# **Questionnaire Chronic Respiratory Diseases in Africa**

Partner Countries concerned:

*Benin, Burkina Faso, Burundi, Democratic Republic of the Congo, Guinea Conakry, Mauritania, Mozambique, Niger, Rwanda, Senegal, Uganda.*

## **Introduction**

The burden of non-communicable diseases, and specifically Chronic Respiratory Diseases (CRD)[[1]](#footnote-1), is continuously on the rise in low- and middle-income countries. In sub-Saharan Africa, Chronic Obstructive Pulmonary Disease (COPD) and bronchial asthma are “neglected diseases”. COPD and bronchial asthma seems to be highly prevalent but remains almost unknown. Early accurate diagnosis and sustainable availability of affordable medicines and diagnostic tests, which are fundamental in optimal management of bronchial asthma and COPD, are a big challenge. The need to strengthen health systems with regard to primary and secondary prevention and treatment of respiratory diseases is flagrant; the ongoing COVID-19 pandemic has further heightened this need.

Given this landscape, *Enabel* seeks to develop a multi-disciplinary, multi-actor and synergistic approach with regard to CRD in terms of primary and secondary prevention by acting on the social[[2]](#footnote-2) and structural[[3]](#footnote-3) determinants of health, sensitization of the population, strengthening of health systems and the quality of healthcare.

In order for *Enabel* to strategically respond with appropriate and feasible interventions, we need to know and understand better what is actually being implemented in the partner countries concerning prevention and management of CRD. Our knowledge have been enriched through scientific literature and country documentary review but we still need to improve it. To this end, we would need to know current partners, structures, initiatives, programmes or projects that are in any way addressing actions on CRDs and their risk factors such as tobacco and pollution control, improvement of cooking energies and practices, availability of specific medicines and diagnostic tests at health services, health workers’ capacity of case management, etc.

This is the reason why this questionnaire was prepared and we kindly ask your collaboration in responding it to the best of your knowledge.

*We thank you in advance for your time and contribution.*

*The Study Team*

## **Questions / Information required**

***We thank you for giving your time to answer these questions!
Please note that you may be contacted by e-mail or by Skype/Teams/Zoom/WhatsApp in case any clarification or extra information will be needed.***

1. Which **government agency/agencies** are responsible for **regulating and/or policy implementation** regarding **Chronic Respiratory Diseases (CRD) and risk factors** management (from general air quality to specific protective measures)?
2. Are there **specific regulations** for CRD prevention concerning workers and their protection in mines, chemical and food industries and in agriculture? *Could you give some examples of these regulations?*
3. Which **mechanisms** are put in place to assure policies and regulations are adequately **implemented** and to safeguard **good governance**? *Can you give examples?*
4. Can you please provide an **inventory of stakeholders** – public, private for-profit, private not-for-profit, confessional – that are working on CRD or CRD-related risk factors/issues? This information should encompass importance, interest, power, influence, commitment and support of the organisation/initiative. Please use **Table 1** provided in the Appendix to plot the information needed. You can add any other item/column or comment you deem relevant.
5. Is your organization or agency **working with other development partners or stakeholders** on CDR or CRD-related risk factors (tobacco smoking, nitrogen oxides, ambient particulate matter, fossil fuel or biomass combustion, fumes and gases, pesticides, moulds, aerosols, etc.)?
6. Is there on-going experience with **synergistic or complementary implementation** of projects / programmes on CRD? *If yes, can you please list these experiences?*
7. Is there any experience with **use of technology and/or innovative approaches** in addressing burdens of CRD, for instance, in improving outdoor or indoor air quality, in addressing risk factors in the workplace, in the diagnosis of and healthcare for COPD/asthma, etc.?
8. Is **air quality** (inclusive in-door) a topic of debate **in media and/or civil society**? *If yes, do you have examples you could cite?*

***Any documentation or internet source you could provide supporting your answers will be most welcome!!***

## **Appendix**

## **Table 1. Stakeholders working with CRD and/or CRD-related issues**

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| --- | --- | --- | --- | --- |
| Organisation & Funder if different | Type of organisation (public *or* private for-profit *or* private not-for-profit *or* confessional) | Contact of the organisation (name of in-charge, email and/or telephone number) | Title project/initiative/programme | Brief description |
| Stated principles, values, philosophies | Objectives & coverage | Strategies/actions/interventions (to be) developed | Outcomes (expected) | Budget | Comments |
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1. For the purpose of this study, CRD will be restricted to collectively refer to the conditions “Bronchial Asthma” and “Chronic Obstructive Pulmonary Disease” (COPD). [↑](#footnote-ref-1)
2. *Social determinants of health* are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks, as well as access to health care. [↑](#footnote-ref-2)
3. *Structural determinants of health* include the governing process, economic and social policies that affect pay, working conditions, housing, and education. [↑](#footnote-ref-3)