



Non-Communicable Diseases Prevention: Time to Put Our Act Together

Globally, non-communicable diseases (NCDs) are the leading cause of death¹. More than 36 million people died from NCDs in 2008. Premature deaths from NCDs range from 22% among men and 35% among women in low-income countries to 8% among men and 10% among women in high-income countries¹. World Health Organization (WHO), only recognizes cardiovascular diseases, cancers, diabetes and chronic lung diseases as NCDs. Pressure is mounting to include mental disorders, accidents and injuries, physical disabilities including blindness and deafness under this group.

As per WHO statistics², in India too, life-style related diseases are now killing more number of people than infectious diseases. At present, every 8 out of 10 deaths in urban areas in India are caused by NCDs and it is 6 out of every 10 in rural areas. NCDs have major implications in terms of national economy and development as well. NCDs account for 75% of health care costs in both advanced and developing economies.

It is estimated that more than 20% of the population in India has at least one chronic disease and more than 10% have more than one NCD. In a study done by Mahal A et. al., looking at the economic implications of NCDs in India, the out of pocket health expenses incurred by households on NCDs increased from 31.6 percent in 1995-96 to 47.3 percent in 2004³. The 4 main modifiable behavioral risk factors that contribute to NCDs and which are totally preventable include, tobacco use in all forms, physical inactivity, unhealthy diets (increased intake of salt, sugar and fats) and harmful use of alcohol⁴. Hence prevention of NCDs must primarily and predominantly include programmes and strategies to address these modifiable behavioral risk factors.

Prevention of NCDs needs to be a multi-pronged, multi-sectoral, integrated strategy, which will include policies addressing modifiable risk factors, availability of right information, availability and accessibility of services for screening, early diagnosis and treating NCDs, and rehabilitation. Health education at an individual level through various modes, tools for early detection (screening), facilities for treatment and more importantly policy level changes to facilitate a population level reduction of key risk factors to NCDs is the need of the hour. Some of the population level strategies include, ban of smoking in public places, increased taxation on tobacco products, scope for creating walkways and cycling paths during infrastructure development (be it urban planning or in rural areas), stress on healthy diets, subsidizing healthy foods and increased taxation on junk food and reduced salt intake¹.

The Health and Family Welfare Department, Government of India (H&FW Dept., GOI) is soon about to launch the “New Delhi call for Action on combating NCDs in India” initiative⁵ which includes around 26 “mini interventions” which will make up the world’s largest programme to combat NCDs. This initiative will be against specific diseases and also will address major risk factors for NCDs like obesity, junk food and tobacco consumption.

This is definitely a good start and will go a long way in reducing the NCD prevalence, provided it is well implemented. Health professionals (clinicians, public health professionals, paramedics) are in a unique position, wherein they can involve themselves through any / all of these strategies in disseminating the knowledge and skills of health promotion, prevention of exposure to risk factors for NCDs, strengthening surveillance systems to map risk, and establishing evidence based and culturally appropriate interventions.

References:

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