Key findings from the follow up mission in 2018

1. Substantial progress has been made in response to the 2015 joint mission recommendations, e.g.:

   • A cross-government National NCD Council was established, chaired by Minister of Health, Nutrition and Indigenous Medicine.
   • An NCD bureau was established with a new DDG appointment to ensure greater leadership for NCDs and more effective working across the MoH.
   • A fully costed national multisectoral action plan for 2016-2020 was developed, including a prioritised set of actions for 2016-2017, and a draft set of prioritised actions for 2018-2020.
   • Domestic financing for NCDs was increased; including development of a World Bank project for USD200 million to strengthen primary health care service delivery, with NCD prevention and control as a major component.
   • Multisectoral working groups are now in place for chronic respiratory diseases, physical activity and for the development of salt reduction strategies.
   • Progress in the area of tobacco includes: Accession to the Protocol to Eliminate Illicit Trade in Tobacco Products in 2016, an introduction of a ban on smokeless tobacco and electronic nicotine delivery systems (ENDS) in 2016, an increase in taxes on cigarettes in 2017, a national tobacco quit line launched in 2017, and legislation for plain packaging on tobacco products which is close to approval.
   • Alcohol advertising and promotion on mainstream media was banned.
   • A sugar tax for sugar-sweetened beverages (SSBs) was introduced, with front of package labelling (traffic lights) for sugar in beverages introduced in 2016.
   • A number of district level initiatives have increased public awareness on NCDs.

2. Other areas not progressing as quickly, e.g.:

   • Tobacco products are still visible in retail outlets.
   • Tax on beer has actually been reduced and indigenous products remain priced at low levels.
   • Slow progress in engagement with industry and food producers to reduce salt in processed and manufactured food and to develop user-friendly front of package labelling.
   • Progress in developing legislation to replace trans-fats with unsaturated fats is slow.

"NCDs pose one of the biggest threats to health and development - the time to act is NOW! Effective interventions like WHO Best Buys exist - implementation and monitoring is key; Prevention is critical to halting the epidemic."

Dr. Razia Pendse, WHO Representative to Sri Lanka

Key adult NCD mortality and risk factors*: NCDs cause 80% of deaths in Sri Lanka (ref WHO GHE 2015, WHO 2016)

- Probability of premature mortality from NCDs: 17% (2016)
  - 21% of adult men and 37% of adult women are not sufficiently physically active (2016)
  - 19% of adult men and 25% of adult women overweight (2016)
  - 28% of adult men and 0.3% of adult women smoke tobacco (2016)

- 7% of adult men and 8% of adult women have raised fasting blood glucose (2014)

- Pure alcohol per capita consumption: 4.3 litres per year (population 15+, 2016)

- 24% of adult men and 24% of adult women have raised blood pressure (2015)

- 73% of adult men and 72% of adult women don’t eat sufficient amount of fruits and vegetables (2015)
Key recommendations and next steps:

1. The Joint Mission reviewed the draft prioritised action plan for 2018-2020. Working with GoSL officials, the Joint Mission proposed a subset of these as a set of highly prioritised actions. The highly prioritised actions are the Joint Mission’s recommendations for action on NCDs over the next two years. These include:

**Tobacco use**
- Maintain effective taxation on tobacco products and continue to explore opportunities to simplify taxation on all tobacco products.
- Enforce ban (and strengthen legislation) on tobacco smoking indoor workplaces (public places & transports).

**Harmful use of alcohol**
- Increase excise taxes on alcoholic beverages.
- Enforce restrictions on the sale of alcohol.

**Unhealthy diet**
- Strengthen restrictions on marketing of unhealthy food and non-alcoholic beverages to children.
- Initiate front-of-pack labelling for salt, sugar and fat – currently only SSBs are covered.
- Develop a national strategy and costed plan for eliminating trans-fat products.

**Physical inactivity**
- Strengthen physical education school program, ensuring quality physical education is available.

**CVD and diabetes**
- Better coverage of treatment and counselling for those at high risk of cardiovascular diseases and diabetes.

**Cancer**
- Increased coverage of HPV vaccination program among teenage girls.
- Increased uptake of pap smears for women aged 35 years and 45 years with treatment of precancerous lesions.

**Chronic respiratory disease**
- Improved access to improved stoves and cleaner fuels.

2. The Joint Mission discussed an appropriate monitoring framework with the GoSL and recommended that as a next step the GoSL reviews the highly prioritised actions and for each: (i) ensure an accountable focal point is identified with quarterly tracking on progress; (ii) agree the current position; and (iii) identify a SMART indicator for monitoring progress with clarity on the method of verification. The Joint Mission strongly recommends that quarterly tracking is undertaken in collaboration with an independent agency.

3. Development partners agreed to prioritise their support to government on NCDs and to use the Development partners Forum for enhancing collaboration and identifying opportunities for joint programming. It was agreed that development partners would seek opportunities to identify funding from the Global Fund for comorbidities (e.g. TB, smoking and harmful use of alcohol).

4. The Joint Mission met with officials that are developing a World Bank Primary Health care System Strengthening Project (PHSSP), which has a focus on NCD outcomes. It was recommended that this project support should in part be used to catalyse action beyond the health sector in a way that promotes: (i) pro-health partnerships with the private sector, community and other stakeholders; (ii) stronger legislative and regulatory environments in support of NCD prevention and control across various sectors; (iii) stronger systems in place for more effective procurement of NCD medicines, equipment and commodities, in order to scale up treatment access, along with capacity building of health personnel; (iv) community-based and population-wide responses to NCDs, including risk communication strategies.

5. Following the mission, the Ministry of Health, Nutrition and Indigenous Medicine convened a meeting and pledged to work on the highly prioritised actions on NCDs over the next two years.

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*All data are rounded WHO crude country comparable estimates taken from the WHO Global Health Observatory, who.int/gho/ncd, accessed 18/6/2018, with the exception of rounded data for tobacco smokers, consumption of fruit and vegetables and physical activity which come from the Sri Lanka STEPS survey, 2015, accessed 18/6/2018.

Additional information on the status of NCDs in Sri Lanka can be found on the WHO NCD DataFinder app.

“Non-Communicable Diseases are the key health challenge Sri Lanka faces today. I wish to convey my sincere thanks to the Joint UN Inter Agency Task Force for its invaluable contribution in evaluating the progress of the National Multi Sectoral Action plan for Prevention and Control of NCDs which will help to fine tune our activities to address the problem.”

Dr. Rajitha Senaratne, Minister of Health, Nutrition and Indigenous Medicine