India

NCD Joint programming mission, 8-12 December 2014

Key mission findings from 2014

1. The sheer size and population of India, along with its diversity, rapid urbanization and changes in lifestyle, mean that responding to an issue as complex as NCDs is an enormous challenge.

2. All government ministries have shown commitment and demonstrated leadership by adopting ten national NCD targets for 2025. The Ministry of Health and Family Welfare has developed a National Multisectoral Action Plan but this has yet to be translated into action.

3. India is the first country in the world to develop national targets aligned to the WHO voluntary global targets.

4. While total health expenditure accounts for 4.2% of GDP, government expenditure is a little over 1%. This is grossly insufficient to support an effective NCD response.

5. Successes in tobacco control in various state initiatives have been due to: (a) strong tobacco control policy (and law); (b) the allocation of dedicated national funds to implement the tobacco control programme; (c) clear guidelines and advisories issued at the national level; (d) effective coordination mechanisms at state and district levels; (e) an active civil society movement; and (f) political leadership at the state and district level, including a commitment to policy enforcement.

“As most of the determinants that influence NCDs and their risks lie beyond the purview of the health sector, there is a need for coordinated, multi-sectoral action to create an enabling environment to promote healthy behaviours.”

Dr. Poonam Khetrapal Singh
Regional Director for WHO South-East Asia

Key recommendations from 2014

1. The UN Country Team (UNCT), government and development partners need to: (a) support implementation of the National Multi-Sectoral Action Plan and focus on the most cost-effective interventions across all sectors; (b) work towards a rapid and significant scale up of financial and human resources for the prevention and control of NCDs across the country; and (c) introduce monitoring and accountability mechanisms to track implementation of prevention and control measures.

2. Steps need to be taken to comprehensively implement WHO FCTC policies, including by increasing taxes on tobacco products, to build on gains made in tobacco control.

3. The UN Country Team needs to prioritize NCDs in its collective actions by, establishing a strategic mechanism to support the government, and ensuring that each UN agency proactively engages with counterparts in key ministries.

Key adult NCD mortality and risk factors*: premature mortality and significant disability are preventing India from fulfilling its economic potential

- Probability of premature mortality from NCDs: 23% (2016)
- 24% of adult men and 44% of adult women are insufficiently physically active (2016)
- 8% of adult men and 8% of adult women have raised fasting blood glucose (2014)
- 24% of adult men and 22% of adult women have raised blood pressure (2015)
- 20% of men and 2% of women (aged ≥15 years) smoke tobacco (2016)
- 18% of adult men and 21% of adult women are overweight (2016)
- Pure alcohol per capita consumption: 5.7 litres per year (population 15+, 2016)
- No data available for amounts of fruit and vegetables consumed

*As of 2016
**Adding value: actions taken following the mission**

1. The National Multisectoral Action Plan was developed and approved by all government ministries. 29 ministries nominated focal points to facilitate implementation of activities in their respective sectors.

2. National consultations and state level workshops have advanced the understanding of the relationship between universal health coverage, NCDs and sustainable development; and contributed to development of indicators to monitor and evaluate key interventions.

3. The India UN Sustainable Development Framework, 2018-2022 has been developed. NCD goals and targets have been integrated into this Framework. Reduction of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease is one of the sentinel indicators in the GoI-UNSDF Results Framework (2018-2022).

4. A mapping of civil society organizations has been conducted to assess current levels of engagement and scope for future collaboration in prevention and control of NCDs. A framework for engagement of civil society in prevention and control of NCDs has been drafted and is expected to be finalized soon.

5. The Ministry of Health and Family Welfare, with support from WHO, has launched a communication and awareness programme to improve prevention and control of diabetes and to promote healthy lifestyles among the general population, using mobile health technology- also known as mDiabetes.

6. Tobacco control efforts received a major boost in November 2016 when India hosted the COP 7. The Delhi Declaration reinforced India’s commitment to implementation of the FCTC. India will remain President of the FCTC during 2017-18.

7. India has recently introduced one of the largest pictorial warnings on tobacco products, covering 85% of the total display area of tobacco packs.

8. In order to implement Article 17 of the WHO Framework Convention on Tobacco Control and to provide economically viable alternative livelihood options, the Ministry of Labour and Employment, the Ministry of Skill Development & Entrepreneurship and the Ministry of Health and Family Welfare has launched the ‘Skill Development Training Initiative’ for bidi rollers. WHO, ILO and UNDP are providing technical support and guidance for implementation of this programme.

9. The NCD National capacity survey was completed in 2017. The report is undergoing final review before dissemination.

10. The development of guidelines, manuals, and training of trainers for a national campaign for universal screening and management of three common cancers (cervical, breast, oral), hypertension and diabetes is underway. The program has been officially launched and rollout is underway in approximately 150 districts throughout the country.

11. Two rounds of training of trainers (TOT) for state level capacity building for management of NCD programs were conducted during 2017. A number of states have initiated cascade trainings to district NCD managers using the manuals developed for that purpose.

12. A new initiative to improve the management of hypertension at primary health care level has been initiated in 25 districts across five states of India in collaboration with the RESOLVE to SAVE LIVES initiative. The initiative will also include population-level interventions to reduce sodium intake and eliminate trans-fats from the diet.

**Next steps**

1. Rollout a population based initiative for screening and management of five common NCDs, in 150 districts throughout the country, which will subsequently be expanded to all districts.

2. Operationalize a multi-sectoral action plan for the prevention and control of NCDs.

3. Provide an essential package of NCD services at the primary health care level through the newly established Health and Wellness Centers (HWCs).

4. Implement the India Hypertension Management Initiative in 25 districts across five states to enhance the capacity of PHC/HWCs services in the management of hypertension.