

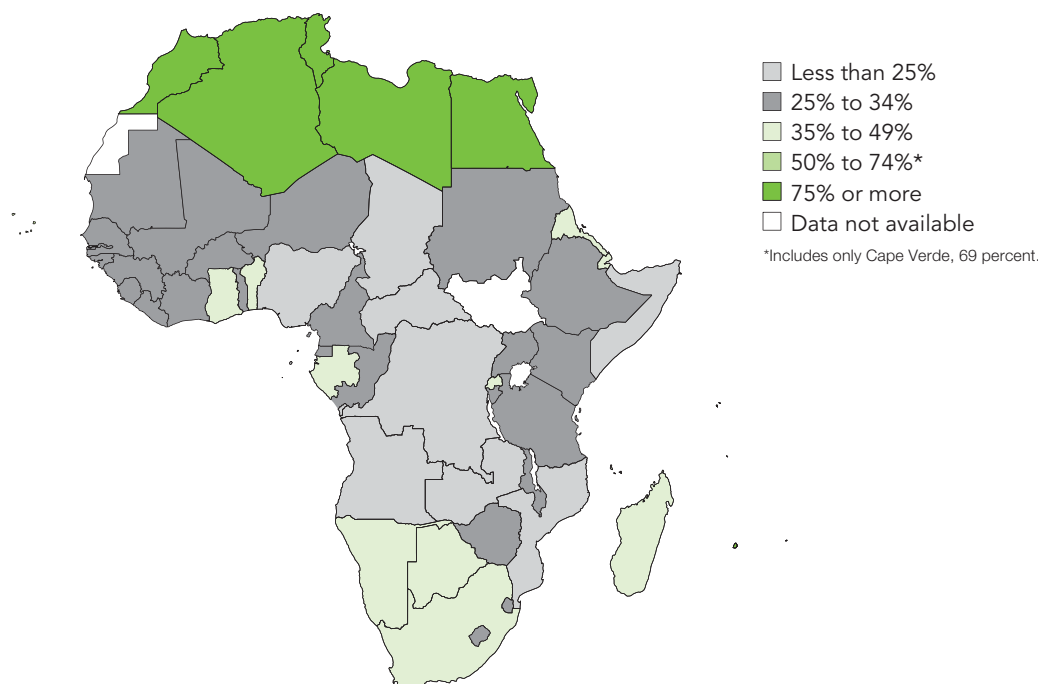
Addressing Risk Factors for Noncommunicable Diseases Among Young People in Africa: Key To Prevention and Sustainable Development



Noncommunicable Diseases Are Becoming Leading Cause of Death Throughout Africa

In most countries in North Africa, noncommunicable diseases (NCDs) are already responsible for more than three-quarters of all deaths. In sub-Saharan Africa, where communicable diseases and other health challenges still predominate, NCDs account for more than 25 percent of deaths in 80 percent of the countries. By 2030, NCDs will be the leading cause of death even in sub-Saharan Africa. In low- and middle-income countries a greater share of NCD deaths occur prematurely among people ages 30-70 who are often at the peak of their economic productivity (see “Probability of Premature Death From NCDs Between Ages 30-70, 2012” in the data table). The growing NCD epidemic represents a significant socioeconomic cost to society, due in large part to declines in productivity and increases in health care expenses.

Percent of Deaths Due To Noncommunicable Diseases by Country, 2012

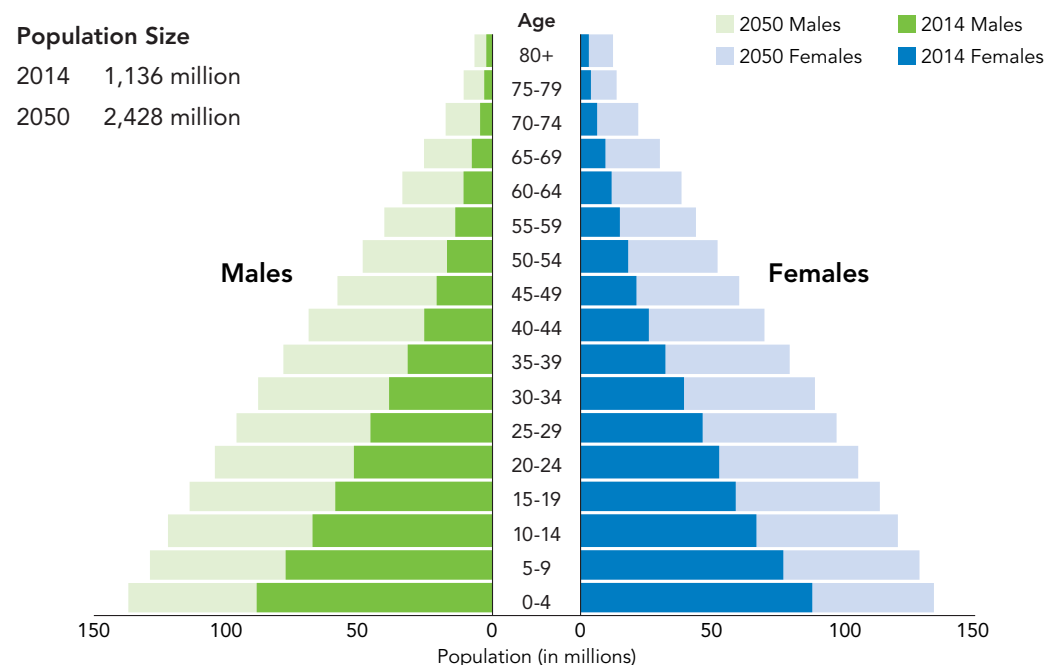


Sources: World Health Organization (WHO), *Noncommunicable Diseases Country Profiles 2014* (Geneva: WHO, 2014); and WHO, *Global Status Report on Noncommunicable Diseases 2010* (Geneva: WHO, 2010).

Africa's Large Young Population Will Stress Health Systems as the Cohort Ages

Africa has the world's youngest population, with more than one-third, or about 360 million Africans, between the ages of 10 and 24. By 2050, these young people will have aged to create a population ages 45 and over—the ages when NCDs hit hardest—that is three times the size it is today. The World Health Organization estimates that 70 percent of premature deaths in adults are the result of behaviors begun in adolescence. Four key risk behaviors for NCDs—tobacco and alcohol use, physical inactivity, and unhealthy diet—are on the rise among young Africans due in part to globalization, urbanization, and socioeconomic development. Addressing these risk factors among young people today can significantly shift the projected trajectory of NCDs in Africa. In the absence of urgent action, NCDs will add tremendous pressure to already overstretched health systems.

Population Pyramid, Africa: 2014 and 2050

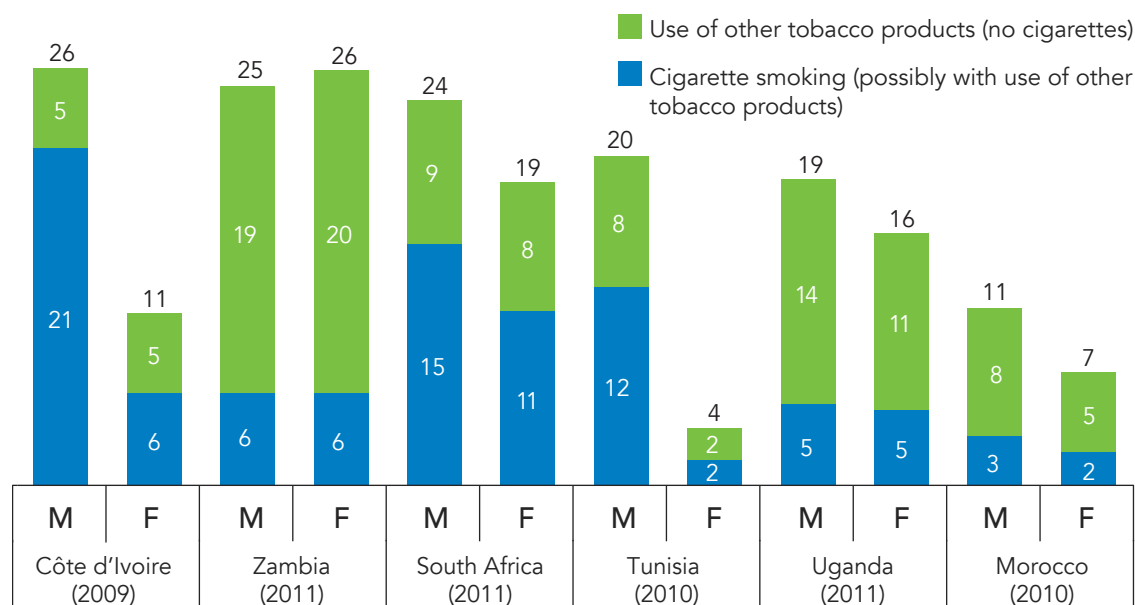


Sources: Carl Haub and Toshiko Kaneda, *2014 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2014); United Nations Population Division, *World Population Prospects: The 2012 Revision* (Geneva: UN, 2013); and World Health Organization (WHO), *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major*

Tobacco Use Varies Across Africa, But Sex Difference Narrowing

Tobacco use is the single most preventable cause of disease, disability, and death in the world. More than 40 million people smoke in Africa. Africans are using more tobacco and are starting to smoke at younger ages, increasing their exposure to and risk for NCDs. About one in 10 adolescents in Africa smokes cigarettes and the same proportion uses other tobacco products (chewing tobacco, snuff, pipes). However, substantial variation exists across countries in levels and types of tobacco products used. For example, cigarettes dominate overall tobacco use in Côte d'Ivoire, South Africa, and Tunisia, while in Zambia, Uganda, and Morocco, the vast majority of overall use comes from products other than cigarettes. About a quarter of 13-to-15-year-old boys in Côte d'Ivoire, Zambia (also girls), and South Africa are regular tobacco users (used any tobacco products in the past 30 days). Tobacco use also tends to coexist with alcohol use, another key risk factor for NCDs. Tobacco use has been typically higher among young men in Africa, but in many countries, young women are catching up.

Percent of Boys and Girls 13-15 Years Old in Secondary Schools Who Used Tobacco Products in the Past 30 Days, Select Countries

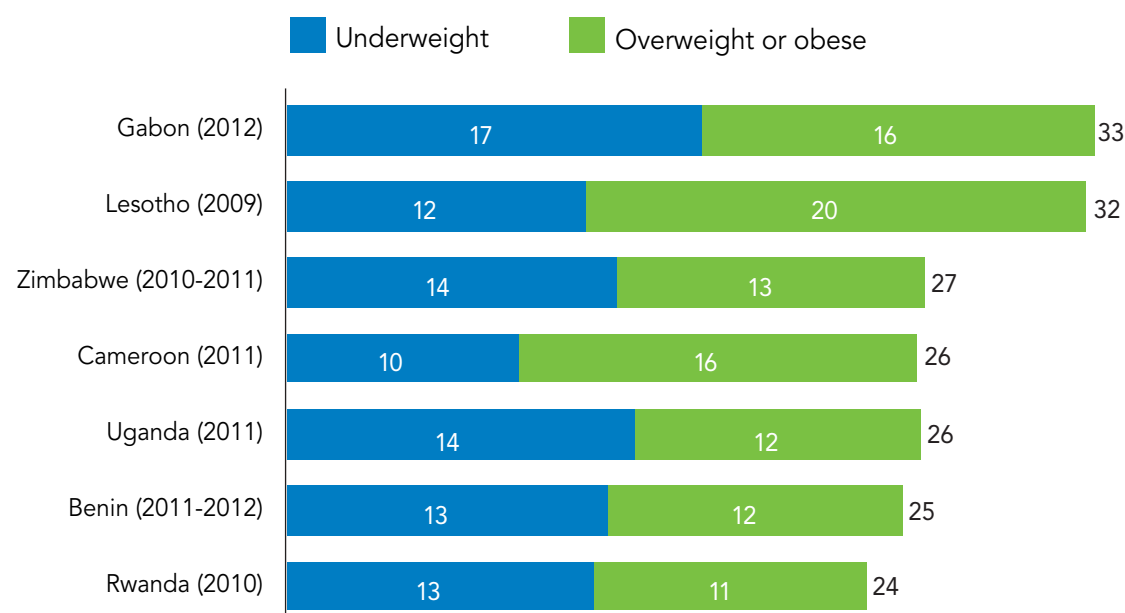


Sources: World Health Organization and Centers for Disease Control and Prevention, *Global Youth Tobacco Survey*, accessed at <http://nccd.cdc.gov/gtssdata/Ancillary/DataReports.aspx?CAID=1>; and Patricio Marquez and Jill Farrington, *The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa: An Overview* (Washington,

Many Countries Face the Double Burden of Overnutrition and Undernutrition

Sub-Saharan Africa is undergoing a nutrition transition, with overweight and obesity emerging as critical public health issues even in some countries where undernutrition is still a big problem. Among 15-to-19-year-old girls in Benin, Rwanda, Uganda, and Zimbabwe, approximately one in eight girls are overweight or obese, whereas about one in seven girls are underweight. Girls are often more likely than boys to be overweight or obese. Urbanization and globalization have led to more sedentary lifestyles and to high-calorie diets filled with highly processed foods that are low in fruits and vegetables, and high in saturated fat, sodium, and sugar. These shifts in diet and exercise patterns are leading to a rise in NCDs such as type 2 diabetes, cardiovascular disease, stroke, and certain cancers.

Percent of Women 15-19 Years Old Who Are Overweight/Obese or Underweight, Select Countries



Source: ICF International, *Demographic and Health Surveys*, accessed at www.dhsprogram.com.

	Population and Youth							NCD Mortality		
	Mid-Year Population (millions)		Youth Ages 10-24, Percent of Population, 2014	Percent Enrolled in Secondary School (Gross Enrollment Ratio), 2005/2014		Percent of Total Population Living in Urban Areas, 2014	GNI per Capita, PPP (Current International \$), 2013	Age-Standardized Death Rate for All NCDs (per 100,000), 2012	Percent of Total Deaths due to NCDs, 2012	Probability of Premature Death From NCDs Between Ages 30-70, 2012
				Male	Female					
	2014	2050								
NORTHERN AFRICA										
Algeria	39.1	60.3	25	96	100	70	13,070	710	77	22
Egypt	87.9	146.0	28	87	85	43	10,790	782	85	25
Libya	6.3	8.4	26	96	113	78	-	550	78	18
Morocco	33.3	41.4	27	74	63	60	7,000	708	75	23
Sudan	38.8	77.1	32	43	39	34	3,230	551	34	17
Tunisia	11.0	13.1	23	89	93	67	10,610	509	82	17
WESTERN AFRICA										
Benin	10.3	21.5	32	65	43	44	1,780	761	36	22
Burkina Faso	17.9	46.6	33	31	26	29	1,440	784	32	24
Cape Verde	0.5	0.7	32	86	100	65	6,210	482	69	15
Côte d'Ivoire	20.8	42.3	32	46	32	53	3,090	794	31	23
The Gambia	1.9	4.9	32	59	56	59	1,610	630	32	19
Ghana	27.0	52.6	31	69	65	53	3,900	670	42	20
Guinea	11.6	23.9	32	47	29	37	1,160	681	31	21
Guinea-Bissau	1.7	3.5	32	-	-	49	1,410	765	28	22
Liberia	4.4	9.4	32	42	33	49	790	657	34	21
Mali	15.9	45.6	32	50	40	39	1,540	866	31	26
Mauritania	4.0	7.9	31	30	29	59	2,850	555	32	16
Niger	18.2	68.0	31	19	13	18	890	649	25	20
Nigeria	177.5	396.5	31	46	41	47	5,360	674	24	20
Senegal	13.9	35.1	32	43	39	43	2,210	558	34	17
Sierra Leone	6.3	10.5	32	48	42	40	1,690	964	26	27
Togo	7.0	14.5	32	58	30	39	1,180	679	30	20

	Population and Youth							NCD Mortality		
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				Male	Female					
EASTERN AFRICA										
Burundi	10.5	26.7	31	37	29	12	770	729	28	24
Comoros	0.7	1.3	30	63	65	28	1,490	695	37	23
Djibouti	0.9	1.2	30	53	43	77	-	631	36	19
Eritrea	6.5	14.3	31	-	-	22	1,180	672	37	24
Ethiopia	95.9	165.1	35	35	22	19	1,380	476	30	15
Kenya	43.2	81.3	32	69	65	25	2,780	515	27	18
Madagascar	22.4	52.8	33	39	38	34	1,370	649	39	23
Malawi	16.8	41.2	33	38	35	16	750	655	28	19
Mauritius	1.3	1.2	23	94	98	40	17,220	577	85	24
Mozambique	25.1	63.5	33	27	25	32	1,100	594	23	17
Rwanda	11.1	21.0	33	31	34	28	1,450	585	36	19
Seychelles	0.1	0.1	22	79	80	54	23,730	-	-	-
Somalia	10.8	27.1	33	10	5	39	-	551	19	19
South Sudan	11.7	39.3	33	-	-	19	1,860	623	-	-
Tanzania	50.8	129.4	32	34	32	31	1,760	570	31	16
Uganda	38.8	104.1	34	29	25	16	1,470	664	27	21
Zambia	15.1	49.2	33	-	-	40	3,810	587	23	18
Zimbabwe	14.7	30.2	34	48	47	33	1,690	599	31	19
MIDDLE AFRICA										
Angola	22.4	60.8	33	38	25	43	7,000	768	24	24
Cameroon	22.8	54.3	33	54	46	54	2,770	675	31	20
Central African Republic	4.8	9.7	33	24	12	40	600	551	20	18
Chad	13.3	37.4	33	31	14	22	2,010	713	21	23
Congo	4.6	10.6	31	57	50	65	4,600	632	30	20
Congo, Dem. Rep.	71.2	193.6	33	54	32	42	740	724	23	24
Equatorial Guinea	0.8	1.6	30	33	24	40	23,270	729	31	23
Gabon	1.7	3.3	31	-	-	87	17,230	505	36	15
Sao Tome and Principe	0.2	0.4	31	76	85	65	2,950	-	-	-

	Population and Youth							NCD Mortality		
	Mid-Year Population (millions)		Youth Ages 10-24, Percent of Population, 2014	Percent Enrolled in Secondary School (Gross Enrollment Ratio), 2005/2014		Percent of Total Population Living in Urban Areas, 2014	GNI per Capita, PPP (Current International \$), 2013	Age-Standardized Death Rate for All NCDs (per 100,000), 2012	Percent of Total Deaths due to NCDs, 2012	Probability of Premature Death From NCDs Between Ages 30-70, 2012
	2014	2050		Male	Female					
SOUTHERN AFRICA										
Botswana	2.0	2.8	33	79	84	57	15,640	612	37	21
Lesotho	1.9	2.7	35	45	62	27	3,160	672	27	24
Namibia	2.3	3.7	33	60	70	46	9,490	580	43	20
South Africa	53.7	64.1	27	107	114	64	12,240	711	43	27
Swaziland	1.3	1.8	35	61	60	21	6,060	702	28	21

Definition of Risk Levels		NCD Risk Factors Among Youth																	
		Current Tobacco Use																	
		Cigarettes		Other Products		Any Products		Year											
		Male	Female	Male	Female	Male	Female	Year	Male	Female	Year	Male	Female	Year	Male	Female			Year
Current Tobacco Use Percent using cigarettes/other tobacco products/any products in the past 30 days among 13-15-year-old secondary school students ¹¹		18	1	9	1	21	2	2011	-	-	- [†]	69	89	2011			2011	Algeria	
		6	1	6	2	9	3	2011			2005	77	90	2011			2011	Egypt	
		6	2	8	4	11	5	2010	-	-	- [†]	-	-	-			2007	Libya	
		3	2	11	6	11	7	2010	-	-	- [†]	79	87	2010			2010	Morocco	
		9	4	7	5	13	8	2012	-	-	- [†]	89	89	2012			2012	Sudan	
		12	2	12	3	20	4	2010	-	-	- [†]	74	89	2008 ¹⁴			2005	Tunisia	
		Current Alcohol Use Percent having any drinks with alcohol in the past 30 days among 13-15-year-old secondary school students ¹²		3	2	5	2	5	2	2009	18	13	2009	67	75	2009	-	12	2011-2012
14	2			9	5	20	7	2006*	-	-	-	-	-	-	-	5	2010	Burkina Faso	
4	3			12	9	15	12	2007	-	-	-	-	-	-	-	-	-	Cape Verde	
21	6			10	7	26	11	2009	-	-	-			2005	-	10	2011-2012	Côte d'Ivoire	
13	9			30	34	34	37	2008*	-	-	-	-	-	-	-	-	-	The Gambia	
9	7			-	-	-	-	2012	18	13	2012	84	84	2012			2012	Ghana	
12	2			23	19	31	20	2008	-	-	-	-	-	-	-	8	2012	Guinea	
Physical Inactivity Percent not engaging in physical activity for at least 60 min/day on five out of the last seven days among 13-15-year-old secondary school students ¹²		7	3	5	8	12	10	2008*	-	-	-	-	-	-	-	-	-	Guinea-Bissau	
		2	1	-	-	14	12	2008*	-	-	-	-	-	-	10	7	2013	Liberia	
		17	3	11	7	23	9	2008	-	-	-	-	-	-	-	7	2012-2013	Mali	
		17	17	19	17	25	23	2010	-	-	- [†]	79	89	2010			2010	Mauritania	
		12	1	6	7	15	8	2006			2007			2007	-	5	2012	Niger	
		6	1	17	11	19	11	2008*			(2013) ⁵			(2010) ⁸	-	6	2013	Nigeria	
		12	3	12	8	20	10	2007	4	2	2005	85	94	2005	0	7	2010-2011	Senegal	
Overweight or Obese Percent who are overweight or obese among 15-19-year-olds ¹³		7	5	17	22	20	24	2008 ¹	-	-	-	-	-	-	3	8	2013	Sierra Leone	
		9	2	12	7	18	8	2007			2010*			2010*			2010	Togo	
		EASTERN AFRICA																	
		6	3	17	14	21	17	2008	-	-	-	-	-	-	-	6	2010	Burundi	
		14	7	13	10	22	15	2007	-	-	-	-	-	-	-	14	2012	Comoros	
		4	3	11	6	13	7	2007	-	-	- [†]	81	91	2007			2007	Djibouti	
		2	1	6	4	8	5	2006			2004	-	-	-			2004	Eritrea	
				-	-	-	-	2010 ^{2,8}			2010 ^{2,8}			2012 ^{2,8}	0	2	2011	Ethiopia	
								2012 ⁸			2012 ⁹			(2014)*	-	9	2008-2009	Kenya	
		31	10	9	6	33	14	2008			(2013) ⁶	-	-	-	-	1	2008-2009	Madagascar	
		6	4	8	5	10	6	2009	5	3	2009	-	-	-	-	7	2010	Malawi	
		23	9	12	5	25	10	2011	28	22	2011	59	76	2011			2011	Mauritius	
		5	1	10	7	13	7	2007*	-	-	-	-	-	-	-	7	2011	Mozambique	
		3	1	12	9	13	10	2008	-	-	-	-	-	-	0	11	2010	Rwanda	
		23	20	11	9	27	25	2007	62	61	2007	76	86	2007 ¹⁴			2007	Seychelles	
		9	15	15	15	19	22	2004	-	-	-	-	-	-	-	-	-	Somalia	
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	South Sudan	
		5	1	6	5	10	5	2008 ³	7	5	2006 ³	69	80	2006 ³	-	9	2010	Tanzania	
		5	5	18	14	19	16	2011	-	-	-	-	-	-	1	12	2011	Uganda	
		6	6	24	24	25	26	2011	39	45	2004	90	90	2004	-	8	2007	Zambia	
		5	2	11	8	15	8	2008*	-	-	-	-	-	-	1	13	2010-2011	Zimbabwe	

Definition of Risk Levels	NCD Risk Factors Among Youth																
	Current Tobacco Use																
	Cigarettes		Other Products		Any Products			Current Alcohol Use			Physical Inactivity			Overweight or Obese ¹⁰			
	Male	Female	Male	Female	Male	Female	Year	Male	Female	Year	Male	Female	Year	Male	Female	Year	
Current Tobacco Use Percent using cigarettes/other tobacco products/any products in the past 30 days among 13-15-year-old secondary school students ¹¹ ● High Risk ● Medium Risk ● Low Risk	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	MIDDLE AFRICA
	9	3	12	7	17	10	2008 ⁴	-	-	-	-	-	-	-	16	2011	Angola
	10	4	24	31	30	35	2008*	-	-	-	-	-	-	-	-	-	Cameroon
	8	4	17	12	21	14	2008	-	-	-	-	-	-	-	4	2004	Central African Republic
	15	8	16	18	26	22	2006	-	-	-	-	-	-	-	6	2011-2012	Chad
	12	4	29	28	37	29	2008*			2004-2006 ⁷			2005	-	8	2013-2014	Congo
	10	3	20	15	25	17	2008	-	-	-	-	-	-	5	17	2011	Congo, Dem. Rep.
	-	-	-	-			2009	-	-	-	-	-	-	-	16	2012	Equatorial Guinea
	6	3	30	22	31	23	2010	-	-	-	-	-	-	-	13	2008-2009	Gabon
	13	5	16	14	23	16	2008	23	19	2005	87	90	2005	-	-	-	Sao Tome and Principe
	12	8	20	18	26	22	2008	-	-	-	-	-	-	1	20	2009	SOUTHERN AFRICA
	10	6	-	-	14	9	2013	26	21	2013	85	86	2013			2013	Botswana
	15	11	14	13	24	19	2011			2011			2008			2011	Lesotho
	9	3	9	7	15	9	2005	-	-	-	-	-	-			2013	Namibia
Current Alcohol Use Percent having any drinks with alcohol in the past 30 days among 13-15-year-old secondary school students ¹² ● 40% or Above ● 20% to 39% ● Below 20%																	South Africa
																	Swaziland
Physical Inactivity Percent not engaging in physical activity for at least 60 min/day on five out of the last seven days among 13-15-year-old secondary school students ¹² ● 70% or Above ● 50% to 69% ● Below 50%																	
	Overweight or Obese Percent who are overweight or obese among 15-19-year-olds ¹³ ● 20% or Above ● 10% to 19% ● Below 10%																

Notes:

Data points for the risk factors appear for countries with comparable data available from the following surveys: *Global Youth Tobacco Survey* and *Global School-Based Student Health Survey* for tobacco use, *Global School-Based Student Health Survey* for both alcohol use and physical inactivity, and *Demographic and Health Surveys* for overweight status. For the countries without data from these surveys, data from other sources were used whenever possible to assess risk levels. Only the colors showing risk levels are displayed for these countries. Data points underlying all risk levels are available in the data appendix at <http://www.prb.org/Publications/Datasheets/2015/ncd-risk-youth/>

Data in italics are based on samples from the following cities/regions and are not nationally representative.

- * National capital
- 1 Western Area
- 2 Harar Town
- 3 Dar es Salaam
- 4 Central District
- 5 Ibadan
- 6 Six largest urban cities
- 7 All provincial capital cities
- 8 Abeokuta
- 9 Hawassa City
- 10 Proxy for unhealthy diet
- 11 Based on the Global Youth Tobacco Survey and the Global School-Based Student Health Survey
- 12 Based on the Global School-Based Student Health Survey
- 13 Based on the Demographic and Health Survey
- 14 Risk level for male was coded as yellow instead of red because the measure pertains to physical inactivity level in seven out of the last seven days in this country
- † Countries where Global School-Based Student Health Survey has been conducted but did not collect data on alcohol use
- # Data are not available by sex when the columns are not divided

Notes:

Data points for the risk factors appear for countries with comparable data available from the following surveys: *Global Youth Tobacco Survey* and *Global School-Based Student Health Survey* for tobacco use, *Global School-Based Student Health Survey* for both alcohol use and physical inactivity, and *Demographic and Health Surveys* for overweight status. For the countries without data from these surveys, data from other sources were used whenever possible to assess risk levels. Only the colors showing risk levels are displayed for these countries. Data points underlying all risk levels are available in the data appendix at <http://www.prb.org/Publications/Datasheets/2015/ncd-risk-youth-africa.aspx>.

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- † Countries where Global School-Based Student Health Survey has been conducted but did not collect data on alcohol use
- # Data are not available by sex when the columns are not divided
- (-) Indicates data unavailable or inapplicable

Year in brackets indicates publication year for the data where data year is missing

Note: This data sheet accompanies the policy brief entitled *Noncommunicable Diseases in Africa: Youth Are Key to Curbing the Epidemic and Achieving Sustainable Development*. The data sheet is accompanied by a data appendix that provides all available country-specific data and data sources on four key noncommunicable (NCD) risk factors among young people in Africa since 2004. These publications extend an earlier publication, *Noncommunicable Diseases Risk Factors Among Young People in Africa: Data Availability and Sources*. All are available at www.prb.org/Publications/Datasheets/2015/ncd-risk-youth-africa.aspx.

Technical Notes

This data sheet lists all countries in North and sub-Saharan Africa with populations of 150,000 or more and all members of the UN. Countries with unavailable data for most indicators are, however, excluded.

NCD Risks. The data sheet focuses on four specific behaviors—tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diet—identified by the World Health Organization to be key NCD risk factors. Data availability on these risk factors among young people is limited in Africa. Available data are typically not directly comparable across a large number of countries. They may measure the levels of risk using different indicators, at different geographic levels (national, regional), for different age groups, and from different settings (all youth, youth in schools). To facilitate the cross-country comparison of risk levels and to focus attention on the broader picture, the risk levels are presented here as high (red), medium (yellow), or low (green).

Risk levels are assessed by first identifying the core indicator for each risk factor that is suitable and for which data are consistently available for the largest number of countries. For countries with data on the core indicators, both risk levels and data points are presented. For countries without data on the core indicators, only risk levels are presented. These levels are based on alternative indicators or data that are otherwise not directly comparable (such as different

age groups, indicator definitions) but that still enable assessment of risk levels using similar standards. All data points underlying risk levels and the data sources are available for each risk factor per country in the data appendix accessible at www.prb.org/Publications/Datasheets/2015/ncd-risk-youth-africa.aspx.

The risk levels are assessed using the standards described below under each risk factor. Due to the lack of preexisting standards to assess population-level risks for these behaviors, cut-offs were developed for each risk factor based on a review of previous literature (see www.prb.org/Publications/Reports/2014/ncd-risk-youth-africa.aspx). The standards were adjusted up or down to determine the risk levels when the indicator differed from the ones specified here. Data on any age groups between ages 10 and 24 from 2004 or later are considered in the coding. Data points rounded to their nearest integers are used for coding risk levels. Because well-documented sex differences exist for the prevalence for all risk factors, the risk levels are coded by sex when possible.

Tobacco Use. The core indicators are the percent reporting use in the past 30 days of each of the following: cigarettes, other tobacco products, and any tobacco products among 13-to-15-year-old students available in *Global Youth Tobacco Survey* (World Health Organization (WHO) and U.S. Centers for Disease Control and Prevention (CDC)) and *Global School-Based Student Health Survey (GSHS)* (WHO and CDC). The standard used for coding is high $\geq$ 16%; medium = 7%-15%; and low $<$ 7%.

Alcohol Use. The core indicator is the percent reporting any alcohol use in the past 30 days among 13-to-15-year-old students available in *GSHS* (WHO and CDC). The standard used for coding is high $\geq$ 40%; medium = 20%-39%; and low $<$ 20%. We use any amount of alcohol use instead of harmful use, since any amount of drinking presents risk among youth both because of the greater health impact of alcohol on young people and the link between the age of onset and likelihood of lifetime alcohol dependency.

Physical Inactivity. The core indicator is the percent reporting not engaging in any type of physical activity for at least 60 minutes a day for five days in the past seven days among 13-to-15-year-old students available from *GSHS* (WHO and CDC). The standard used for coding is high $\geq$ 70%; medium = 50%-69%; and low $<$ 50%. Surveys usually report physical activity levels rather than inactivity levels, so data used and presented here are 100 percent minus the percent reported to be physically active. In some countries, the measure pertains to the activity level in seven out of the past seven days. For those countries, the standards used to code risk levels were adjusted.

Overweight/Obesity (Unhealthy Diet). The core indicator is the percent reporting overweight or obese among 15-to-19-year-olds available in *Demographic and Health Surveys*. The standard used for coding is high $\geq$ 20%; medium = 10%–19%; and low $<$ 10%. The overweight/obesity measure is used as a proxy for unhealthy diet due to the scarcity of comparable data on dietary intake to assess nutrition levels across countries. Overweight/obesity is a physiological change resulting from high caloric consumption and physical inactivity and is assessed with the Body Mass Index (BMI), a measure of weight relative to height. The BMI levels used to classify overweight/obese status vary somewhat across surveys and are specified in the data appendix.

Data Sources

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