

Background information

Non-Communicable Diseases contribute to the major part of the burden of diseases in Suriname. In 2007 the five leading causes of death were cardiovascular diseases, external causes (injuries and violence), malignant neoplasms, perinatal period (metabolic and nutritional diseases) and diabetes mellitus. Diseases of the circulatory system, including cardiovascular, hypertensive and cerebrovascular diseases are the leading cause of mortality for a number of years; during 2004 -2007 they accounted for an average of 29 % of all deaths in Suriname.

A recent study showed that 54% of all persons aged 60 years or older suffer from a chronic disease. Hypertension is the leading condition, followed by diabetes and a combination of both conditions.

The rise in the prevalence of chronic diseases with their impact on individuals and society are of great concern. There is an increase in patient visits and diabetes and cardiovascular diseases are a main reason for hospital admission. There is significant cost related to the treatment of these diseases. However, of particular concern to developing countries like Suriname is not only the high burden of Non-Communicable Diseases but also the effects of Non-Communicable Diseases on labor, production and the social environment.

Prevention and adequate management and control of Non-Communicable Diseases will contribute to reduction in mortality and morbidity, improvement of overall health of the population; thereby advancing the socio-economic development and achievement of regional and national targets, including the Nassau Declaration, the CARMEN initiative, the PAHO/WHO Regional Strategy and Plan of Action on an integrated approach to prevention and control of chronic diseases, the Port of Spain Declaration 2007, Suriname's Multi Annual Development Plan (MOP) 2006-2011 and the Health Sector plan 2009-2011.

Non-Communicable Diseases have a profound adverse economic impact on individuals and society and their threat on the already overburdened health care system is visible. A conservative cost estimate of cardiovascular disease, including diabetes indicates hospitalization costs of SRD 3,466,400 (per year based on 2476 patients) and dialysis costs of SRD 7,488,00 (per year based on 240 patients). A cost estimation of hemodialysis, due to kidney failure caused by diabetes, is SRD 550 per patient per dialysis session. The amount per year per patient can be as high as SRD 79,200 (depending on the frequency of dialysis). Currently approximately 400 patients require hemodialysis; 200 patients are receiving treatment and the rest are on the waiting list.

It is therefore crucial to develop a Non-Communicable Disease (NCD) strategy and action plan for integrated prevention and control of chronic diseases, which can contribute in developing cost effective strategies to reduce the burden of Non-Communicable Diseases and management strategies to reduce mortality due to Non-Communicable Diseases.