



## CHANGE THE VISIBILITY OF CHRONIC RESPIRATORY DISEASES


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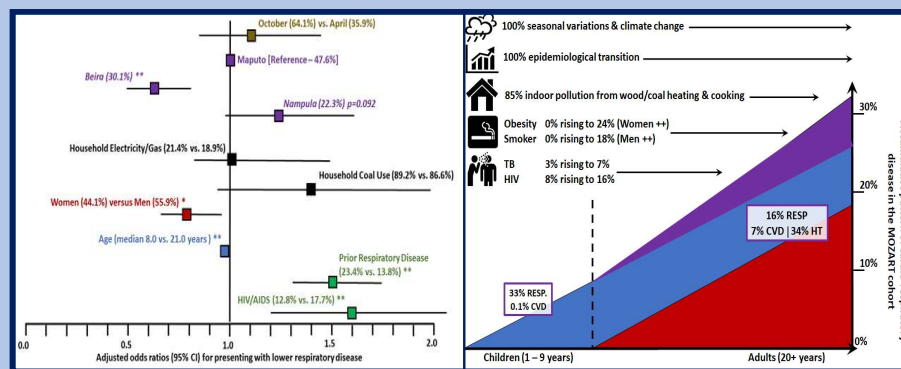
### BACKGROUND

1. NCD's were estimated at 27% of the total of deaths and from **CRDs 1%**;
2. **CRDs are neglected** diseases in Mozambique;
3. **Asthma** prevalence in children of 6-7 and 13-14 years is 13.3% (ISAC 2005).
4. **COPS** is under-diagnosis and treatment. Difficult diagnosis & conspiracy of elements; HIV/TB/sequels/pneumoconiosis.
5. Lack of data of morbi- mortality of COPD in the healthcare system.



### ACTION

- **Building Spirometry Network, 2019 :**
  1. Allocated **spirometers** in 7 provinces of the country.
  2. Spirometric **training** of clinicians to increase the diagnosis of CRDs
- **Telemedicine 2019 for:**
  1. Training of clinicians in Asthma, COPD, Pneumoconiosis
  2. Use a CRDs platform in the site, ([www.telessaude.co.mz](http://www.telessaude.co.mz)), 
- **The burden of CRDs in the Maputo Central Hospital ( 2017/ 2018).**
  1. Of 60,544 patients, 5% had CRD as primary diagnosis & mortality of 1.74%.
  2. Patients age 1-14 years, asthma was predominant ;
  3. (83.4%) related to Pulmonary TB (26.1%). In age 15-64 years, Sequel of TB was more frequent (72%).
- **Differential patterns of disease and injury; surveillance study of 7809 emergency presentations to regional hospitals in Mozambique**  
High occurrence of cardiovascular and respiratory disease (31% of the cases), within a background of high usage of biomass fuels, antecedents TB and high prevalence of HIV.



Ana O. Mocumbi, Bonifacio Cebola, Artur Muloliwa<sup>4</sup>, Frederico Sebastião<sup>5</sup>, Samuel J. Sitefane, Naisa Manafe, Simon Stewart et al, 2016/2017

### LESSONS

1. **It is time to take COPD seriously** that it's not yet suspected and diagnosed;
2. Recognize the need to train clinicians in **optimizing detection and management of CRDs at different levels** of health care;
3. Coordination with **MOH/farmacy** for availability and distribution of ICE, SABA, SAMA and LABA .
4. **Exposure to biomass fuels and antecedents TB** are risk factor for cardiovascular and respiratory disease and so we need:
  - Replacing solid biomass for gaseous and liquid fuels, clean household energy;
  - Use of cleaner cooking stoves and fuels in Mozambique;
  - Early and fast diagnosis of TB.
5. **Multidisciplinary networks**, and a better interface between different levels of care, to improve the quality and quantity of work developed by clinicians .

