

Tackling Noncommunicable Diseases Sri Lanka's biggest killer



To help tackle the growing noncommunicable disease (NCD) burden, a *Package of essential noncommunicable disease interventions* (PEN) was developed by WHO in 2010. It aims to strengthen national capacity to integrate and scale up care of heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic obstructive pulmonary disease. It uses the primary health care (PHC) approach for NCD prevention and control, and is intended for use in low-resource settings. PEN describes a set of prioritized and cost-effective interventions that help strengthen health systems by contributing to related building blocks. It represents a minimum standard for NCD responses, as a first step for their full integration into PHC.¹

Each year in the WHO South-East Asia Region, noncommunicable diseases (NCDs) cause an estimated 7.9 million deaths, accounting for 55% of all deaths in the Region.¹ According to Ministry of Health estimates, NCDs account for almost two thirds of all deaths in Sri Lanka.² Mortality rates from NCDs are currently 20–50% higher in Sri Lanka than averages in developed countries.³ In addition, NCDs have become the largest contributor to disease burden in Sri Lanka, accounting for 85% of all ill-health, disability and early death.³

These are startling statistics, and they are set to get worse. The burden of NCDs is projected to rise, in part due to further ageing of the population, including a doubling of the proportion of people over the age of 65 – from 12.1% to 24.4% – over the next thirty years.

All indications suggest it is the poor and vulnerable populations who will suffer the most from the increasing NCD impact as well as associated health costs. NCD care is increasingly financed by out-of-pocket spending.³

Project partners:

Sri Lanka Ministry of Health; WHO; Sri Lanka Medical Association; Japan International Cooperation Agency; World Bank; Ceylon College of Physicians.



PEN implementation began in Sri Lanka in 2011 with the setting up of 'Healthy lifestyle clinics' (HLCs) in PHC settings throughout the country. Aimed at people between 35 and 65 years of age who were previously undiagnosed for NCDs, HLCs are equipped to provide health guidance, screening, basic treatment, referral and follow-up for the target population. An initial pilot was supported by WHO in the Badulla district of Uva Province from 2009 to 2011.

To date, 668 HLCs have been established in permanent buildings or mobile clinics, housed in temples or community centres. The Ceylon College of Physicians contributed by revising

HLC management protocols and training, and visiting physicians in all 26 districts in the country. Undertaking home visits encourages family members to attend the HLCs; health staff visiting schools and temples also helps to spread the message. Health talks are designed to be entertaining, often using music to energize audiences.

"The total number of screenings for early detection of NCDs went up from 117,768 in 2011 to 195,487 in 2012," says Dr Thalatha Liyanage, Director, NCD Unit, Ministry of Health. "Screening is not enough and is followed up by health guidance and health promotion."



“Some examples of best buy interventions for NCD prevention and control include raising taxes on tobacco and alcohol products, reducing salt consumption, eliminating trans-fat in the food supply chain, promoting physical activity and detecting and treating NCDs at an early stage. The wide-scale implementation of best buys required coordinated action involving all stakeholders.”

Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia

Strong partnerships: key to success

Political vision and commitment at the highest levels of government in Sri Lanka is often cited as the critical factor in the country's success in tackling NCDs. The issue is integrated into the Presidential manifesto and consequently has trickled down through every level of government. PEN implementation began after extensive consultations with stakeholders. Expert group meetings were conducted with the relevant units of the Ministry of Health and the Sri Lanka Medical Association (SLMA), as well as relevant developmental partners. As a result, acceptance and sustainability were high following the national level consensus and planning processes.



There is also strong collaboration and support among the donor community, including good working relations between the Ministry of Health with WHO, the World Bank and the Japan International Cooperation Agency (JICA), easing coordination. Including a new programme which began in 2014, JICA supported a pilot of a cost-effective NCD screening programme at the community level, using the WHO multiple risk assessment approach. The World Bank implemented a Health Sector Development Project (HSDP) (2004–10) that included support for the NCD programme. In 2013, the Bank followed up with a commitment for a US\$ 200 million loan for a second HSDP, to help improve the standards of performance of the public health system. One of the key objectives is to improve the prevention and management of NCDs. Such pilot initiatives have played a key role in formulating the current NCD prevention and control programme.²

Local communities are also essential partners in NCD prevention, and a key strategy has been empowering communities to adopt healthy lifestyles. Participatory health promotion activities have taken place in schools, workplaces, villages, youth networks and antenatal clinics. The Ministry of Health has worked with the Ministry of Youth Affairs and Skills Development and the National Youth Services Council in order to sensitize young people about the risk factors underlying NCDs and support them to encourage others to lead healthier lives. Professional colleges complement

government efforts with guidelines, training and social media campaigns. Nongovernmental organizations also support NCD prevention and an NCD alliance is under development in Sri Lanka to help ensure a coordinated approach.

The implementation of PEN through the PHC system helps to ensure the long-term sustainability, both for PEN and the wider programme to address NCDs. Care has also been taken to ensure that PEN is adapted to the local cultural context. The protocols for primary care have been adapted to be culturally relevant and accessible. Another notable factor is that achievements to date have been accomplished at relatively low cost.

“The most important lesson of Sri Lanka's story in health is that a country does not have to wait till it is rich to invest in the well-being of its citizens,” says Dr FR Mehta, former WHO Representative to Sri Lanka. “If there is political will and good governance, a lot can be achieved, with even meagre resources.”



- ¹ Narain, JP. Integrating services for noncommunicable diseases prevention and control: Use of primary health care approach. *Indian Journal of Community Medicine*, 2011; 36(Suppl1):S67–S71. (www.ncbi.nlm.nih.gov/pmc/articles/PMC3354898/, accessed 28 January 2015).
- ² Addressing noncommunicable diseases in a lower middle-income country: Sri Lanka's approach. New Delhi; World Health Organization: 2013.
- ³ Tackling Non-Communicable Diseases in Sri Lanka [Internet]. Washington D.C.; World Bank: 2011. (<http://www.worldbank.org/en/news/feature/2012/05/16/non-communicable-diseases-sri-lanka>, accessed 28 January 2015).

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