

Integrated Non-Communicable Diseases (NCDs) Prevention and Control Policy of Nepal

1. INTRODUCTION

Nepal formulated and implemented national health policy in 1991 as per disease pattern of the time. This policy had given more focus on the communicable disease than the non-communicable diseases.

Now, time has changed as non-communicable diseases burden has steadily on rise. As per the global report 2002 nearly 60% of all death and 43% of global burdens of disease are due to chronic non communicable diseases. Further, poorest countries of the world account for 80% of these deaths. In South East Asia Region for WHO, chronic NCDs are projected for 54% of all deaths.

According to annual reports of department of health services, major NCDs such as Cardiovascular diseases , Diabetes, Cancers and Chronic Obstructive Pulmonary Diseases (COPD) are in increasing trend. Common risk factors for these diseases are tobacco use, alcohol consumption, unhealthy diet and physical inactivities. Studies conducted in Kathmandu, Lalitpur, Tanahu and Ilam revealed that all these common risk factors are highly prevailing in both urban and rural, male and female. (WHO STEPwise Survey report 2003 and 2006). As an established fact, NCDs encompass adverse socio economic consequences too.

Nepal has facing double burden of diseases, as there is almost same prevalence of communicable and non-communicable diseases. This emphasises the need for a new national health policy incorporating prevention and control of Non communicable diseases to tackle the double burden of disease.

So far, Nepal has identified the focal point for NCD and formed NCD prevention and control committee to implement various NCD related activities. More over, Nepal has ratified FCTC in November 2006; banned in tobacco advertisement on electronic media and imposed tax on cigarette production. Ministry of health and Population has implemented various awareness generating activities against tobacco use. Nepal has already developed and endorsed NCD related other policies such as Nutrition Policy, Mental Health Policy, Injuries and Violence Policy, etc.

The major risk factors for major NCDs are already identified and all those are modifiable risk factors. Therefore, population wide reduction of risk factors can be achieved that leads to huge reductions in burden of NCD's.

2. VISION, GOALS & OBJECTIVES

VISION

Gain best possible quality of life and longevity by preventing and controlling NCDs in Nepal

MISSION

Promote healthy life styles by empowering people, strengthening health services and creating conducive socio-economic environment

GOALS

Reduce morbidity and mortality related to NCDs.

OBJECTIVES

1. Reduce the major risk factors (tobacco use, alcohol consumption, physical inactivity and unhealthy diet)
2. Strengthen capacity of health personnel, institutions and other stakeholders for identification of the major risk factors and to use comprehensive approach for health promotion and primary prevention.
3. Strengthen capacity of health system to prevent, diagnose and manage NCDs through standard guidelines and protocol appropriate to various level of health care.
4. Develop a national surveillance system for NCDs and their risk factors

TARGETS

1. By 2015, tobacco use and alcohol consumption will be reduced to half of the current level.

2. By the end of 2010, all concerned health personnel will be trained and necessary infrastructures will be in place
3. By the mid of 2008, necessary guidelines will be developed and endorsed.
4. By the end of 2008, a national surveillance system will be in place.

STRATEGIES

- Develop and endorse legislation & regulation for the effective implementation of FCTC , taxation on junk food and to provide insurance for NCD victims
- Do advocacy, communication and community mobilisation for the inclusion of NCD in School Curricula, development and dissemination of NCD messages in current NHEICC activities and NCD interaction programmes in social institutions and secondary and tertiary care hospitals of both public and private sectors
- Re-orient health services for mobilizing existing health network for NCD at various levels
- Incorporate major NCDs and their risk factors in HMIS reporting formats
- Build capacity for developing and organizing standard curricula for in service training of health workers, for specialists and super specialists for secondary and tertiary care and for ancillary paramedics about NCDs and their major risk factors
- establish surveillance system of NCDs and their risk factors
- Establish networking of hospitals dealing with NCDs in private, I/NGOs & GOs and other bilateral organisations.
- Regular and periodic dissemination of surveillance findings to all Stakeholder of NCD
- Map up of the organizations and their NCD activities across Public, Private & I/NGOs
- Develop mechanism to monitor activities of organisations involved in NCDs
- Allocate tobacco and alcohol tax " Sin tax" for NCD disease prevention and control
- Incorporate NCD activities in regular budget
- Allocate local revenue for NCD prevention activities
- Mobilisation of external resources
- Identify all stakeholders of NCDs in programme planning and implementation
- Prioritise low cost, cost effective socioculturally acceptable measures in planning and implementation of NCD prevention and control
- develop various tools for monitoring & evaluation
- Conduct periodic research activities as per the result of the monitoring and evaluation