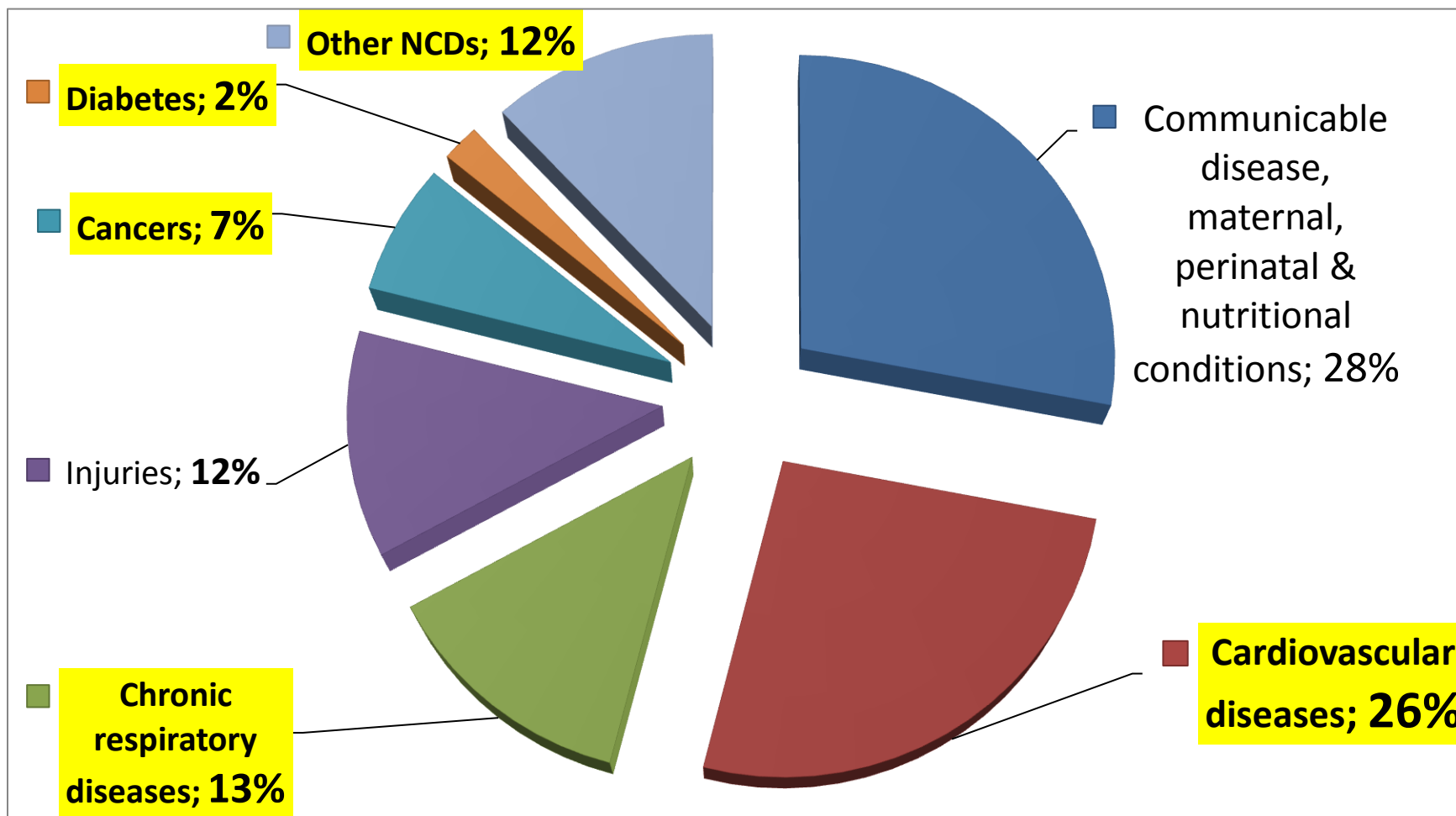




Overview of NCD & NPCDCS Program

Proportional Mortality in India

[60% of all deaths (all ages) are due to NCDs]



Total deaths: **9.816 million**
NCDs account for estimated 60% of total deaths

Source: WHO-NCD Country Profiles, 2014

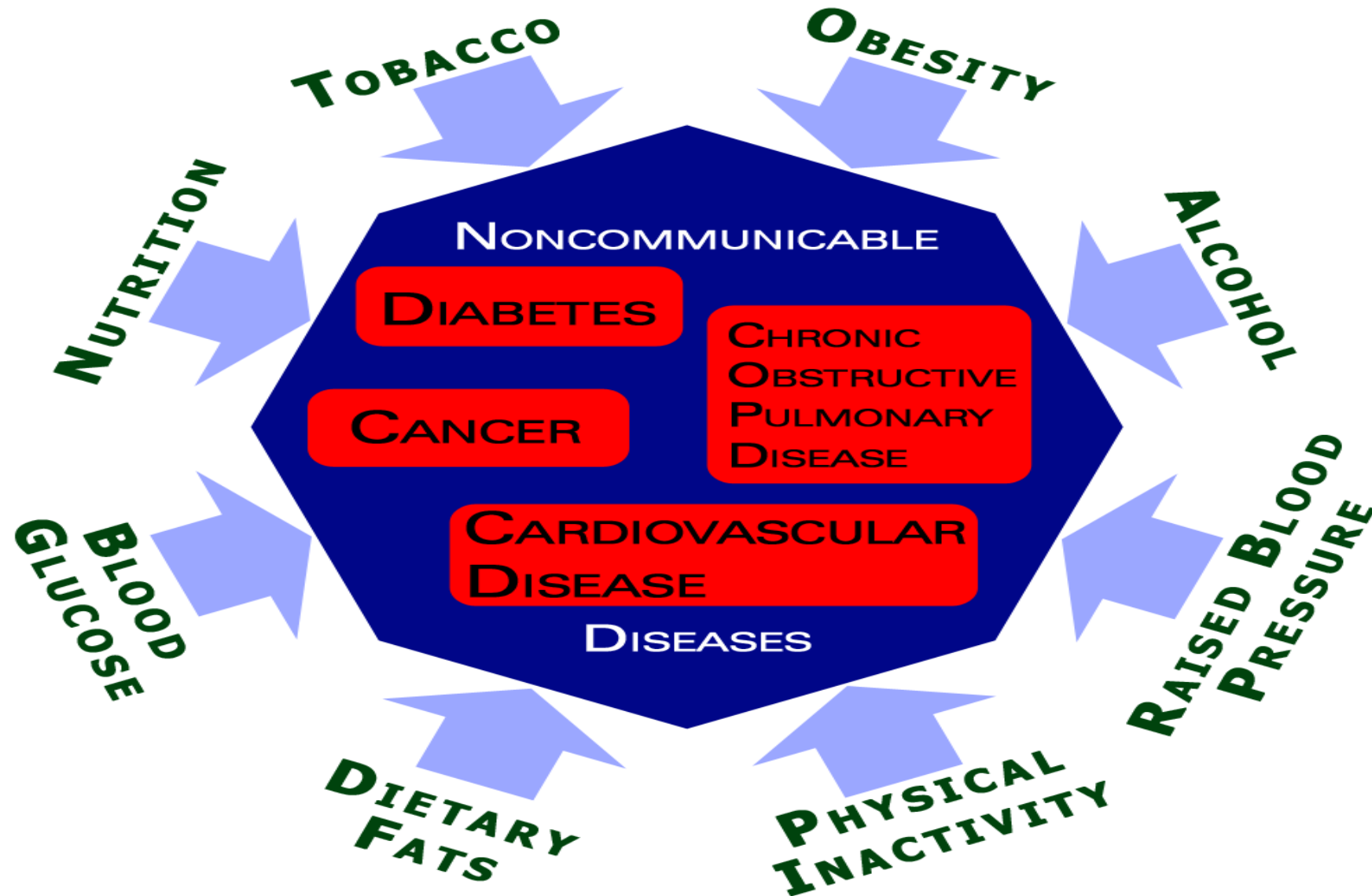
Burden of NCDs in India

Premature Mortality:

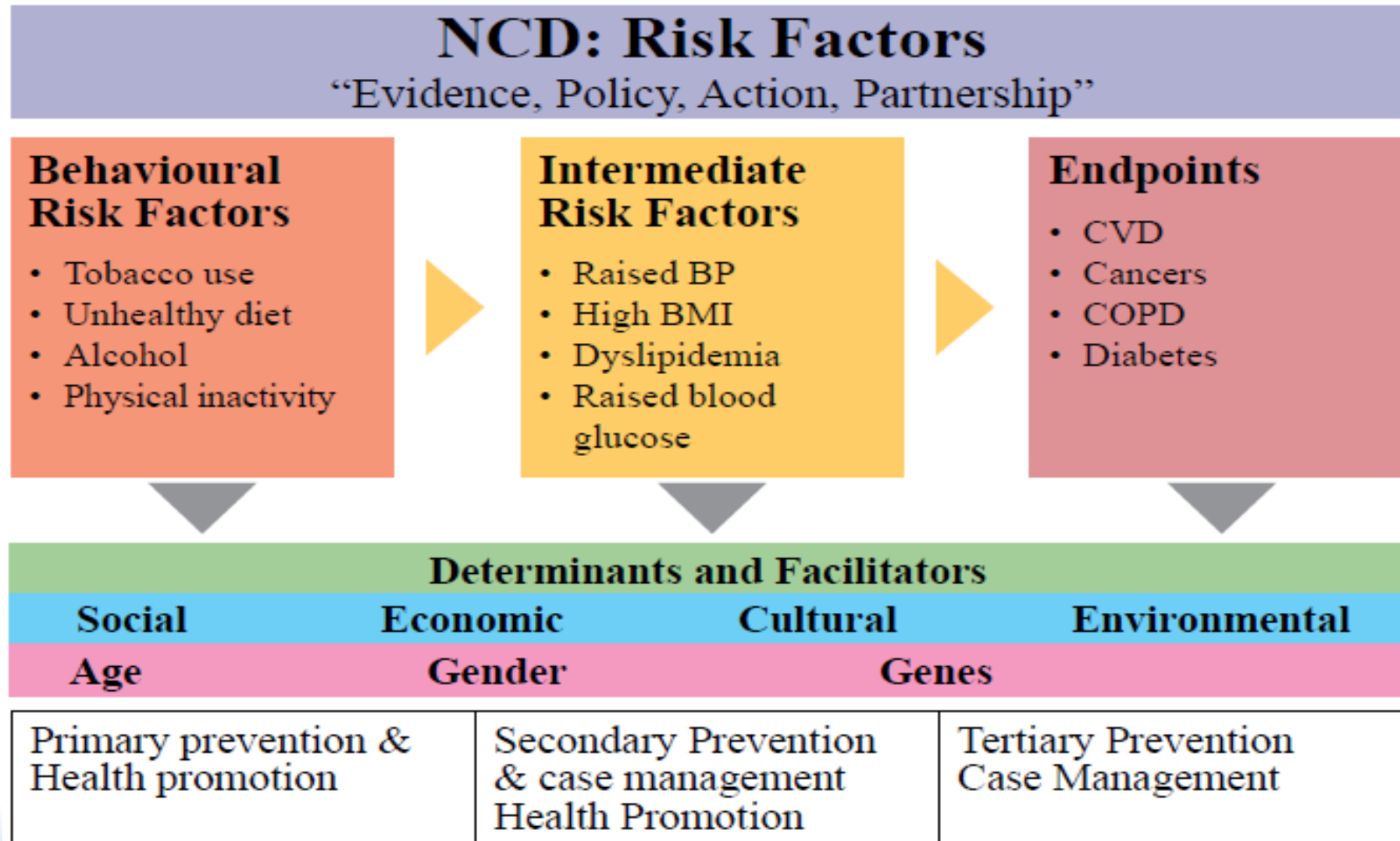
Every 30-year old individual has a one in four chance of dying prematurely

- Out of every 10 individuals
 - ✓ One has raised blood glucose
 - ✓ Two have raised blood pressure
 - ✓ Two are overweight
 - ✓ Three use tobacco products
- Major proportion of 'Out Of Pocket Expenditure' on health care is due to NCDs

Common Risk Factors of common NCDs



Common Risk Factors of common NCDs



Lifestyle Modification:
An Anchor sheet for prevention and control for
Risks for NCDs

Diet

- Increase intake of green leafy vegetables and fresh fruits
- Consume less salt; avoid adding/sprinkling salt
- High salt preparations to be moderated- pickles, papads, chips, chutneys, ketchups etc.
- Prefer steamed and boiled food
- Avoid fast/junk foods and aerated drinks
- Use mixture of oils- mustard oil, soya bean oil, groundnut oil, olive oil, sesame oil, and sunflower oil.
- Ghee, vanaspati, margarine, butter and coconut oil are harmful
- Fish and Chicken should not be fried.

Physical Activity

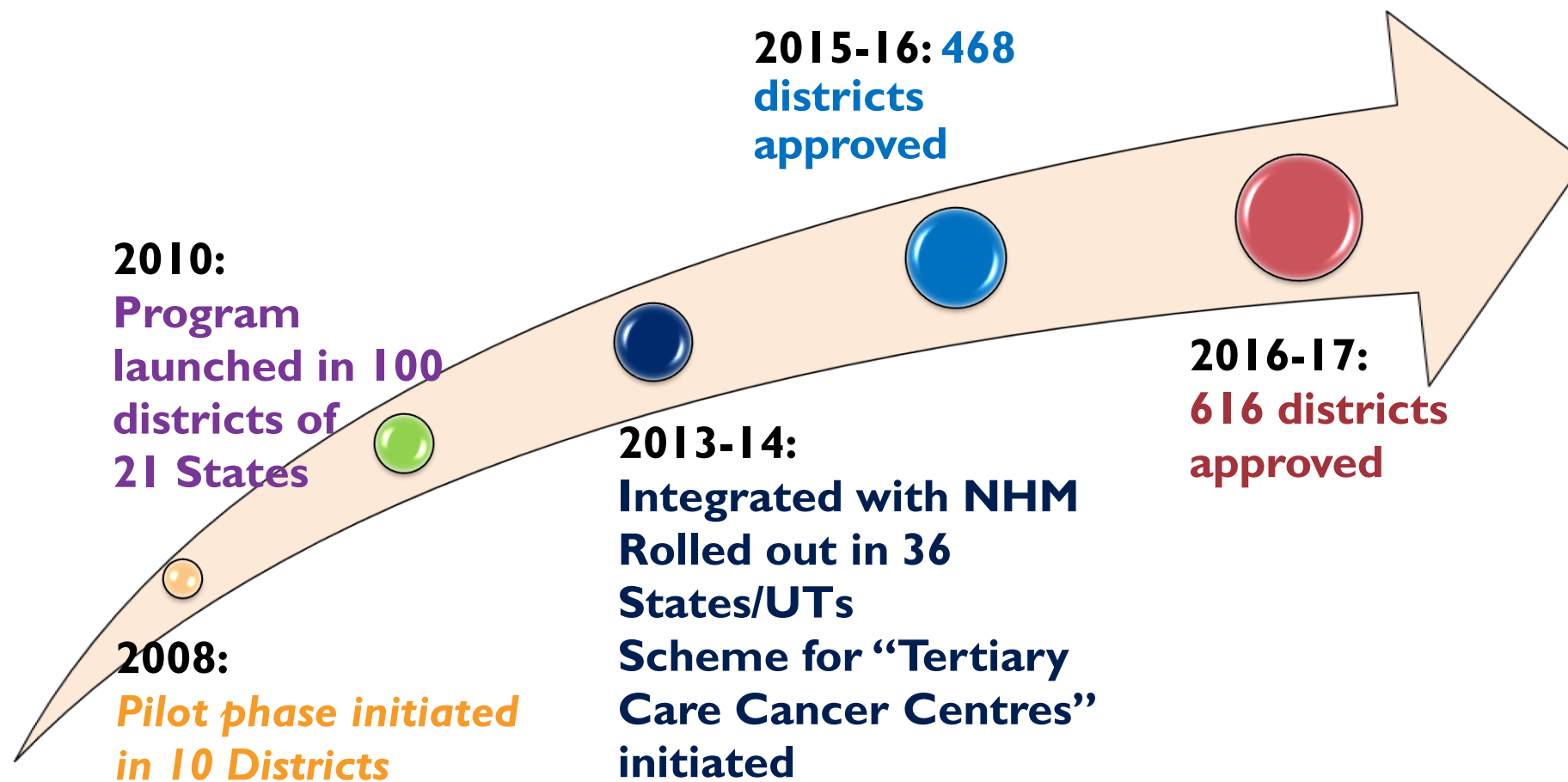
- Regular exercise for weight control/loss
- Exercise regularly (moderate to vigorous) for 5-7 days per week
- At least 30 minutes (accumulated) of physical activities per day for cardiovascular disease protection
- 45 minutes/ day (accumulated) for fitness
- 60 minutes/ day (accumulated) for weight reduction.
- Yoga & Meditation
- **Discourage** long hours in front of TV; **Encourage** outdoor activities like cycling, gardening etc.

Others

- Weight Control
 - ✓ BMI
 - ✓ Central Obesity
 - ✓ Waist Hip Ratio
- Avoidance of Alcohol
- Tobacco cessation

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Evolution of NPCDCS



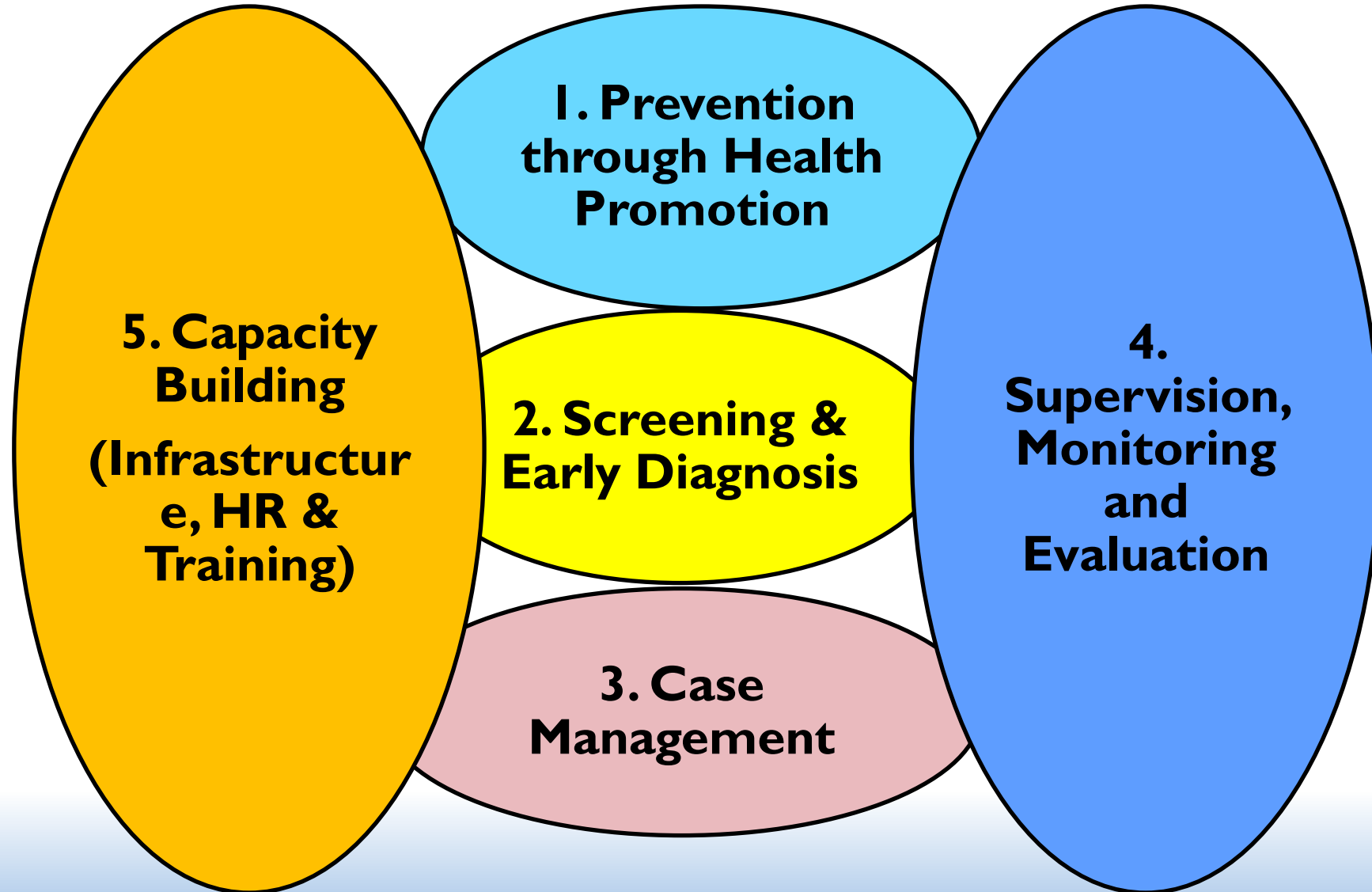
Objectives of NCD & NPCDCS

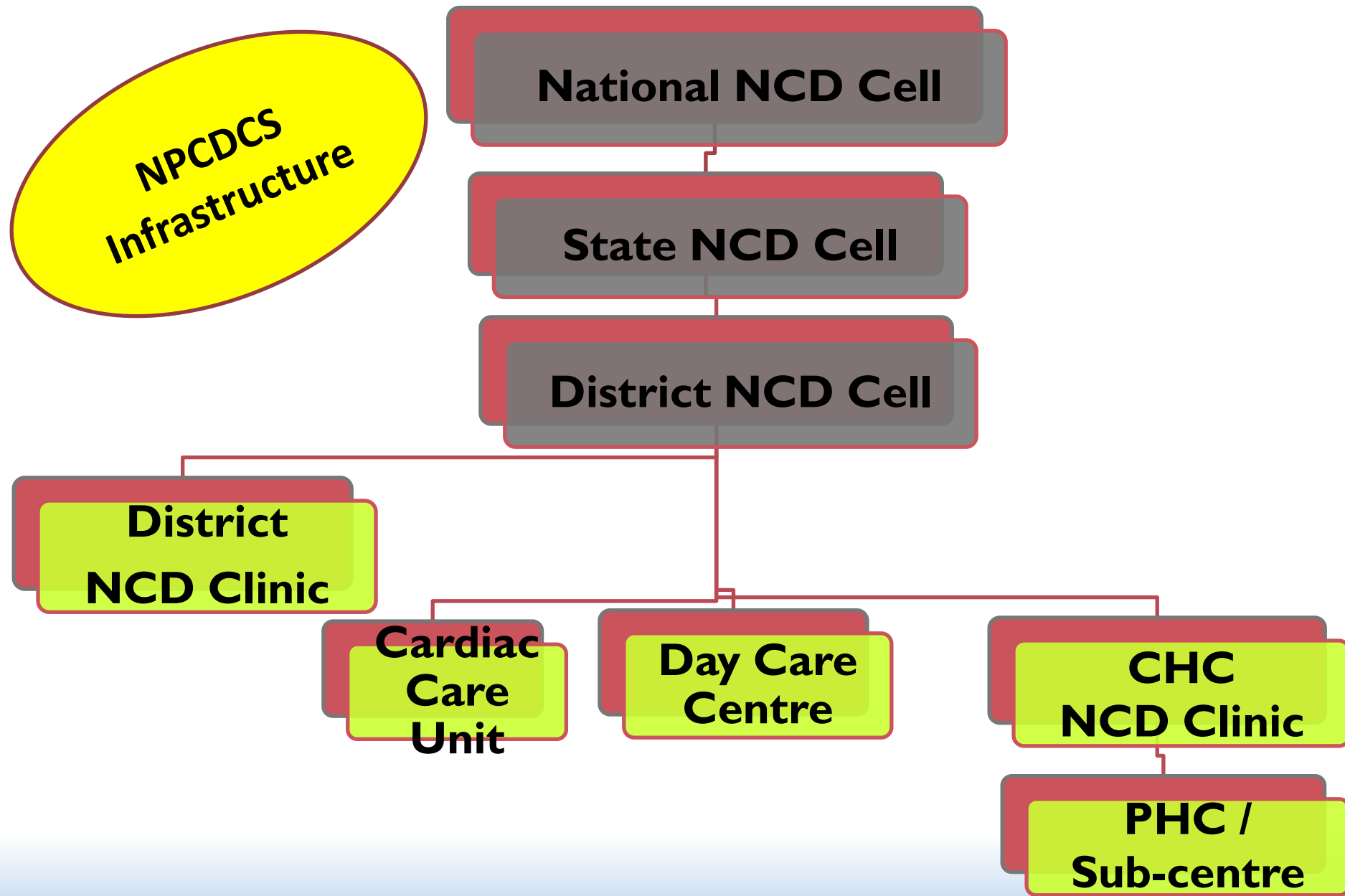
- Health promotion through behavior change
- Population based screening and Opportunistic screening
- To prevent and control chronic Non-Communicable Diseases
- To build capacity at various levels
- To support for diagnosis and cost effective treatment
- To support for development of database of NCDs

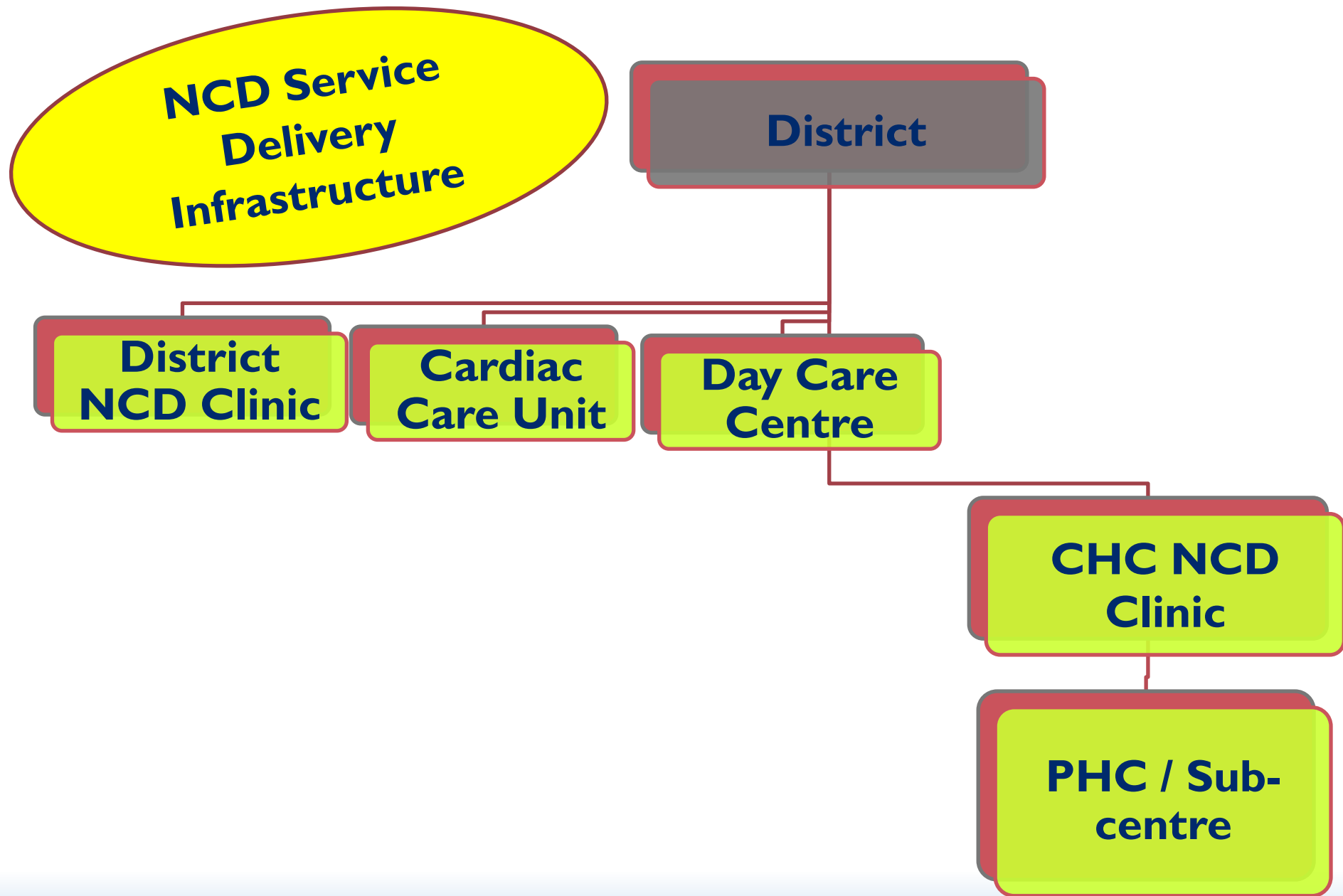
Strategies of NCD & NPCDCS

- Health promotion, awareness generation and promotion of healthy lifestyle
- Screening and early detection
- Timely, affordable and accurate diagnosis
- Access to affordable treatment
- Rehabilitation

Programme Components: NCD & NPCDCS







Activities under NCD & NPCDCS at PHC/Sub-centre

- Health promotion activities for life-style changes
- At Community/Sub-centre: Outreach activities-Population based Screening of common NCDs
 - ✓ Initiated in 100 districts in the first phase
 - ✓ ASHA/ANM/Health Workers to screen persons >30 yrs age for NCD Risk Factors, DM, High BP & common Cancers
 - ✓ Referral of suspected cases of DM/HTN/Cancer to PHC/CHC
- At PHC: Confirmation of DM/HTN diagnosis and management, and follow-up of cases
- Data recording and reporting:
 - ✓ Filling up of Family Folder at community level
 - ✓ Maintain Register at SC/PHC (details of suspected, referred or follow-up cases)
 - ✓ Monthly reporting of data
 - Form 1: from SC to PHC
 - Form 2: from PHC to CHC NCD Clinic

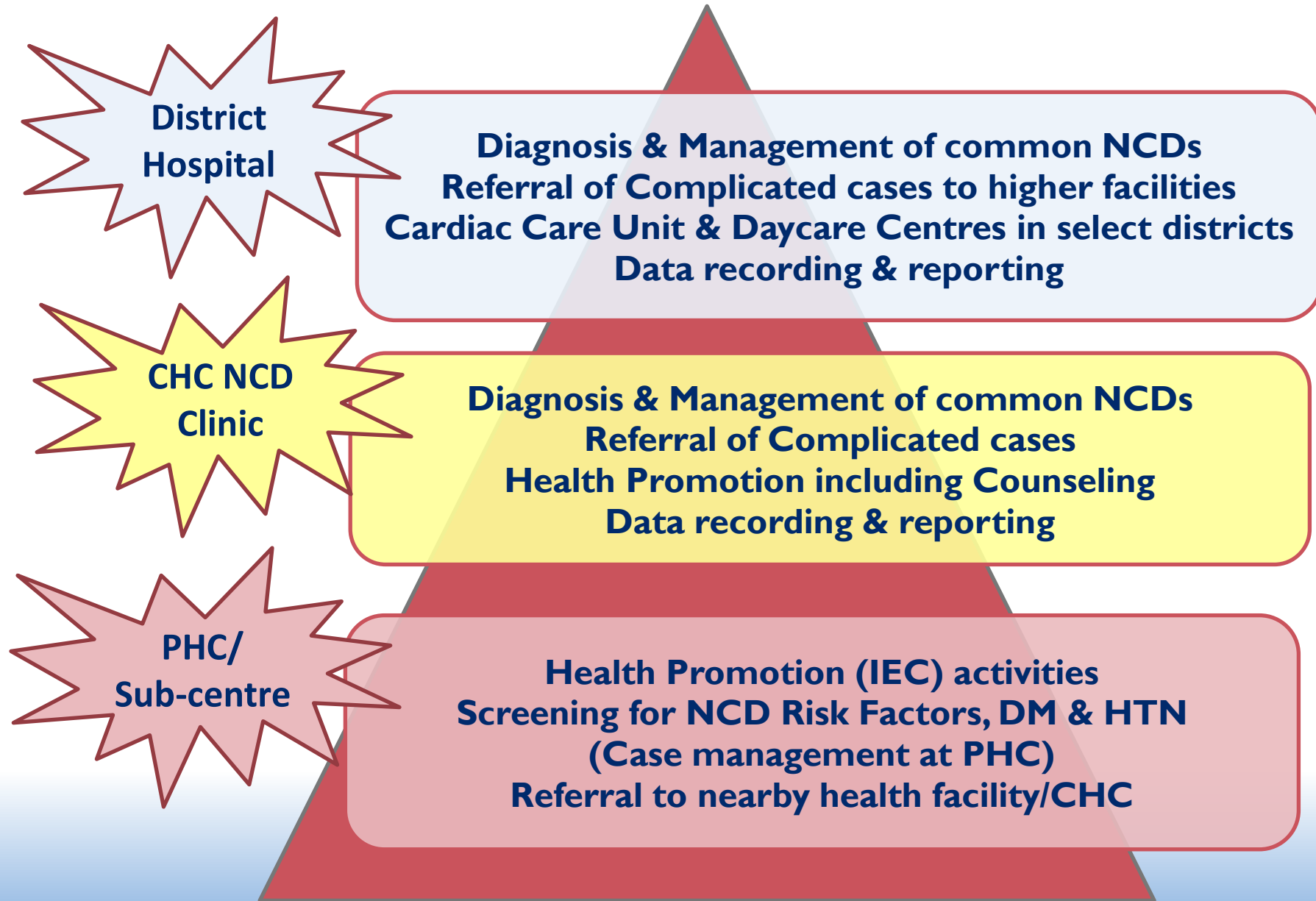
Activities under NPCDCS at CHC NCD Clinic

- Opportunistic screening of persons (≥ 30 years)
- Promotion of healthy lifestyle through health education
- Diagnosis, management, counseling and rehabilitation services related to common NCDs (CVDs, DM, HTN, COPD, Stroke & Common Cancers)
- Referral of complicated cases to District Hospital/ empanelled Referral Hospital
- Data management:
 - ✓ Maintain records of diagnosis, treatment and referral
 - ✓ Monthly reports (Forms 3A& 3B) to District NCD Cell
- Contractual Manpower: Medical Officer, Nurse, Counselor, Lab Technician, Data Entry Operator

Activities under NPCDCS at District NCD Clinic

- Opportunistic screening of persons (≥ 30 years)
- Promotion of healthy lifestyle through health education
- Diagnosis, management, counseling and rehabilitation services
 - ✓ Detailed investigation (To be outsourced, if not available)
 - ✓ Out-patient and In-patient Care
 - ✓ CCU to manage acute/emergency CVD cases
 - ✓ Day Care Chemotherapy Facility
- Referral & Transport facility to nearest Tertiary Hospital/TCCC
- Data recording and reporting:
 - ✓ Maintain individual diagnosis, treatment and referral records
 - ✓ Monthly reporting (Form 4) to District NCD Cell
- Contractual Manpower:
 - ✓ District NCD Clinic: Physician, Nurse, Counselor, Physiotherapist, Lab Technician, DEO
 - ✓ CCU in selected districts: 1 Cardiologist & 4 Nurses

NCD Services at Health Facilities



Expected Outcomes

- Reduction in exposure to risk factors, life style changes leading to reduction in NCDs
- Improved quality of life
- Early detection and timely treatment leading to increase in cure rate / control and survival
- Reduction in prevalence of physical disabilities including blindness and deafness
- Providing user friendly health services to the elderly population of the country
- Reduction in deaths and disability due to trauma, burns and disasters
- Reduction in out-of-pocket expenditure on management of NCDs and thereby preventing catastrophic implication on affected individual.

Inter sectoral Convergence

- Panchayati Raj Institutions: PRIs should be sensitized to include NCD issues in GKS Committee
- Schools (Education): Training of teachers in screening, health promotion activities, promotion of physical activity of children
- Involvement of AYUSH practitioners in prevention and control of NCDs
- Collaboration with district administration for strict enforcement of laws related to NCDs
- Developing of linkages with social groups (mahila/youth)

Package of Services

Health Facility	Packages of services
Sub centre	<ul style="list-style-type: none">❖ Health promotion for behaviour change and counselling, 'Population based/ Opportunistic' Screening of common NCDs including cancer.❖ Awareness generation of early warning signals of common cancer.❖ Referral of suspected cases to PHC/CHC/nearby health facility and follow up of patient put on treatment.
PHC	<ul style="list-style-type: none">❖ Health promotion for behaviour change and counselling 'population based/ Opportunistic' Screening of Diabetes, hypertension and three common cancers (oral, breast, and cervical by VIA).❖ Clinical diagnosis and treatment of common NCDs including Hypertension and Diabetes, referral of complicated cases of DM/HTN to CHC/DH.❖ Identification of early warning signals of common cancer.❖ Referral of suspected cases to CHC/DH and follow up of patient put on treatment.

An iceberg floating in the ocean. The tip of the iceberg is visible above the water line, while the much larger, submerged part is hidden below. The sky is blue with some clouds, and the water is a deep blue.

**Opportunistic Screening:
NCD cases at Clinics/ Hospitals**

**Population based Screening:
NCD cases in the Community**

Way Forward

- Updation of Operational Guidelines
- Trainings of all cadres of health staff under NPCDCS, including Programme Managers, Counselors, Medical Officers
- Coordination with ICMR for completion of Risk Factor Survey and Burden of Disease Study
- Regular Monitoring & Supervision of programme implementation
- IEC & Advocacy to be strengthened
- Establishing/Strengthening NPCDCS facilities as per PIP targets
- Revision of indicative list of Essential Medicines in NCD Clinics
- Need to develop 'Data-base of NCDs' to understand landscape of NCDs & associated risk factors for evidence-based planning
- Expansion and Monitoring of new initiatives under programme:
 - ✓ Population based NCD screening at Community level
 - ✓ RF/RHD intervention
 - ✓ NPCDCS-AYUSH integration
 - ✓ CKD and COPD interventions



**THANK
YOU**