Annual report 2019

Directorate of Non-Communicable Diseases

Ministry of Health and Indigenous Medical Services

Towards a Healthy Lifestyle

Non Communicable Disease Unit
Ministry of Health

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1. Introduction

1.1 History

Non-Communicable Disease Unit (NCD), Ministry of Health Nutrition and Indigenous Medicine, was established in 1998 under the Deputy Director General (Medical Services I) to plan, implement, monitor and evaluate the national prevention and control programme against emerging epidemic of NCDs in Sri Lanka. Later in 2007 the Deputy Director General/ Non-Communicable Disease (DDG/NCD) was appointed and NCD Bureau was established expanding the human resources and the financial allocations. The Injury Prevention Unit was established in the Directorate in 2010 with the appointment of a Consultant Community Physician to coordinate the implementation of the national injury prevention programme in Sri Lanka.

The National policy and strategic framework for prevention and control of non-communicable Diseases was launched in 2010with a vision of a "Country that is not burdened with chronic non-communicable diseases (NCDs), deaths and disabilities". Annual budget over 800 million rupees is allocated for the implementation of the Prioritized National Action Plan 2018-2020 developed based on the 'National Multi-sectorial Action Plan for the Prevention and Control of NCDs 2016-2020' with technical bodies, Non-Health sectors, Non-governmental organizations and UN organizations.

The post of Medical Officers of Non-Communicable Disease (MONCD) attached to the office of the Regional (district) Director of Health Services (RDHS) was created in 2003 coordinate the implementation of the NCD program in the districts under the guidance of the RDHS and the regional Consultant Community Physician (CCP).

Healthy Lifestyle Centers (HLC) were established in 2011, complying with the strategic guidance on establishing cost-effective screening programs for NCDs. The focus of HLCs was proactive identification of behavioral and other intermediate risk factors, thereby preventing the end-point of cardiovascular Disease (CVD), through timely interventions. Currently there are 1005 functioning HLCs mostly at primary care Institutions providing services to communities. Primary Health care reformation has been initiated and the population was empaneled to primary health care units and Divisional hospitals and an apex hospital is identified as a referral center, to achieve universal health coverage through patient centered and integrated management of NCDs and risk factors of empaneled populations.

1.2 NCD - country situation

The Non-Communicable Diseases (NCDs) — mainly cardiovascular diseases, chronic respiratory diseases, diabetes and cancer — are top killers in the South-East Asia Region, claiming an estimated 8.5 million lives each year. According to WHO, in 2016 estimated deaths due to NCDs in Sri Lanka was 118,700, 83% of the total. The highest proportional mortality rate of 34 % accounted for Cardiovascular Diseases, while 14%, 9% and 8% accounted for cancers, Diabetes and Chronic Respiratory Diseases respectively. The premature mortality (30-70 years) rate in 2016 was 17% with males being affected more (22%) than females (13%) (WHO, 2018).

The common, modifiable risk factors underlying these major NCDs are tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, leading in clustering effect to the intermediate risk factors like overweight/obesity, raised blood pressure, raised blood sugar and raised blood cholesterol level. In Sri Lanka, among the population between the age of 18-69 years, around 25% were current tobacco users (20% daily users) while 15.8% were current users of smokeless tobacco (11.7% daily users), 45.7% of males use any form of tobacco (35.3% daily users) while 26% use smokeless tobacco (18.9 % daily users Alcohol per capita consumption including recorded and unrecorded, has been increasing over the years with7.7 liters pure alcohol among males in 2016 (after adjusting for tourist consumption). Nearly 18% (both sex) currently drink alcohol, while around 35 % of male aged 18-69 years currently consume alcohol Nearly 30% of the population over the age of 18 years was considered as physically inactive (less than recommended 150 min per week), and it showed that females are more inactive compared to males (37% Vs 21%). As expected, 34% of females were overweight compared to 25% among males. Unhealthy diet is also identified as a main risk factor for developing NCDs and the mean population salt intake, among adults aged over 20 years was 10 g/day which is above the recommended level of 5 g/day. Nearly three fourth of the population do not consume sufficient fruit and vegetables while 26% of the adults 18-69 years always or often eat processed food high in salt.(STEPs, 2015).

Injuries are the 4th cause of total deaths in Sri Lanka and the number one cause of hospitalization over the last 2 decades. Annually, injuries claim about 12000 - 14000 lives of Sri Lankans. In 2019, out of all reported injuries to injury surveillance, mostly admitted due to falls (26%) and most reported injuries occurred at home (48%). Most were affected while travelling (24%). Majority of victims are in the productive age group (15 to 44 years) and it is the number one killer of that age group too. The burden of injuries is projected to increase in next decade as a result in rapid changes in life styles of people due to urbanization, industrialization, mechanization and infrastructure development unless appropriate preventive strategies are not implemented.

1.3 Administrative and technical capacity at national and regional level

1.3.1 Central level

The Directorate of NCD is the focal point in the Ministry of Health and Indigenous Medical Services for the NCD prevention and control program in the country. The directorate has the overall responsibility as the coordinating body for implementing and monitoring of the National Policy for prevention and control of NCDs in Sri Lanka. The directorate also advocates for necessary policy changes, development of strategies and action plans for central and regional level and is involved in monitoring and evaluation of the program throughout the country with multisectoral collaboration.

1.3.2 Provincial and district level

Medical Officer-Non-Communicable Diseases (MO-NCD) is the district level focal point in planning, implementation, monitoring and evaluation of NCD programme. The MO-NCDs work under the administrative purview of the Regional Director of Health Services (RDHS) and the technical guidance is provided by the Regional Consultant Community Physician. As in the administrative hierarchy RDHS is responsible and guided by the Provincial Director of Health Services.

1.4 Scope of the Directorate

The Directorate of NCD is functioning, under the several units, each lead by a Consultant Community Physician.

1.4.1 Planning Unit

Planning Unit facilitates the revision or development of the National NCD Policy, strategic framework, action plan and the monitoring & evaluation plan. The Unit develops the NCD annual action plan and prioritizes the activities in order to utilize the funds effectively from various sources and monitor the progress in implementation of the activities at national and district levels. The Unit is also responsible for human resource need assessment and development and. The conduct of the National NCD council, NCD steering committee, National NCD Advisory Board is coordinated by the planning unit.

1.4.2 Strategic Information Management (SIM) Unit

Strategic Information Management Unit (SIM) maintains and upgrades the Hospital Information Management System (HIMS) for chronic NCD and provides technical guidance to ensure quality of data. Currently establishing NCD mortality and morbidity database with linking e-IMMR and Registrar General' Department is being carried out. The unit is also responsible for conducting research and periodic surveys such as STEPS in collaboration with relevant agencies. The SIM Unit also oversees the implementation and resource development of Healthy Lifestyle Centers. Annual performance appraisal for the Healthy Lifestyle Centers and staff is conducted in collaboration with the regional CCPs and MONCD, and the best performers are awarded annually.

1.4.3 Promotion of healthy diets, advocacy and improving awareness and settings: schools and workplaces

This unit advocates for the prevention of NCDs through promotion of healthy dietary practices at school and work settings. This includes reduction of salt, fat and sugar levels in foods up to the recommended levels and addition of vegetables and fruits in recommended portions in the diet.

Unit coordinates with health sector as well as non- health sector partners in conducting these activities such as development of IEC materials for school children and establishment of 'School Health Corner's. Further it is involved in planning and implementation of mass media campaigns, and awareness campaigns for the general public. Several guidelines were developed on management of NCDs at primary health care settings such as for diabetes, obesity, cardio vascular diseases and chronic respiratory diseases.

1.4.4 Promotion of physical activity, cessation of tobacco use, community empowerment and mobilizing civil society for Hypertension control

This unit advocates on prioritizing and integrating concepts of improving physical activity into policies across all governmental ministries and private sector organizations through evidence-based strategies. Initiatives to improve national level capacity for formulation of regulation and standards to promote physical activities in the country have been taken in collaboration with WHO under RECAP (Global Regulatory & Fiscal Capacity Building program).

Unit also holds technical leadership for capacity building and resource development for promotion of physical activity in the community. Furthermore, various evidence-based strategies for the tobacco cessation among the Sri Lankan population including capacity building, awareness raising, are also carried out in coordination with NATA, Mental Health Directorate, NCCP and other governmental and non-governmental organizations.

The Unit coordinates the project on *multi-intervention strategy to improve NCD care in Sri Lanka;* mobilizing the civil society and private sector to improve the provision of NCD care. In addition, a community empowerment project is being carried out with the Health Promotion Bureau - Happy Village concept.

1.4.5 Injury Prevention Programme

This unit plays a leading role in advocating and multi sectorial coordination for prevention and control of injuries in the country under the guidance of the National Committee on Prevention of Injury (NCPI). Unit implements the prevention and awareness programs under many themes such as home safety, school safety, workplace safety and drowning safety. The national injury surveillance system established at secondary and tertiary care level hospitals maintains the injury mortality and morbidity in the population in a database by linking with e-IMMR and Registrar General' Department. The unit is responsible for carrying out National and district level capacity building programs for health and non- health partners.

1.5 Purpose of producing the annual report

The main purpose of this report is to provide feedback on current functionality and strengths and weaknesses of the NCD programme to its partners. It will also provide a platform for the other related agencies involve in NCD prevention and control activities such as stakeholder ministries, NGOs, International development partners, professional organizations and researchers to learn about the activities carried out by the National and regional level.

1.6 Chronic NCD prevention & control programme

1.6.1 The national policy and Multi Sectorial Action Plan

Government of Sri Lanka identified prevention of NCD as a priority issue in the national health agenda and the National Health Strategic Master Plan 2016-2025. In response to the commitment expressed through political declaration on NCDs, National Policy for Prevention and Control of Chronic Non-communicable Diseases with its strategic framework was formulated in 2010 with a goal "To promote health and well-being of the population by preventing chronic NCDs associated with shared modifiable risk factors, providing acute and long-term care for people with NCDs in an integrated manner, and maximizing their quality of life". Since then the working capacity and plans of the Directorate of NCD is guided by the policy document. As the prevention and control of NCD need a multi-sectorial involvement the 'National Multisectoral Action Plan for the Prevention and Control of NCDs' was developed in 2015 with a vision of a 'country that is not burdened with chronic non-communicable diseases (NCDs), deaths and disabilities and being implemented island wide'. This multisectoral action plan was developed for the period of 2016-2020. The Multisectoral action plan clearly identified and described the role and responsibilities of other health and non-health stakeholders in prevention and control of NCDs. Prioritized action plan for the 2018-2020 was also prepared in order to expedite the attainment of national targets. The multisectoral plan for the period of 2021-2025 and an integrated results-based monitoring framework will be developed in accordance to the revised NCD policy to attain the set national targets.

The MSAP has set up nine national targets related to NCD and their risk factors.

1. A 25% relative reduction in premature mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory diseases
2. A 10% relative reduction in the use of alcohol
3. A 10% relative reduction in prevalence of insufficient physical activity
4. A 30% relative reduction in mean population intake of salt/sodium
5. A 30% relative reduction in prevalence of current tobacco use in persons aged over 15 years
6. A 25% relative reduction in prevalence of raised blood pressure and or contain the prevalence of raised blood pressure
7. Halt the rise in obesity and diabetes
8. A 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes
9. An 80% availability of affordable basic technologies and essential medicines including generics, required to treat major non--communicable diseases in both public and private facilities

These targets will be achieved through four strategic areas,

1. Advocacy, partnership and leadership;
2. Health promotion and risk reduction;
3. Strengthen health system for early detection and management of NCDs and their risk factors
4. Surveillance, monitoring, evaluation and research.

2. Key activities- Chronic NCD prevention & control

2.1 Advocacy, partnership & leadership

Ministry of Health and indigenous Medical services takes the leadership in coordinating the partnerships between all stake holders towards a coherent national policy response required to attain nationally set targets. The mechanisms are in place both at national and subnational level to ensure the propagation of centrally made decisions to materialize at the grass root level with integrated monitoring framework.

2.1.1 Coordinating mechanism of NCD prevention & control programme

2.1.1.1The NCD Council

Chaired by the Minister of Health is the supreme body imparting political leadership for inter-ministerial and inter-sectoral collaboration and multi-sectorial partnerships for NCD prevention and control, securing political commitment at the highest levels. The council also monitors the progress of implementation of the National NCD policy. Incorporating health to school curriculum, passing regulations on front of pack labeling, were some of the recent collaborations on prevention of NCDs

2.1.1.2 National Steering Committee for Non-communicable Diseases

Chaired by the Secretary Health constitute high level representation from all relevant ministries, government agencies e.g. and development partners including local and international NGOs. Incorporation of NCD information system with the project on primary care system strengthening (PSSP), training of PHMs on NCD prevention using lifestyle approach, appointment of Health promotion Officers, monitoring of NCD prevention activities in school settings (distribution of Api Nirogee Wemu' booklet and establishing of School NCD Corners), strengthening linkages between units within ministry for NCD prevention eg E&OH & NCD units for amending regulations pertaining to Front of Pack Labelling (FOPL), were some of the activities taken up in 2019 and focus was to monitoring the progress of implementation of the MSAP.

2.1.1.3 National Advisory Board for Non-Communicable Diseases (NABNCD)

Chaired by the Director General of Health Services constitute high level technical representation from relevant directorates of the Ministry of Health and involved in providing recommendations based on scientific evaluations for implementation of the MSAP. Integrating screening for NCDs with the annual increment of all employees as a solution for poor male participation at HLCs, establishing web-based data entry system, establishing the National NCD council, possibility of redefining job list of MO/PH to include NCD as a scope were some of the decisions taken in 2019.

2.1.2 Commemoration of special days

The Directorate commemorated the World Heart Day, and World Diabetes Day in 2019. Various programs were organized in collaboration with stakeholders to create awareness among population and to draw the attention of policy makers of impact of health issues for preventable deaths and disabilities due to NCDs. Directorate commemorated the World Heart Day 2019, with Sri Lanka Heart Association and College of Community Physicians of Sri Lanka, by organizing a symposium in parallel to the 1st SEA Regional Group Meeting of the International Epidemiological Association and 14th Annual Academic Sessions of the College of Community Physicians of Sri Lanka, (19th – 21st of September 2019) under theme of the year "Heart Heroes-your heart, my heart, our heart". It was for up skilling of Medical officers (NCD) on prevention, early detection and dietary management in patients with or at risk of cardio-vascular disease at primary health care setting.

2.1.3 Revision of NCD policy

Sri Lanka was one of the countries to adopt the WHO requirements for combatting NCDs in which formulation of national NCD policy (2010-2020) was one of the first initiatives. The Directorate is currently in the process of evaluating and revising the current NCD Policy. Several stakeholder meetings were conducted with relevant Directorates of the Ministry of Health, and Policy implementers at regional level to identify strategies need to be included in the new policy document. The comments from were taken in to consideration Views of non-health sector stakeholders views will also be taken into account when finalizing the new policy document. Based on the revised policy for NCD prevention and control a strategic framework and activity plan will be developed.

2.2 Health promotion and risk reduction

2.2.1 Promoting physical activity

Physical activity is one of the major four risk factors of NCDs. Therefore, improving physical activity was a felt essential need to combat the NCD burden in Sri Lanka.

2.2.1.1 Development of National Guidelines on physical activity

A. For the General Public -Development of the Training of Trainers module with the facilitator guide for primary health care Doctors on "Promotion of Physical activity at Primary Health care level"

The Physical activity and sedentary behaviour guidelines for the general public across the life span had been drafted by the Ministry of Sports in the year 2018. The physical activity promotion Unit of the Directorate of NCD developed a Training of Trainers (ToT) module with the facilitator guide based on the recommendations given by the guidelines developed by the Ministry of Sports. In addition, this ToT module includes relevant recommendations from the World Health Organization and American College of Sports Medicine, adapted to the local setting. This ToT module was developed by the NCD Directorate in collaboration with the Sri Lanka Sports Medicine Association (SLSMA), over several stakeholder meetings of which participants included representatives from the Ministry of Sports, SLSMA, Health Promotion Bureau, Consultant Community Physicians from national and provincial levels, Provincial Directors of Health Services, and Medical Officer-NCDs representing several districts.

This ToT module aims at educating the public health workers on the following: difference between physical activity and exercises; components of physical fitness and benefits of being physically active; national recommendations for physical activity at various age categories across the lifespan; examples for various types of exercises and how to perform those correctly; addressing the myths related to physical activity; and implementing brief interventions based on 5A's and 5R's model for health promotion.

B. For the patients diagnosed with NCDs

Being physically active is important among patients with NCD to slow the progress of the disease and for better psychological well-being. Development of physical activity and dietary guidelines for selected NCDs was initiated in 2019, in collaboration with SLSMA and Sri Lanka Medical Nutritionists' Association (SLMNA). Physical activity and dietary guidelines are being developed for patients with Ischemic Heart Disease, Cerebro-Vascular Accidents, Hypertension, Diabetes, Chronic Kidney Disease, Rheumatological diseases, Chronic respiratory diseases and Obesity over several consultative meetings with the relevant stakeholders and the participants included representatives from Sri Lanka College of Cardiologists, SLSMA, SLMNA, College of Neurologists, College of Physicians, College of Endocrinologists, College of Nephrologists, College of Rheumatologists, College of Respiratory Physicians, College of Community Physicians, Ministry of Sports and Health Promotion Bureau.

2.2.1.2 Capacity building on physical activity

A. Training of primary health care Medical Officers on Pre-participation examination and Exercise prescription

It is essential that all primary healthcare Medical Officers be competent and licensed on pre-participatory examination of the individuals prior to participating in any physical activity. Also, as Medical Professionals it is highly important for them to be competent on exercise prescription as well. Thus, a training for all the MO-NCDs and primary healthcare Medical Officers (a total of 100 Medical Officers) were trained on pre-participatory examination and exercise prescription in collaboration with SLSMA. This was a three-day residential programme and each participant was given a thera-band and a gym ball to be utilized during the exercise sessions they conduct in their institution. Also, the participants who successfully completed the programme received a two-year license certificate for pre-participatory examination

B. ToT programme for the primary healthcare Medical Officers

The newly developed ToT module and the facilitator guide on promotion of physical activity at the primary healthcare setting was introduced to and trained all MO-NCDs and one primary healthcare Medical Officer from each district. This training was conducted as a two-day Training of trainers programme, in collaboration with SLSMA. The participants were trained on each type of exercise and they received a CD containing the ToT module and the facilitator guide at the end of the training.

In order to promote physical activity, the Directorate of NCD provides funds based on request to the healthcare institutions that are interested in establishment of gymnasia and a training also being developed in collaboration with the National Institute of Sports Sciences and SLSMA for the instructors of these institutional based gymnasia.

2.2.2 Promoting healthy diet

The unit worked closely with Medical Research Institute and Sri Lanka Medical Nutritionists Association (SLMNA) and other relevant stakeholders, in improving currently practiced "food plate model". Making changes to the currently practiced model was discussed and it is expected to revise it considering portion sizes and different food groups that are being consumed frequently by the public.

2.3 Strengthen health system for early detection and management of NCDs and their risk factors

2.3.1. Healthy Lifestyle Centers

The Healthy Lifestyle Centers (HLCs) were established in the year 2011 fulfilling the strategic guidance on establishing cost-effective screening programmes for NCDs. The focus of HLCs was to proactive identification of behavioral and other intermediate risk factors, thereby preventing the end-point of cardiovascular Disease (CVD), through timely interventions. Currently there are 1005 functioning HLCs mainly located at primary level hospitals (Primary Medical Care Units-PMCU and Divisional Hospitals-DH) providing services to communities. The implementation of the NCD prevention program is technically lead by the Medical Officers of Non-Communicable Disease (MO/NCD) attached to the Regional (district) Directorate of Health Services under the guidance of Regional Consultant Community Physicians.

The main service objective of the HLCs is to reduce the risk of NCDs of people more than 35-year old by detecting risk factors early and improving access to specialized care for those with a higher risk of cardiovascular disease (CVD). The screened clients are managed at HLCs, based on the total-risk approach to assess their 10-year CVD risk.

Participation at HLC

Eligible persons for screening at HLC fall under two categories which includes all persons aged 35 and above and persons between the age 20-34 years having risk factors. Recruitment to clinics is mainly by self-referral following community empowerment and through appointment by public health staff and health volunteers or opportunistic screening.

Conduction of HLC

Clinic sessions are conducted at least once a week with the participation of at least 20 clients per session. Depending on the resources available, some HLCs are conducted with increased frequency. To improve the male participation and to capture the working population, the duration of screening activities of some HLCs are extended up to 6pm and opened on public holidays with the permission and approval of the relevant authorities. Outreach clinics in the community and work place are also conducted by the HLC team. A medical officer or Registered Medical Officer conducts the HLC clinic with the assistance of a Public Health Nursing Office or a Nursing Officer and minor staff members.

Services offered at HLC

A range of services are offered at HLC as listed below.

1. Screening for main Risk factors (Smoking, Alcohol use, Physical Activity, Unhealthy Diet)
2. Screening for Major NCDs (Cardiovascular Disease, Hypertension, Dyslipidaemia, Diabetes, Chronic respiratory disease, Breast cancer, Oral cancer, Cervical Cancer*) *by referral for pap smear to the MOH office
3. Clinical assessments (BMI assessment, Waist circumference, Waist to height ratio, Blood Pressure, Oral Examination, Breast Examination, Cardiovascular disease (CVD) risk assessment)
4. Investigations (Fasting blood sugar or random blood sugar, Total cholesterol, Serum creatinine when available)

5. Referral to appropriate clinic/institution according the health condition
6. Lifestyle modifications

Cessation of smoking, cessation of alcohol use, maintain of correct BMI, engage in regular physical activity, Taking five serving of fruits and vegetables per day, restricting salt consumption, restricting sugar consumption, minimizing consumption of foods containing trans fatty acids are the areas considered for lifestyle modifications to cover the major risk factors of chronic NCDs.

7. Primordial and primary preventive programmes at HLC and Community (Conduction of Health education sessions, exercise programmes, Yoga programmes, Exhibitions on healthy lifestyles or healthy foods, Awareness programmes in other settings-Schools, work place, communities)

It is expected to increase the current coverage of screening by expanding the services offered and increasing the public awareness on the services offered by HLC in the country.

2.3.2. Strengthening the standards of management for patients with NCD

Unavailability of standard guides to manage individuals with risk factors for NCD and people who have already acquired NCD at the primary level of healthcare provision, were identified as a technical task which should be rectified immediately. The Directorate worked with the relevant stakeholders and service provides including Medical officers in NCD and primary level healthcare providers could develop print and disseminate following guides with the objective of strengthening the primary level healthcare provision to target populations.

1. Cardio vascular risk management guidelines
2. Diabetes Mellitus management guidelines
3. Overweight and obesity management guidelines for primary health care workers

MONCD coordinated the distribution of the materials and provision of technical support to the relevant primary care doctors. Guidelines for management of chronic respiratory diseases have been finalized. Further the unit worked in developing management guidelines for Dyslipidaemia, which will be finalized in the due course to address one of the most prevalent health conditions in Sri Lanka. In addition, unit worked closely with nutrition division and other relevant authorities to finalize the 'front of pack labeling regulations" for packed food items.