** HIV and rheumatic disease

Dr. Njobvu stated that Rheumatic diseases in Zambia had an earlier onset compared to the West, and that RMDs affect more than 50% of HIV-infected individuals. The fact that musculoskeletal symptoms may precede HIV diagnosis, meant that early screening could not be overemphasized. Also highlighted was the fact that HIV and its treatment was associated with RMDs in the context of IRIS and drug toxicity, respectively.

## **2<sup>nd</sup> Session: DIABETES AND HYPERTENSION**

**Chair:** Professor Walker

**1<sup>st</sup> Speaker:** Professor Fastone Goma

**Title:** What can we do about hypertension?

Professor Goma emphasised the need for vigorous screening and appropriate/aggressive treatment of hypertension, as well as the need for research into the key drivers of hypertension in the black population. He lamented the fact that we are still far from the target of getting **25%** of patients achieve control by 2025 (target 90-90-90)

**2<sup>nd</sup> Speaker:** Dr. Golden Fana

**Title:** Hypertensive Heart Disease

Professor Fana's talk centered on the need for hypertension to be controlled, with the "hit early, hit hard" strategy, as uncontrolled hypertension leads to HHD. Therefore, it was proposed that ECGs be mandatory for all hypertensives for screening and follow up. Left ventricular hypertrophy is a target organ damage marker and potent cardiovascular risk factor.

**3<sup>rd</sup> Speaker:** Prof Moffat Nyirenda

**Title:** The changing face of diabetes in Africa

Professor Nyirenda stressed the need to better understanding of the local context and deriving local evidence, on which basis clinical decisions ought to be made, as current practice was based on Western phenotypes of Diabetes, which the African patient was assumed to fit.

He elaborated the interplay of various factors such as early life exposures e.g. malnutrition-[small organ sizes/epigenetics], infections (HIV and ART), comorbidities, traditional risk factors and aging process, which potentially had a bearing on the NCD landscape in Africa.

**4<sup>th</sup> Speaker:** Miss Kajaal Vaghela

**Title:** Experience of a young person with diabetes

Ms. Vaghela gave an account of her first hand experience living with Type 1 Diabetes from childhood, providing attendees with a comprehensive account of the social, economical and medical challenges she faced growing up with diabetes. She went on to explain how access to not only the right medication but the right physician allowed her to overcome earlier adversity to effectively control her disease. She went on to showcase how she uses social media to educated individuals on living with type 1 diabetes.

In her conclusion, she urged health care professionals to take into consideration the first hand experiences of patients before drafting intervention guidelines and policies for the patients.