



“Investing in Africa’s future”

**COLLEGE OF HEALTH AGRICULTURE & NATURAL SCIENCE
(CHANS)**

**SPH 516: NON COMMUNICABLE DISEASES
END OF SECOND SEMESTER FINAL EXAMINATIONS**

MAY, 2021

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DURATION: 7 HRS

INSTRUCTIONS

Answer **one** question from a total of three

All questions carry equal marks (100).

DO NOT repeat material.

Write legibly.

QUESTION 1

Question 1a

“COVID-19 has shown that many of the tools required for fighting a pandemic are also those required to fight NCDs: disease surveillance, a strong civil society, robust public health, clear communication, and equitable access to resilient universal health-care systems.” *Editorial on www.thelancet.com; Vol 396; September 5, 2020*

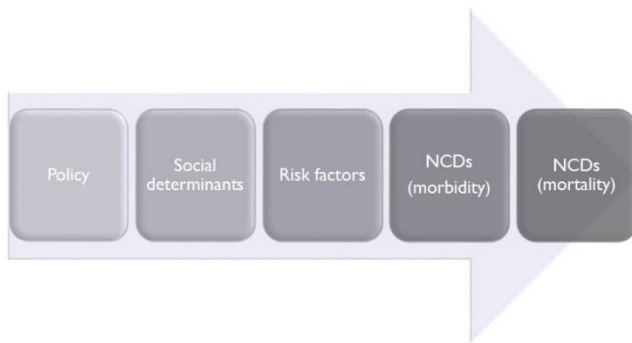
Analyze and discuss the assertion above, providing your arguments for and against the comparison that has been suggested on the similarities between strategies for prevention and control of NCDs and those for managing pandemic situations. [30]

Question 1b

You have been hired by the Mental Health Directorate to create a plan to guide the execution of the “proposed actions for member states” under the ‘Second objective’ of the Mental Health Action Plan, 2013-2020.

- i. Describe the practical steps and actual activities that would be adopted in the multidisciplinary development and implementation of the suggested strategies in a low resource setting. [25]
- ii. Highlight any 5 challenges that you may anticipate at different steps along the way and how you would attempt to mitigate them. [10]

Question 1c



- (i) The diagram above represents the NCDs surveillance cascade. Give one example of a surveillance system that can be employed to cover each level of the cascade. [5]
- (ii) Briefly describe the core activities in the methodology and conduct of the WHO STEPwise risk factor survey [5]
- (iii) From your own analysis, what facilitators and barriers could be encountered if a team were to introduce a mobile/virtual NCD risk factor survey in place of the traditional STEPS in Zimbabwe. [15]
- (iv) Devise a list of strategies that you would employ to address any 5 barriers that you have highlighted. [10]

QUESTION 2

Question 2a

a) Marmot in 2005 defined social determinants of health as ‘The social conditions that give rise to high risk of non-communicable disease whether acting through unhealthy behaviours or through the effects of impossibly stressful lives.’

- i. Guided by the constructs of the Conceptual Framework on Social Determinants of Health (CSDH), outline a strategy to tackle obesity among women of reproductive age in an urban setting in Zimbabwe [20]
- ii. Discuss the impoverishing impact of NCDs at household level and cost implications to the health delivery system and at the country level. [15]

Question 2b

The National Cancer Prevention & Control Strategy for Zimbabwe is due for review.

- i) Write short notes to describe the epidemiology of Cancer in Zimbabwe [5]
- ii) Outline some of the major achievements of the outgoing strategy in your personal informed opinion, citing examples. [5]
- iii) Design a facility-based/community-based program that you could implement to address any one (or more) of the challenges/barriers to either prevention, screening/early detection, treatment or palliative care of cancers locally. In answering this question describe and explain the following elements of your program:
 - Intended beneficiaries
 - Goal and objectives
 - Strategies and activities
 - Resources necessary in order to carry out the activities suggested [20]

Question 2c

The WHO Package of Essential NCD (PEN) interventions can be delivered by primary care physicians and non-physician health workers even in low-resource settings with a modest increase in investment.

- i. Highlight any 5 essential interventions for primary care recommended under PEN to tackle conditions such as heart disease, asthma and diabetes. How feasible, accessible and acceptable are each of these interventions in primary care settings in Zimbabwe? [15]
- ii. The ‘Implementation Framework for WHO PEN in primary health care’ provides guidance for the practical roll-out of this program. Discuss the facilitators and barriers that would possibly influence execution of this framework in the Zimbabwean context. [20]

QUESTION 3

Question 3a

The chronic respiratory disease burden is highest in LMICs compared to high income countries.

- i. With reference to The Framework Convention on Tobacco Control (FCTC) highlight the accomplishments made in the Zimbabwean setting to-date as well as the motivators and challenges to execution. [20]
- ii. You are a Public Health Officer in the City Health Directorate in Mutare. Describe the interventions that you would roll out in the city and its surrounding areas to reduce exposure to environmental, lifestyle and other risk factors that contribute to the chronic respiratory disease burden [15]

Question 3b

- i) Write short notes on the epidemiology of Hypertension [5]
- ii) Highlight the facilitators & barriers to accessibility of clinical and public health interventions for Hypertension in the local context. [10]
- iii) Design a facility-based/community-based program that you could implement to address any one (or more) of the barriers emerging from your discussion in (ii) above. In answering this question describe and explain the following elements of your program:
 - Intended beneficiaries
 - Goal and objectives
 - Strategies and activities
 - Resources necessary in order to carry out the activities suggested [20]

Question 3c

Recently the Global NCDI Poverty Commission has argued that the 5x5 Model, favoured by WHO and largely adopted in international political commitments such as the SDGs and programming guidelines like GAP, is too narrow, and fails to address the needs, perspectives and rights of the poor.

Based on the Commission's report of 2020 discuss the relevance and applicability of their findings and recommendations to the Zimbabwean setting. [30]

End of Paper