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Noncommunicable Diseases

The current global epidemiological transition has seen a shift in a number of noncommunicable diseases (NCDs) from their previous category of disorders of elderly and wealthy people of western countries to that of a global pandemic affecting millions of disadvantaged and increasingly younger people throughout the world. In the South-East Asia Region, this group of diseases has emerged as an important health issue.

With continued increase in life expectancy, combined with profound changes in lifestyle, NCDs have become one of the main causes of mortality and morbidity in a majority of the countries in the Region. The need for suitable and timely action for controlling NCDs is recognized as one of the regional priorities in health development.

WHO continues to promote an integrated preventive approach, which addresses common risk factors of major NCDs, namely cardiovascular diseases, diabetes mellitus and cancers. The aim is to reduce morbidity and mortality due to major NCDs by strengthening prevention, early detection and effective treatment.

In most of the Member Countries, reliable data on major NCDs are inadequate. This hampers advocacy, prevention and control efforts.

A project to collect basic epidemiological information on cardiovascular diseases, cancer, diabetes and local specific NCDs was initiated by the Regional Office during the last

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quarter of 1999. A questionnaire was sent to the designated principal investigator in each country and the information obtained is being consolidated. Based on this information, a regional NCD profile will be prepared and utilized for future planning and monitoring of programme implementation.

Indonesia has produced a report of 500 abstracts on major NCDs and related issues based on articles collected from libraries and institutions in the country. This report will be used to identify research areas and to plan a national agenda for NCD research.

Strengthening of the NCD programme as an integral part of national health development is being pursued by Member Countries. India, Myanmar and Thailand are currently implementing an integrated approach in selected areas while Indonesia is testing comprehensive community-based CVD control.

Prevention is the most important aspect of reducing premature deaths and disability due to NCDs. In order to bring about increased awareness among the public with regard to prevention and control of NCDs, Sri Lanka is preparing a health education booklet on ischaemic heart disease for school children.

Efforts have been made to strengthen programme management capabilities of PHC personnel. Bangladesh, India, Myanmar and Sri Lanka conducted training courses on prevention and management of NCDs for medical and paramedical staff. DPR Korea continues to improve the technical capability of manpower for intensive care of cardiovascular diseases, neuro-surgery and for diagnosis and management of cancer through local training and fellowship programmes. In Bangladesh, senior doctors were trained in the clinical aspects of cardiovascular diseases through local fellowships.

In addition to the major NCDs, Member Countries are paying specific attention to other high prevalence NCDs. To

increase awareness and improve early diagnosis for the prevention of thalassemia, Maldives has produced educational material, procured laboratory diagnostic instruments and trained health personnel in programme management.

In Myanmar, snake-bites account annually for 10 000 cases and approximately 2000 deaths, which afflict mostly young people between ages 15 and 45 years. WHO has been supporting health education efforts and enhancing the skills of health providers in emergency care of snake-bites.

In March 2000, in collaboration with EMRO, the Regional Office supported the participation of nationals from Bangladesh, India, Indonesia, Myanmar, Sri Lanka and Thailand at a training-cum-technical Workshop on International Networking on Control of Gynaecological Cancers in Pakistan. The Regional Office also supported University Hospital, Geneva, a WHO collaborating centre, in organizing and conducting this Workshop.

While most of the Member Countries recognize NCDs as a public health problem, there is overall inadequacy of health care infrastructure and of human resources for coping with the rising burden of cardiovascular diseases, cancer and diabetes mellitus in the Region. With WHO support, an improvement in diagnosis and treatment facilities for CVD has been reported by Bhutan and DPR Korea.

As a follow-up to the Intercountry Workshop on Prevention and Control of Diabetes Mellitus, held in Dhaka in April 1998, several other countries have attempted to strengthen their national diabetes control programmes, including management of the disease, using PHC facilities. National programmes for control of diabetes mellitus have been developed in Bangladesh, Myanmar and Thailand while activities for the same have recently been initiated in Indonesia and Sri Lanka. In view of the growing demand for information on treatment, the Regional Office has recently developed a regional guide for self-care of diabetes mellitus.

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The guide will be distributed to the countries for appropriate adaptation.

With a view to developing a profile of the diabetic services available, a questionnaire aimed at ascertaining the current burden of diabetes mellitus was developed by the Regional Office and distributed to the Member Countries. Based on this information, a descriptive profile of each country and of the Region as a whole will be developed and used to identify priorities for programme development.

Following an intercountry training course on palliative care for the management of terminal cancer patients, held in Calicut, India, Indonesia has produced guidelines on palliative care in the local language and organized training for health providers in cancer hospitals.