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**Beyond the legislation for sickle cell prevention – Getting the right outcomes. A Nigerian Experience**

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**Background:** Sickle cell disease (SCD) is one of the non-communicable diseases (NCDs) of public health importance globally. It ranks among the top ten NCDs in Nigeria. The World Health Organization (WHO) considers it the most prevalent genetic disease in Africa. It is estimated that more than 300,000 births are affected annually worldwide and greater than 75% of the world's SCD patients are said to be living in sub-Saharan Africa (CDC 2012). Nigeria ranks first in the sickle cell disease burden worldwide with 40 million people carrying the gene. It is reported to have one-third of the world's annual incidence (i.e., 90-150 x 103 births annually (Piel et al., 2013). The estimated prevalence rate in Abia State, a south-eastern Nigerian state is 1.8% (Nwabuko et al., 2015). This is in keeping with the estimated national prevalence of 1-3%. A good health policy is the major determinant of the health of the population in any nation. Building healthy public policy is one of the major key factor areas of health promotion. It influences the health outcome of any nation with respect to average life expectancy and infant mortality rate (IMR). The United Nations and the WHO use the health outcomes of the population of a nation to rank the nation (CIA, n.d.). Nigeria ranks 214th (with average life expectancy from birth of 53.8 yrs) out of 224 member nations of the United Nations. The implication is that 213 countries in the world are healthier than Nigeria. Nigeria is the 8th worse country to be born on earth based on the IMR of 69.8 per 1000 live births per year (World Fact book, 2017). These poor health indices are attributable to lack of health-promoting policies from the government. Nigeria falls within the countries with the worst health policies and guidelines worldwide. The Abia State government, a state in south-eastern Nigeria, has just passed a bill for compulsory identification of blood groups and genotypes of all her citizens irrespective of their ages. This bill is a healthy public law which will authorize all health institutions in the state to craft policies that will curb the burden of SCD in the state by prevention, treatment, and curative interventions. For the first time, a state in Nigeria is holding the bull by the horn by promulgating a health-promoting policy which is geared towards preventing a disease of public health importance. A bill termed with the slogan "breaking the chains of SCD". This study takes a look at this policy and how it can bring about the desired positive changes in the targeted audience and the entire population of the state. It also takes a look at the reproducibility and the challenges of implementing this health policy globally.

**Biography**

Ogbonna Collins Nwabuko was born on the 12<sup>th</sup> of November, 1972. He hails from Umuode Nsulu in Isiala-Ngwa North Local Government Area of Abia State, Nigeria. He obtained his post-doctoral (FMCPPath) fellowship in Hematology from the National Post-graduate Medical College of Nigeria in 2010. In 2012, he obtained a post-graduate certificate training in Palliative Medicine (PGCert.Palliative.Care) from the Institute for Hospice and Palliative Care in Africa, Kampala, Uganda. He is an international active member of American Society of Hematology, USA (ASH), a combined Master's and PhD student of Public Health (Epidemiology) of University of South Wales (United Kingdom) and Walden University, Baltimore, USA respectively; a lecturer with Abia State University, and a consultant Hematologist with Federal Medical Center, Umuahia, Abia State, Nigeria. He is currently an editorial advisory board member of "The Open Orthopedics Journal", Bentham Open; Cancer Management Research, Dove press, Journal of Blood & Lymph just to mention but a few.

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