



ENSURING HEALTHY LIVES AND PROMOTE WELLBEING FOR ALL AT ALL AGES – PHYSIOTHERAPY CONTRIBUTIONS TO REACH SDG 3

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INTRODUCTION

SUMMARY 17: SDGs



Source: United Nations (UN), 2015, *Transforming our world: The 2030 agenda for Sustainable Development*, Rowman & Littlefield Publishers, New York, USA

SDG 3

- Ensure healthy lives and promote wellbeing for ALL at all ages



TIME FRAME

A BETTER AFRICA BY 2030

4 year in & TEN years to go

A BETTER AFRICA BY 2030

BY 2030 Reduce by 1/3 premature mortality from NCDs through prevention, treatment, promotion of mental health and wellbeing.

- Need to mobilize effort: clinical & academia;
- Huge unmet rehabilitation need;
- Need to see rehabilitation – as an essential part of continuum of care;
- Unmet rehabilitation need if not addressed will affect the economic development of our countries.

BIGGEST ASSERT WE HAVE

Maybe this group depends on one Physiotherapist for rehab



BIGGEST ASSERT WE HAVE

- Human resource greatest assert we have but often its health management is accompanied by poor rehabilitation strategies.
- What strategies do we have in place to meet the 2030 target?
- African countries can not fully attain prevention of NCDs while leaving Physiotherapists out of the health strategic planning process.

Eg: Prevention of outcomes related to tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets..., will need physiotherapists to be part of core health care teams.

A BETTER AFRICA BY 2030

- Rehabilitation services will need to speak to our country's needs. (eg PPCP)
- Physiotherapists must provide data for policy making (informed decisions) & participate in policy formulation based on scientific evidence.
- Must bring on board persons familiar with disability.

TALK OF EXPERIENCE...

PRENATAL

- Age, health status of mother (nutritional, life style behavior...), of expectant mother
- Substance abuse, lack of exercise, trauma (abusive relationships)
- Excessive weight gain during pregnancy - a growing problem
- Effect on unborn child
- Physical, emotional & intellectual development of child

PHYSIO:

- Exercise prescription for uncomplicated pregnancies
- Captive audiences for health promotion & education – develop “safety nets”
- Mitigate risks & contribute to scientific policy formulation.

EARLY CHILDHOOD

- Poisoning (Paraffin, drugs/medication)
- Drowning & near drowning (Swimming pools, buckets)
- Burns (Open fire, food, water, chemicals)
- Trauma (falls, road crashes, assault)
- Abuse – Physical & emotional)

Managing the first 2000 days

EARLY CHILDHOOD

- Children with disability
- Post OP pulmonary complications resulting in child mortality:

Lifestyle related issues:

- Children who are passive smokers, Childhood obesity etc

PHYSIO:

- Rehab and education vs poverty reduction
- Quality education, accessibility & healthy play grounds
- Timely & effective Physiotherapy interventions will save lives.
- Mitigation for smoke free environments - health rights for children
- Health education for parents & caregivers (captive audiences).

PUBERTY - Promotion of Health lifestyle behaviour

Adolescents

- Hormonal changes
- Positive & Negative Peer pressure
- University students

– Not just academic excellence (soft life skills – entrepreneurial skills, managing peer & academic pressure, stress & train them to be responsible citizens).

Need for mentors - your actions are too loud I can't hear your words,

MATURE

- Promotion of Healthy lifestyle & Prevention of complications related to musculo-skeletal disorders - Work
- Focus on curative services is **NOT** sustainable – individuals must be **empowered** to take responsibility of their **HEALTH**.
- Work along side their governments & be relevant/or be key partners in government strategies.

MATURE: Multi-tasking

CHALLENGES:

- Financial, emotional, stress, grief, loss, loneliness & other family responsibilities while receiving care.
 - Relationship between # femur & malnutrition.

BUT

appreciate the need for exercise.



Middle life & Elderly - The golden years

Healthy Ageing Vs Ageing with burden of long H/O unhealthy lifestyle behavior or illness.

- Often have multi episodes of illness & disease compounded by ageing & frailty,

Socioeconomic challenges:

- Homelessness, caregiving, poverty, loneliness, hopelessness

If we don't meet health needs **FOR ALL NOW** we will have to deal with a very unhealthy ageing population.

A BETTER AFRICA BY 2030

- We can not meet the 2030 agenda for sustainable development with an UNHEALTHY POPULATION.
- “Health Maintenance” of our population if not prioritized will cost us much more in the future & Physiotherapists will have a huge number of patients to service.

Myths... it is not OUR responsibility. So whose responsibility is it?

■ WHAT ELSE SHOULD
PHYSIOTHERAPISTS DO?

SDG 3

- Ensure - See to it that it happens
- Healthy Lives - Not just an absence of disease
- Promote wellbeing – meaning???
- For all at all ages – leaving no one behind.

A STITCH IN TIME WILL SAVE NINE.

PHYSIOTHERAPISTS:

- Need to be **INTENTIONAL** and **LEAD** in the attainment of health for all by 2030.
- We need to put in place strategies (**SUSTAINABLE STRATEGIES**) that will change lives of communities and our countries.
- Africa must have highly effective Primary Health Care Services with a diversity of **EXPERTS** - where physiotherapy is an **INTEGRAL** part of that care.

CONCLUSION

We need to be innovative:

Maybe community exercise programmes should speak to better diets??? Communities we are working in are dynamic



We can do the same things we did in the past but somehow expect different outcomes...



You dont need land in order to be a farmer.
All you need is creativity and determination.



We need to take a lead. Set the tone, develop the legacy. The buck end here...





THANK YOU