



Prevention and Treatment of Non-communicable Diseases: A Policy Paper



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PIDE POLICY VIEW POINT

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The Global Burden of Diseases, Injuries and Risk Factors study 2010 (GBD 2010) identified major trends in global health that can be summarized by the three Ds: demographics, disease and disability. As most countries have made great strides in reducing child mortality, people are living longer and the population is growing older. These demographic changes are driving up premature deaths and disability, or DALYs, from non-communicable diseases. Health problems are increasingly defined not by what kills us, but what ails us. In 1990, childhood underweight was the leading risk factor for ill health, but high body mass index surpassed it in 2010 as a more important cause of premature death and disability. This finding illustrates global shifts away from the risk factors for communicable disease in children toward risk factors for non-communicable diseases. Future updates of GBD will be enriched by widening the network of collaborators. Expanded collaboration between researchers, staff of ministries of health, and IHME on national and sub national burden of disease studies will ensure that GBD tools are used to understand causes of premature death and disability at the community level. Despite similarities of epidemiological trends in most regions, GBD illustrates the unique patterns of diseases, injuries, and risk factors that exist in different countries. Local epidemiological assessment is crucial for informing local priorities. The GBD approach to health measurement can help guide the design of public health interventions to ensure they are tailored to countries' specific needs.

GBD data visualization tools can display regional and national data from burden of disease studies. These user-friendly tools are helpful for planning, presentations, and educational purposes. Also, IHME has designed a variety of data visualization tools to compare trends between various raw data sources at the national level. By visualizing all available data, ministry of health officials and researchers can quickly identify unexpected trends in the data that they may wish to flag for further investigation.

Non-communicable diseases are threatening the entire world at the beginning of the third millennium. Moreover an upward movement is seen in developing countries, where it is not easy to handle the burden of diseases in a weak and broken health structure. This is due to a socio-economic and demographic changeover, which enforces more demand on handling infectious and non infectious diseases in an underprivileged system. By 2020 it has been fearfully predicted that the cause of every seven out of ten deaths will be due to non communicable diseases in developing countries. Cardiovascular disease, diabetes, cancer and chronic respiratory disease are considered the main cause of death among NCDs because they have a higher disease burden globally with an increasing tendency in developing countries (Boutayeb, A. 2006)

NCDs affect people of all age groups, regions and countries. The conditions of NCD's are frequently linked with age group of older people but facts indicate it's occurrence between the ages of 30 and 69 years in total of 15 million deaths. It is estimated that over 80% of the NCD's deaths arise in the area under discussion that is low- and middle-income countries. The cause of the risk factors arise from harmful diets, inactive body and excessive or unsafe use of tobacco and alcohol. (WHO 2017. <http://www.who.int/mediacentre/factsheets/fs355/en/>).

The non-communicable diseases are associated with poverty. The substantial spread of the non communicable diseases will increase the cost of households for health care, thus increasing poverty, hence NCD's are considered to breed poverty in low income countries. The People who are underprivileged are at a greater risk to die of such diseases than people who are socially and financially stable. The poor are exposed to unhealthy diets like tobacco and unhealthy lifestyles and less access to health services. In areas where there are low resources, non communicable diseases take over all the available household resources, which include prolonged and non affordable treatments and death of the bread earners under treatment.

The burden of disease and loss of economic output associated with chronic diseases chiefly cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes account for around 80% of the

total burden of chronic disease mortality in developing countries. In these low-income and middle-income countries, chronic diseases were responsible for 50% of the total disease burden in 2005. If nothing is done to reduce the risk of chronic diseases, an estimated US\$84 billion of economic production will be lost from heart disease, stroke, and diabetes alone in these countries between 2006 and 2015. (Abegunde 2007)

Policy Recommendations

This study focuses on the multi dimensional interventions to control the NCDs in the country. It includes increase in investment on NCDs, and its related factors like pollution, increase in waste management, diet and eating habits, environmental up gradation and improved awareness about the diseases to prevent NCD's basic causes. Designing the NCD's policy at national level and use it as umbrella for the regions and provinces to adopt equal standards of prevention and treatment of NCDs through advanced research and sharing data with the UN partnership to get their technical support and keep in touch with the financial Institutions to obtain the financial support like world bank, DFID, IDB, JICA and other development partners.

The study directs that an increase in GDP per capita leads to a decrease in non communicable diseases shows that people when capable of spending, do spend on their health, which shows a funding gap in those countries which are incapable of producing a good per capita income, so there is a need to provide social safety nets like health insurance for such purposes

Training and education programs should be made available keeping in view the fact that education/enrollment reduces NCDs as this provides awareness among people.

Primary Training programs for the labor community should be given importance as the labor force participation increases the risk of NCDs due to unavailability of safety nets like masks and long exposure to smokes which causes respiratory problems.

The consumption of unhealthy food products including intervention in the market through fiscal policies and market restrictions and strengthens public health legislations shall be focused. The need for government leadership is recognized while improving economic performance, tackling obesity through working with civil society.

Healthy and Sustainable Future Cities

Land use and transport policies contribute to a worldwide epidemics of injuries and NCDs through traffic exposure, noise, air pollution, low physical activity and social isolation. There is a need to consider these areas under preventive measures for elimination of toxicity from the environment.

Restrictions On Sweet And Fatty Meat Supply

More taxes shall be imposed on sweetened drinks, confectionery, ice cream and beer. This will lower consumption and also raise funds for spending on other NCDs interventions of prevention and cure. The supply of fatty meat supply shall be regulated and controlled to avoid high cholesterol intake to prevent the cardiac diseases at the initial stages.

The vision of WHO regarding NCDs is; A world free of the avoidable burden of NCDs with the goal that aims to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global level shall be implemented and monitored periodically to keep the sustainable pace of control and prevention of the NCDs.

The 10 progress monitoring indicator shall be used to overcome the NCDs burden;

- i. Adoption of National NCD targets and indicator.
- ii. Mortality data

- iii. Risk Factor Survey
- iv. National Integrated NCD strategy
- v. Tobacco demand reduction strategy
- vi. harmful use of alcohol reduction measures
- vii. Unhealthy diet reduction steps
- viii. Public awareness on diet
- ix. Guidelines for the management of major NCDs
- x. Drug Therapy/Counseling for high risk persons.

Each district shall have at least one hospital with complete diagnostic facilities and specialist of the required fields. The Critical Care Units (CCUs) shall be established in each THQ hospitals. Effective hospital hygiene and waste disposal programs shall be introduced.

Non communicable diseases like cardiac, diabetic and other degenerative diseases shall be prevented and treated through investment in the hospital infrastructure, health education and awareness. More cancer treatment centers and hospitals shall be established. Prevention and control of non-communicable diseases shall be incorporated clearly in the strategies at all levels. the establishment of the NCDs and health promotion unit at the federal and provincial level shall be ensured. aggressive education campaigns shall be launched to control diabetes, Hepatitis, HIV and cardiac disorders etc. A national Plan of action shall be developed on food and nutrition with an emphasis on national nutrition, priorities including control of diet related to NCDs.

Accreditation standards (physical infrastructure, machinery and equipment, different specialties with number of beds required, capacity of outpatient care, human resource and logistic requirements) will be established through the PMDC. Strengthening of authorities for regulating private sector involved in health care delivery will be ensured. Medical colleges and teaching hospitals will also become fully

autonomous bodied, managed by their respective Board of Governors (BOGs) for professional and administrative autonomy. The provincial governments will be encouraged to provide an efficient Medico-legal service. For this purpose, facilities for legal and forensic studies will be expanded to the medical colleges

References

- Tobacco use and tobacco prevention intervention will be monitored at all levels in order to protect people from tobacco smoke in public and work places, and help people stop using tobacco, while advising and warning them against its use.
- Abegunde, D. O., Mathers, C. D., Adam, T., Ortegon, M., & Strong, K. (2007). The burden and costs of chronic diseases in low-income and middle-income countries. *The Lancet*, 370(9603), 1929-1938.
- Ahmed, S. M., Hadi, A., Razzaque, A., Ashraf, A., Juvekar, S., Ng, N., ...&HuuBich, T. (2009). Clustering of chronic non-communicable disease risk factors among selected Asian populations: levels and determinants. *Global health action*, 2(1), 1986.
- Allen LN, Fox N, Ambrose A Quantifying research output on poverty and non-communicable disease behavioral risk factors in low-income and lower middle-income countries: a bibliometric analysis .*BMJ Open* 2017;7:e014715. doi: 10.1136/bmjopen-2016-014715
- Balaj, M., Huijts, T., McNamara, C. L., Stornes, P., Bambra, C., &Eikemo, T. A. (2017). Non-communicable diseases and the social determinants of health in the Nordic countries: Findings from the European Social Survey (2014) special module on the social determinants of health. *Scandinavian journal of public health*, 45(2), 90-102.