



Directorate of Non Communicable Diseases
Ministry of Health
Sri Lanka

Annual Report

2021

ANNUAL REPORT 2021
Directorate of Non-Communicable Diseases

Directorate of Non-Communicable Diseases
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Overview

Directorate of Non-communicable Diseases

The Directorate of Non-Communicable Disease (NCD), Ministry of Health, is the national focal point for prevention and control of acute (injury) and chronic NCDs in the country and coordinates and implements its activities through the Provincial and Regional health authorities.

The Directorate of NCD was established in 1998 to plan, implement, monitor, and evaluate the national prevention and control program against the emerging epidemic of NCDs in Sri Lanka. The Injury Prevention Unit was established in the Directorate in 2010.

The strategies and the activities of the Directorate of NCD are lined up with the objective to reduce the preventable and avoidable burden of morbidity, mortality and disability due to acute and chronic NCDs by means of multi-sectoral collaboration and co-operation at all levels.

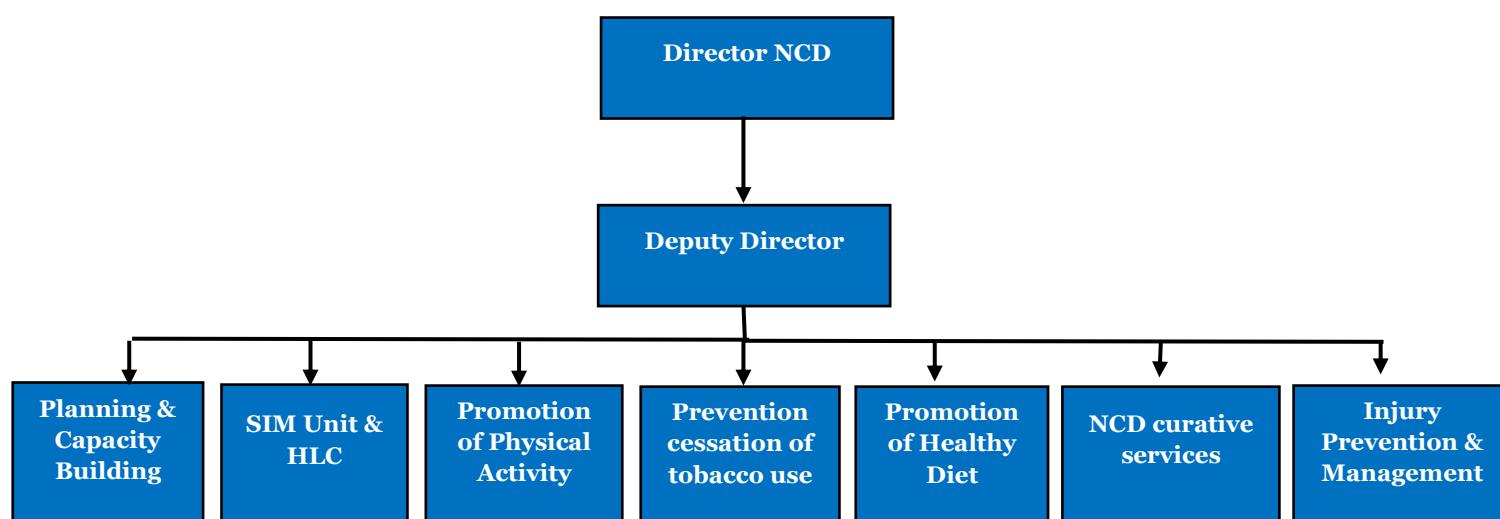
The mandate of the Directorate of NCD is directed and guided by the National policy and strategic framework for prevention and control of chronic NCDs (2009), the National policy for Injury prevention and management (2016) and the National multisectoral action plan for prevention and control of chronic NCDs (2016-2020).

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

Since 2020 the COVID-19 pandemic changed the health system priorities and deviated the attention from NCDs to communicable diseases. The COVID-19 affected the general living conditions of the people as well as the socio-economic status of the country. Most of the scheduled activities for prevention and control of NCDs could not be completed due to the pandemic situation in the country. The Directorate of NCD faced new challenges in maintaining quality assured essential services for NCD patients

Scope of the Directorate of NCD

The Directorate of NCD has seven functional units each lead by a Consultant Community Physician.



Unit for planning and capacity building

Planning Unit facilitates the revision or development of the National NCD Policy, strategic framework, national multi-sectoral 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 including the donor agencies such as WHO, WB and monitor the progress in implementation of the activities at national level. The Unit is also responsible for human resource need assessment and capacity building. The conduct of the National NCD council, NCD steering committee, National NCD Advisory Board is coordinated by the planning unit.

Unit for Strategic Information management (SIM) and Healthy Lifestyle Centers

The unit provides technical guidance and leadership in the establishment of Healthy Lifestyle Centers (HLC) at primary care level, which provide services for screening for NCDs and risk factors and referral to higher level curative institutions for further care and management. Capacity building of staff conducting HLCs, management of the supply chain including Personal Medical Records (PMR), Registers, Returns and equipment for anthropological measurements and bio-chemical tests are coordinated by the unit in collaboration with district Medical Officers who are the focal point at Regional Directorate level. The conduct of quarterly and annual performance reviews both at national and district levels and on-site supervision of HLCs in collaboration with district level technical

teams enable regular performance monitoring of HLCs by the unit. The unit takes leadership in capacity building of HLC staff and in the provision of technical guidance on uploading information and maintenance of quality of information required for the National NCD Surveillance system: web-based Hospital Information Management System (HIMS) for chronic NCD and risk factors and the paper-based system which provides access to information obtained through island wide HLC services. Development and publication of quarterly and annual NCD bulletins, coordination and conduct of research and periodic surveys: STEPS survey are other key functions of the unit.

Unit for Promotion of physical activity

This unit collaborates with relevant health and non-health stakeholders with a view to strengthening its advocacy efforts and building partnership to promote physical activity in three major settings: all levels of education institutions, workplace settings and community settings, utilizing evidence-based strategies. Capacity building of health and non-health staff island-wide is conducted under the technical expertise and guidance of the unit, in collaboration with the Sri Lanka Sports Medicine Association for the promotion of physical activity in, settings such as HLCs and communities. Being the focal point for physical activity promotion in the country, the unit takes the leadership in mediating stakeholder participation and empowerment of 'communities' in education institutions and workplaces to establish sustainable and feasible programs to promote physical activity. Several important milestones were achieved in relation to physical activity promotion in Sri Lanka during the year 2021.

Unit for Tobacco Prevention

The unit carries out various evidence-based strategies for prevention and cessation of tobacco use among the Sri Lankan population in coordination with governmental and non-governmental organizations. Establishment of tobacco free zones in the workplaces, schools, pre-schools or in the community and tobacco quitting clinics at the HLCs are coordinated by the unit. Capacity building of the health staff including development of Training of Trainer (TOT) manuals and training of master trainers is carried out by the Unit in collaboration with Consultant Psychiatrists. World No Tobacco Day is celebrated annually on 31st of May with the participation of stakeholders

Unit for promotion of healthy diet, public awareness and settings

This unit advocates for the prevention and control of NCDs through the promotion of healthy dietary practices among public, with a focus on reduction in the consumption of salt, sugar and fats, including trans-fat, down to the globally recommended safe levels of consumption. Furthermore, it coordinates with the health and non-health sector partners, towards promoting NCD screening at workplaces and increasing community

awareness on the prevention of NCDs at schools, workplaces and other community settings. It annually commemorates globally important NCD awareness days such as the world heart day, world diabetes day, world hypertension day, the salt awareness week etc., in collaboration with the district level NCD units, hospitals, other internal and external stakeholders and the World Health Organization. The unit is also responsible for developing public awareness on NCDs and their risk factors, in collaboration with the media institutions and social media networks

Unit for NCD curative services

This unit coordinates with the professional Colleges such as the Endocrinologists, Cardiologists, Internal Medicine specialists, Pulmonologists, Gastroenterologists, Community Physicians, Family Medicine Specialists to ensure standardized care for patients with NCD. Initiatives are taken to update and review management guidelines, NCD screening guidelines, essential NCD medicine lists and investigation lists for primary, secondary and tertiary levels. Training of health staff on NCD related guidelines is coordinated with the MONCD and relevant specialists at district level.

Unit for Injury Prevention

The Unit is responsible for prevention of Acute NCDs (injuries) by developing policies, guidelines, and multi-sectoral action plans and coordinates multi sectoral involvement on injury prevention. The unit implements prevention and awareness programs under many themes such as home safety, child and elderly safety, workplace safety, drowning safety, post event care and Safe Community Programme. Further it coordinates the poison prevention activities with the National Poison Information Centre established in the NHSL. The national injury surveillance system (outpatient, inpatient, transfer, death [notification, investigation and review) 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 dhis2 (District Health Information Software 2). The unit is responsible for carrying out national and district level capacity building programs for health and non-health partners.

The National Injury Policy 2016 has identified Six strategies to achieve the policy objectives

1. Strengthen coordinated action for injury prevention.
2. Raise awareness on the gravity of the injury problem and prevention of injuries.
3. Maintain and recommend legislative and regulatory mechanisms supporting injury prevention.
4. Empower community and stakeholders to design and develop safe environments.
5. Strengthening the organization's capacity to provide optimum post-event care and rehabilitation of injury victims.
6. Strengthen the injury information system and promote research.

Purpose of producing the annual report

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

Non-Communicable Diseases

Chronic Non-Communicable Diseases (NCD) account for almost 83% of total deaths in Sri Lanka In year 2016. An estimated 120 000 people die prematurely each year from NCDs in the country. According to the available data, mortality of the four majors chronic NCDs are: cardiovascular disease (34%), cancer (14%), diabetes (9%), chronic respiratory diseases (8%). Probability of death due to an NCD between the ages 30 – 70 years is 17%, with the probability being 22% in males compared to 13% in females. Prevention and control strategies need to be prioritized and targeted to reduce premature mortality caused by NCDs, as it has a devastating impact on labour productivity and economic development. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions, especially because they are at greater risk of being exposed to harmful products, such as tobacco, unhealthy dietary practices and have limited access to health services.

According to the Annual Health Bulletin, in the year 2019, 50.7% of deaths in government hospitals were due to NCDs. Ischemic heart disease (IHD) has been the number 01 (15.1%) leading cause of death in government hospitals during the last decade. In 2019, IHD is the leading cause of hospital death in 11 out of 26 districts. Over the last eight years an increasing trend is shown in number of hospitalizations and hospital deaths due to IHD.

The high prevalence of risk factors is driving the NCD epidemic. It is estimated that nearly three-quarters of Sri Lankan adults (18-69 years) have one to two risk factors (World Health Organization, 2015). Overweight/ obesity, high blood sugar levels (due to physical inactivity and unhealthy diets), tobacco and alcohol use drive the epidemic. According to the NCD risk factor survey STEPS 2015, 30.4% of adult Sri Lankans are not adequately physically active. Around 73% do not consume recommended servings of fruit or vegetables per day. Nearly one third of Sri Lankan males smoke tobacco while around 20% are daily smokers. Around 18% Sri Lankan adults currently consume alcohol, 7.4% of adults surveyed (18-69 years) had high blood glucose while 9% of the adults had high cardiovascular disease risk or had a cardiovascular disease. One fourth of the population had above normal total cholesterol levels while 26% were having high blood pressure.

In the year 2016, of the total 464 billion of current health expenditure, majority (36%) was spent on the management of NCDs. In addition, Sri Lanka has one of the fastest ageing populations in Southeast Asia, with the growing number of older people more susceptible and vulnerable to NCDs. Thus, addressing NCDs has to be an integral component of the pandemic response and recovery to drive progress in achieving sustainable development

The nine national targets related to NCDs and their risk factors

1. A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
2. At least 10% relative reduction in the harmful 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 15+ years
6. A 25% relative reduction in the prevalence of raised blood pressure
7. Halt the rise in diabetes and obesity
8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control), to prevent heart attacks and stroke
9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities.

Unit for planning and capacity building

Revision of National policy & Strategic framework for prevention & control of chronic NCDs

Preliminary draft of the revised National policy & Strategic framework for prevention & control of chronic NCDs was developed based on the evaluation report of the former NCD policy, Evaluation of the implementation of the National Multisectoral Action plan, and the preliminary evaluation of the National program for NCD prevention and control which was conducted in 2021. Series of Consultative meetings were conducted with Health authorities and implementors at national, provincial and regional level. The revised draft was presented to all the Deputy Director Generals of the Ministry of Health and the Secretary to Health and obtained consensus. It will be open for public comments once approved by the Secretary to Health

Development of the National Multisectoral Action Plan (MSAP) 2022-2026

Upon the completion of the implementation period of the previous MSAP 2016-2020 an evaluation of the implementation status of the same was carried out in 2021. These activities were restricted due to the COVID pandemic situation prevailed in the country. The Directorate managed to initiate developing the MSAP for the next 5-year periods based on the expanded scope identified in the revised NCD policy as well as the recommendations of the National NCD program review conducted in collaboration with WHO. Suggestions were called from the relevant health sector Directorates as well as the NON-Health Stakeholders.





Series of Consultative meetings were conducted with various Stakeholders including other Ministries, Professional Colleges, NGOs, Funding Agencies, to improve sections under each strategic areas as well as risk factor level.

Annual Action plan for prevention and control of NCDs

The Planning unit monitored the progress of the implementation of the annual action plan of the Directorate and prepared the annual action plan for 2021 with relevant fund sources. The Unit conducted training for the Medical Officers of NCD from all districts in preparation of the district annual action plan and guided with recommended activities which are in line with the national strategic plans.

NCD Council

The NCD Council is chaired by the Hon. Minister of Health is the supreme body imparting political leadership for inter-ministerial and inter-sectoral collaboration and multi-sectoral 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. The National NCD council was summoned under the chairmanship of the Hon. Minister of Health in June 2021, with the participation of responsible officials from stakeholder ministries and organizations to oversee the implementation status of the National NCD programme. Importance of a communication strategy promoting healthy lifestyles preventing NCDs was highlighted by the council. Revision of School curriculums to include health science subject as a compulsory subject at GCE O/L examination along with necessary steps to improve schools as health promoting settings were discussed. Establishment of recreational space for apartment and town house, promoting Physical activity at formal sedentary work settings were some other initiatives discussed in the council. The official website for the Directorate of NCD was launched by the Hon Minister.



National Steering committee on NCD

Chaired by the Secretary of Health, constitute high-level representation from all relevant ministries, government agencies and development partners including local and international NGOs, met twice in 2021, in February and July.



Following the evaluation of the existing Multi-Sectoral Action Plan for prevention and control of NCDs (MSAP) 2016-2020 health ministry initiated to develop the same for the next period, with the participation of all relevant health and non-health stakeholders. In addition, new initiatives such as workplace-based employee screening for NCDs, workplace based Physical activity promotion were taken up in 2021 amidst the covid 19 related restrictions. Advocated for necessity on multisectoral approach to address air pollution taking the Covid pandemic related new normal behaviors as an opportunity which will also have an impact on NCDs.

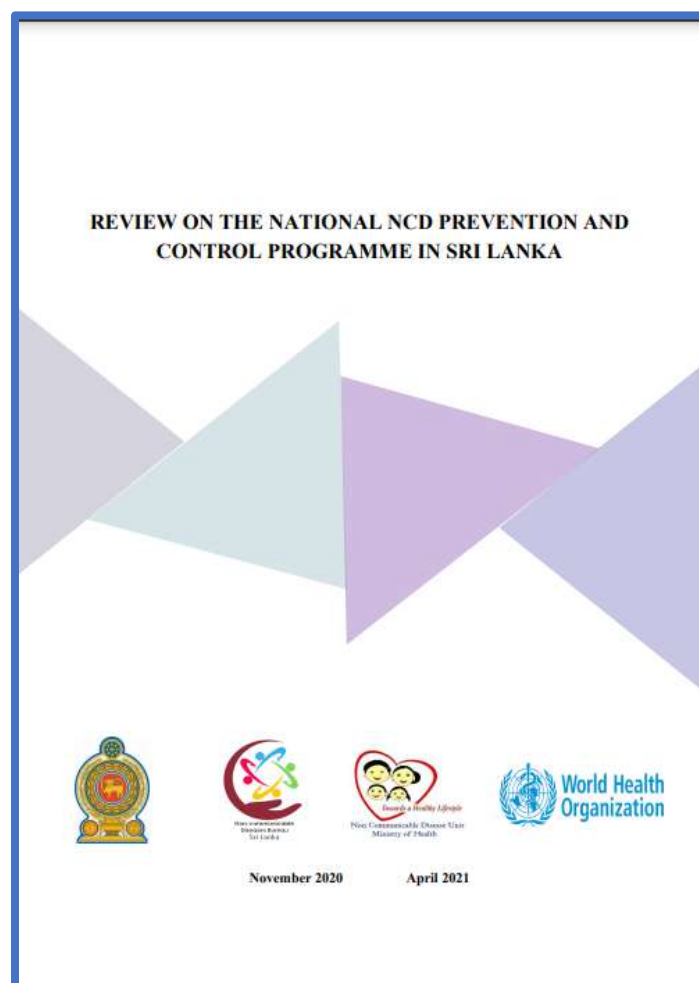
National Advisory Board on NCD (NABNCD)

The NABNCD is chaired by the Director-General of Health Services and constitutes high-level technical representation from relevant directorates of the Ministry of Health met in January, April and August 2021. Several steps were taken to ensure the quality continued care for the patients with NCDs during the Covid 19 pandemic situation through the government hospitals. Revision of the frequency of patient review for major NCDs at routine medical clinics at PHC level, introducing airtight containers for medicines, introducing opportunistic blood pressure monitoring facilities at hospitals were some of the examples. In addition, expansion of virtual training platforms for capacity building of health staff, introduction of the latest CVD risk assessment charts, assigning a focal point at hospital level for overall coordination of NCD activities, development of management guidelines for secondary and tertiary care hospitals, and revision of existing guidelines for primary care in line with them, revision of essential drugs and investigation lists were done under the technical working groups and the NABNCD.



Review of National NCD Prevention and control program in Sri Lanka

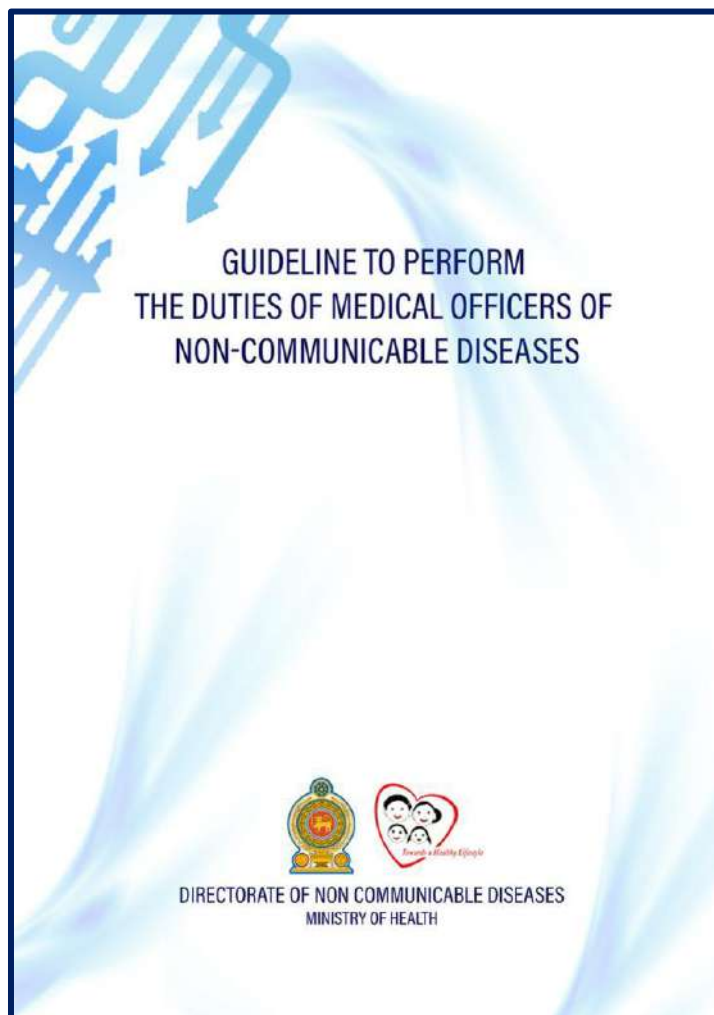
First ever independent review of National NCD Prevention and control program was conducted by a team of national and international experts in collaboration with WHO. This review was intended to critically review the extent and the linkages of the existing NCD Control Programme in Sri Lanka (both Government and non-government health sectors) towards providing prevention and control of non-communicable diseases in the country. It assessed the current organization, structures, facilities, functions, practices, gaps and challenges. within the context of the broader health systems in Sri Lanka while focusing on how well the NCD programs and services are designed to meet the population health needs. Furthermore, the review also attempted to understand the role of private providers in NCD services to determine a holistic NCD service delivery perspectives. The final report is available and prepared for publishing.



Development of the Guideline to perform the duties of the Medical Officers of Non-Communicable Diseases

Considering the need for the uniform implementation of the NCD related activities throughout the country, the Directorate of NCD has developed a guide for the MONCDs - a detailed account on activities expected to be carried out at the district level. This was developed based on the Duty List of MONCD and the National policy on prevention and control of NCDs (2010) and the National multi sectoral action plan.

The guide was a long felt need by the newly appointed MO-NCDs and will facilitate the MONCDs to perform the duties specified under the job description issued by the Director General of Health Services. A special thanks to all Provincial Directors of Health Services (PDHS) for giving their concurrence to finalize this guideline.



Assigning a Medical Officer to Coordinate the NCDs in Hospitals

Activities related to NCDs are coordinated at District level by the Medical Officer NCD attached to the RDHS (MONCD Focal point). Assigning a suitable Medical Officer to carry out NCD related activities at secondary and tertiary care level hospitals would ensure that they are carried out at an optimal level. The assigned Medical Officer will act as the focal point in the hospital to ensure that all chronic NCD and acute NCD (injury) related activities are carried out according to the list of expected functions. He/she will be under the direct supervision of the Head of the institution. The assigned NCD focal point attached to hospitals both under line ministry and provincial ministry is expected to work in coordination with the district MO NCD (focal point) and the Directorate of NCDs.

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DDG NHSL / National Hospital Kandy
All Directors of Teaching Hospitals, Provincial General Hospitals, District General Hospitals
All Medical Superintendents of Base Hospitals
All Heads of Health Care Institutions.

Assigning a Medical Officer to co-ordinate the Non-Communicable Diseases in Hospitals

Non-communicable diseases cause the highest burden of morbidity and mortality in Sri Lanka. The focal point for NCDs at the Ministry of Health is the Directorate of Non-Communicable Diseases.

Activities related to NCDs are coordinated at District level by the Medical Officer NCD attached to the RDHS (MONCD Focal point).

Assigning a Medical Officer – NCD at secondary and tertiary care level hospitals would ensure that activities related to NCDs are carried out at an optimal level. Please assign a suitable Medical Officer attached to your institution to co-ordinate and perform duties related to control of NCDs.

The assigned Medical Officer will act as the focal point in the hospital to ensure that all acute and chronic NCD related activities are carried out according to the list of expected functions attached herewith. He/she will be under the direct supervision of the Head of the institution. The assigned NCD focal point attached to hospitals both under line ministry and provincial ministry is expected to work in coordination with the district MO NCD (focal point) and the Directorate of NCDs.

For further clarifications regarding the appointment of a NCD focal point, please contact Director NCD (Tel: 0112669599, e-mail: ncdunit@gmail.com).


Dr. Asela Gunawardena
Director General of Health Services

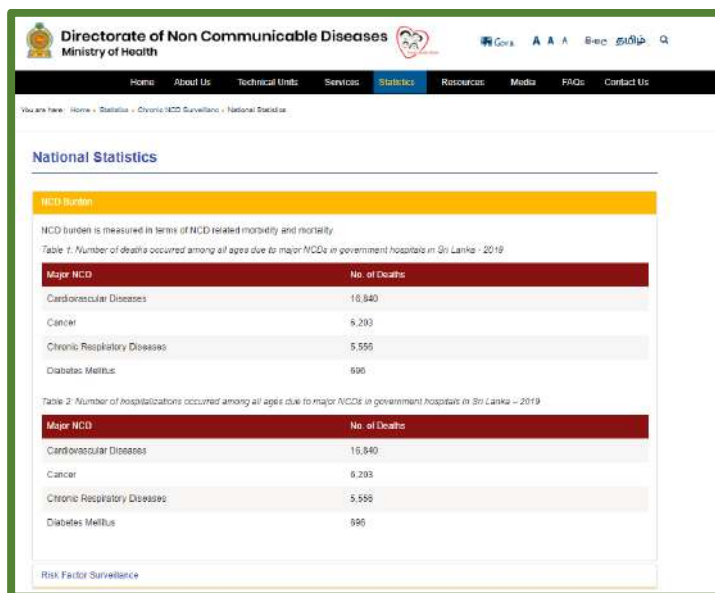
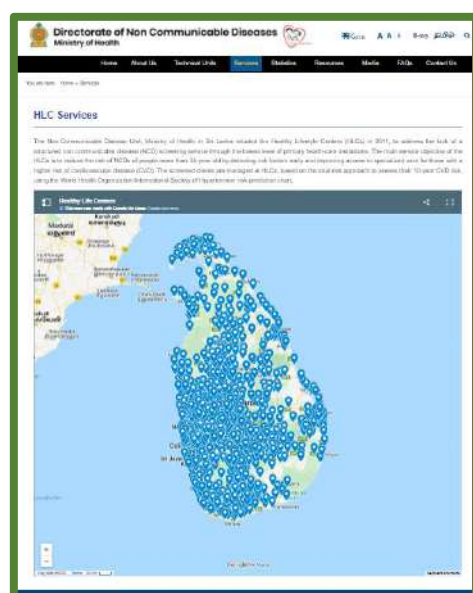
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CC -
DDG MS I/ DDG MS II
All PDHS
All RDHS
All Provincial / District Consultant Community Physicians

NCD website

The Directorate identified the need of web-based approach in sharing information with the general public. Official website for the Directorate of NCD was developed and launched during the year 2021.

The link for the NCD website is as follows: <https://ncd.health.gov.lk>



Capacity building

Continuous Professional Development is necessary for an individual to develop the skills and knowledge and it ensures that both academic and practical qualifications do not become outdated. Despite the restrictions imposed due to covid pandemic situation in the country, the Planning Unit was able to conduct several training programs which were planned under routine activities. Some of the trainings were conducted by virtually.

Following were some of the trainings coordinated and conducted by the Planning unit, which were in addition to those conducted by the relevant units of the Directorate such as Tobacco prevention, Physical Activity Promotion etc.

- An orientation session on national NCD programme was conducted twice during the year 2021 for the newly appointed MONCDs. The virtual training programs were conducted in January 2021 (Galle, Monaragala, Jaffna, Ampara, Batticaloa, Kalutara, NIHS, Kilinochchi, Kegalle, Ratnapura, Puttalam) and in November (Jaffna, Mannar, Colombo Kalutara, NIHS, Matara, Killinochchi, Mullaitivu, Ampara, Kegalle, Kandy, Ratnapura and Matale)
- A workshop was conducted for all MONCDs on 'Development of District Action plans' based on priority health needs of their districts and Annual Action plans of each of the districts was reviewed for the year 2022 via four half day zoom sessions in December 2021 and guided where necessary.
- Five two-day training programmes were conducted on NCD management guidelines for PHC level (DM, HT, Overweight & Obesity, CVD Risk, Dyslipidemia and Chronic Respiratory Diseases) in the Districts of Colombo and Vavuniya as physical training and in Anuradhapura, Ampara and Matale as virtual trainings
- A three-day training program was conducted in April 2021 on NCD screening procedure for the Nursing Officers attached to the HLC of the PSSP verifiable hospitals in all the districts with the financial support of PSSP.

Videos were developed for the use in online training with the financial support of PSSP e.g.: NCD screening at Healthy Life Centers (HLC), Physical activity demonstrations, role play for tobacco cessation counselling



Data to Policy (D2P) training

The Bloomberg Philanthropies' Data for Health initiative established the D2P program, in 2015 co-led by the U.S. Centers for Disease Control and Prevention (CDC) and Vital Strategies to create a sustainable method to build the capacity of public health professionals to develop data-informed policy recommendations. The technical staff from the Directorate of NCD participated in virtual Training of Trainer program for meteors in February and April, 2021. A Training was conducted by the local mentors to public health professionals in November and December 2021 with the support of the international mentors and facilitators.

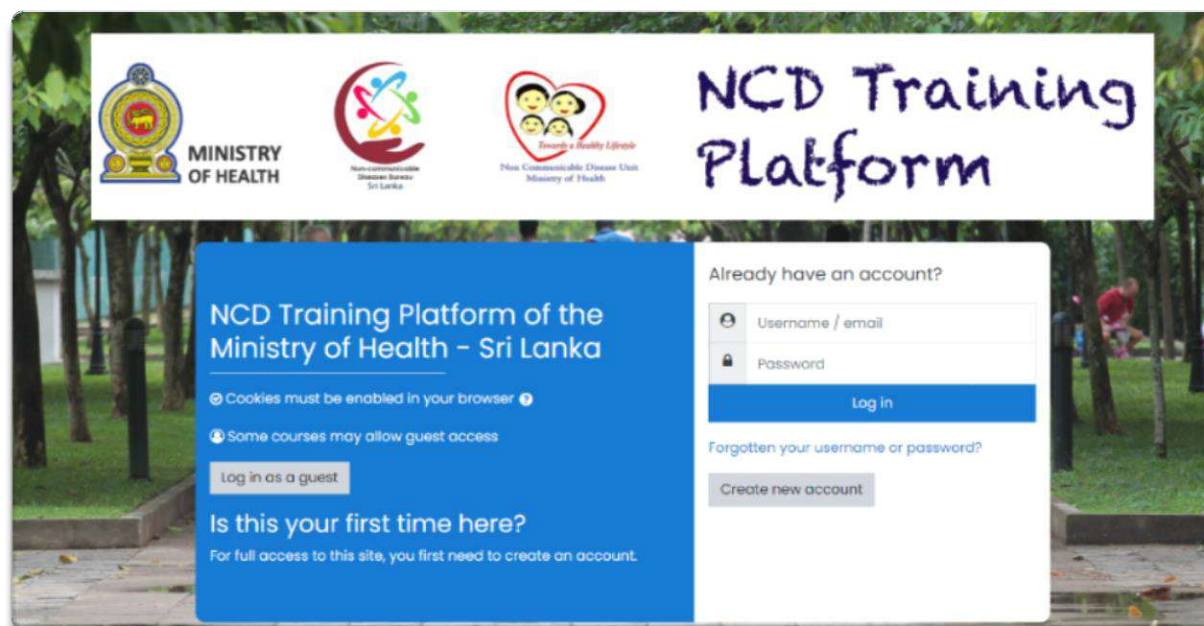


NCD learning platform

Training workshops have been conducted by the Directorate of NCD frequently to enhance personal skills and proficiency of healthcare staff engaged in NCD control and prevention activities. COVID-19 Pandemic has tremendously disrupted the normal pattern of learning due to restrictions in travelling and issues in accommodating large number of people which in turn lead to seeking alternate ways to catch up on learning. In response to significant demand in updating knowledge, a virtual learning platform has been developed in 2020 to train medical and health care staff of the Ministry of Health on NCDs and related curative and preventive activities which was extended in 2021 to include 10 modules.

1. Training of trainers on Promotion of physical activity in the community
2. Training of trainers on Tobacco cessation interventions for primary care
3. Training of trainers on Promotion of healthy diet for primary care
4. Diabetic foot care
5. Screening for Diabetic retinopathy
6. Guideline on management of Hyperlipidemia
7. Guideline on management of Hypertension
8. Assessment, Diagnosis and Management of persons with mental disorders in Primary care
9. Palliative care for informal care givers
10. National Guideline on Cancer Detection and Referral Pathways

The link for NCD learning platform is as follows; <https://ncdlearn.health.gov.lk>



Unit for NCD curative services

Technical Working Group for Non-Communicable Diseases.

The importance of having an independent technical body to support and advice on technical matters related to clinical management of NCDs at primary, secondary and tertiary care level institutions was identified. Several consultative meetings were conducted with relevant stake holders and formulated the Technical Working Group which was chaired by the Director of NCD and constitute high level technical representation from relevant professional colleges and organizations in Sri Lanka.

National Guidelines on clinical management of Hypertension, Dyslipidemia, Cardiovascular Diseases for Primary Healthcare Providers.

Standardization of clinical management of major chronic NCDs was an essential requirement. Considering this fact, it was decided to develop National guidelines for clinical management of major chronic NCDs for primary health care providers on Hypertension, Dyslipidemia based on international guidelines and NCD indicators. Guideline on Cardiovascular Diseases was revised according to the new (2019) WHO Cardio Vascular Risk Assessment Guideline.

