Multi-sectoral Actions For Prevention and Control of Non – Communicable Diseases

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Situation analysis

- Population: 21 million
- Surface area: sq.km - 62,705
- Low-middle income country
- 9 Provinces, 26 Districts

Proportional mortality (% of total deaths, all ages)

Risk percentage - STEP survey - 2008

- systolic BP > 140 mmHg: 21%
- overweight > Kg/m2: 25%
- physical inactivity (<600 MET -...): 25%
- Inadequate fruits & vegetables: 83%
- Alcohol consumption: 26%
- Smoking: 22.8%

NCDs are estimated to account for 65% of all deaths.
Metabolic risk factor trends

Source-WHO country profile
Vision
A country that is not burdened with chronic non-communicable diseases (NCDs), deaths and disabilities

Objective
To reduce premature mortality (less than 65 years) due to chronic NCDs by 2% annually over the next 10 years through expansion of evidence-based curative services, and individual and community-wide health promotion measures for reduction of risk factors.
1. Support prevention of chronic NCDs by strengthening policy, regulatory and service delivery measures for reducing level of risk factors of NCDs in the population

2. Implement a cost-effective NCD screening program at community level with special emphasis on cardiovascular diseases

3. Facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level

4. Empower the community for promotion of healthy lifestyle for NCD prevention and control

5. Enhance human resource development to facilitate NCD prevention and care

6. Strengthen national health information system including disease and risk factor surveillance

7. Promote research and utilisation of its findings for prevention and control of NCDs

8. Ensure sustainable financing mechanisms that support cost-effective health interventions at both preventive and curative sectors

9. Raise priority and integrate prevention and control of NCDs into policies across all government ministries, and private sector organisations
National NCD Policy 2009

Coordinating bodies for policy Implementation

- National Health Council
- National Steering Committee
- Provincial Director of Health Services
- NCD Unit
- Regional Director of Health Services
- NCD Cell
- Preventive and Curative Institutions

NABNCD/ Technical Working Groups

District Coordinating Team
Strong, united advocacy – Addressing NCDs are recognized as a key priority of the development agenda in the country.

- Mahinda Chinthana – Vision for the future (Presidential Manifesto)
- The Development policy framework – Government of Sri Lanka
- Health Master Plan-2007-2016
- National NCD Policy & Strategic Framework
- Good Situational analysis
- National Authority on Tobacco & Alcohol
- National NCD & Cancer Control Steering Committee
- NCD Working Group
Financial support

- 2011-2013- 900 Million rupees direct allocation from the treasury for NCDs
- Regular annual allocation of 50 million rupees from Ministry of Health
- World Bank support from 2014
Policy Regulatory and service measures for reducing level of Risk factors of Non Communicable Diseases

Declaration of 2013 as NCD prevention year by Minister of Health

Conducted awareness programmes island wide
- In the schools in-coordination with police, ADIC(alcohol & drug information center, Sumithrayo (NGO)
- District level programmes under the guidance of district level political leaders involving all the sectors agriculture, local government, education, youth etc.”Mihimeth Suwasara”
Political commitment- District level political leaders started allocating funds for development of walking paths, NCD centers, exercise centers etc.
Establishment of National Authority on Tobacco & Alcohol (NATA) in 2006 to implement NATA act.

Presidential political manifesto (Mahinda Chinthana) vision for the future - for cessation of tobacco alcohol “Mathata Tita” was indicated

Members of the Authority-
Officer not below the rank of a Senior Assistant Secretary of the Ministry of justice, Education, Media, and Youth affairs, Chairman National dangerous drug control board, repre. of commissioner of Exercise, Police and Health (five members)

NATA-
Advertising, smoking in public indoor places and Sales and promotion of tobacco products to minors prohibited, Health warnings in the tobacco packet is compulsory.
Important landmarks of tobacco cassation in other sectors..........

-Wages Board ordinance –smoking prohibited in working places
- Maternity Benefit ordinance-mothers are entitled for two feeding hours
- Women and children ordinance-children cannot deployed in production, transport and selling of tobacco products
- Public Administration circular-Prohibition of smoking in state institutions, circular number 08/1999,1999/03/18
- National policy on health of young persons(in the draft stage)-Tobacco cessation given a priority
- Transport Ministry ordinance –Smoking is prohibited in public transport
- Minister of Health declared 2014 as Tobacco prevention year.
- WHO awarded Honourable Health Minister “World No Tobacco award 2013”
Tackling four modifiable risk factors at community level---

- Focal point for implementation of NCD Policy in the country is NCD Directorate/Ministry of Health and supported by community physicians and medical officers at central level and District level MO/NCDs.

- Implementation is according to the Annual action plan in par with Medium term plan

Intra- sectoral coordination

- Preventive health staff headed by the Medical officer of health support to conduct health promotional activities at the field level.

- Health Education Bureau conduct training on health promotion, provide logistic support and monitoring of health promotion activities.
Organizational Structure - Health System Sri Lanka

Ministry of Health Care (Population - 20 million)

1. Health Secretary
2. Director General of Health Services
3. Provincial Ministries (9)
   - Provincial Secretary
   - Provincial Director of Health Services
4. Regional Directors of Health Services (25)
   - MO/NCD, Mo/Planning, Mo/MCH, RE/HEO

Preventive Health Services:
- Medical Officer of Health
  - Population: 75,000 - 150,000
- Public health Nursing Sister
- Public Health Inspector
- Public Health Midwife
  - Population: 2,500 - 5,000

Curative Health Services:
- General & Teaching Hospitals
- Base Hospitals
- District General Hospitals
- District Hospitals
- Rural hospitals & CDs
Resources available in the community for risk reduction

- Smoking
- Alcohol
- Unhealthy diet
- Lack of physical activity

Officer roles:
- Sports Officer
- Youth Officer
- Education Officer
- Religious Officer
- Samurdhi Officer
- Grama Niladari
- Police Officer
- Excise Officer
- Public Health Inspector
- Public Health Midwife
Community Level Health Promotion Activities
- Nutrition coordination unit conduct training programmes and awareness programmes on nutrition-life course approach

- Implementers of nutrition policy-exclusive breast feeding, introduction of healthy weaning food

- Family Health Bureau implement school health programmes, Maternal and child nutrition, implement healthy canteen policy, school medical inspection, monitoring of growth and promote physical activities

- Policy makers of all these sectors are members of the NCD working committees.
Long term effects of nutrition in early life…

**Preliminary nutrition Received during in-utero And childhood**

**Short term effects**
- Brain development
- Growth and muscle mass, body composition

**Glucose, Fats, Protein, Hormones, receptors, genes, metabolism,**

**Long term effects**
- Cognitive & educational performance
- Immunity & self defense
- Diabetes,
- Obesity,
- Heart diseases, Hypertension,
- Cancer, Strokes, Aging
Nutrition is important in all stages in our life
Food Based Dietary GUIDELINES for SRI LANKA

A Publication by Nutrition Division - Ministry of Health
To promote Partnership......

• Conducted Multistake holder meeting at National Level before the World Health Assembly (WHA) high level meeting in New York for NCD prevention in 2011.

• Second meeting was held in June 2012. Important decisions taken with ministry of youth Affairs and education Ministry

• All the relevant committees for NCD prevention all the sectors are included

• Especially coordinated with Education Ministry for development of curriculum & Question papers development, implementation of healthy canteen policy

• Media workshops , Media seminars arranged in all most all the NCD related events
Ministry of Health and Ministry of Youth Affairs and Skills Development and National Youth Council signed a Memorandum of Understanding (MOU) for mobilizing youth for NCD prevention-2012.
Training of Youth Leaders

1400 Youth Clubs
Support from Donors

Flip chart
Guide Book for Flip chart
Exercise DVD for elderly
Digital Blood Pressure apparatus

Bill Boards
3 Vehicles from JICA
Thank you