

Picture Story



Controlling non-communicable diseases in Sri Lanka; what to expect?

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Sri Lanka is in the midst of the epidemiological and demographic transition. A rapidly ageing population with a decrease in communicable diseases has led to non-communicable diseases (NCDs) becoming a major public health problem. In 2008, government hospital statistics revealed that 71% of all deaths in Sri Lanka were due to NCDs (1). Cardiovascular diseases, diabetes, cancers and chronic respiratory diseases accounted for 29.6%, 9.4%, 3.9% and 8.5% of all NCD deaths, respectively.

A national NCD Unit was established in the Ministry of Health and is the national focal point for prevention and control of acute and chronic NCDs in Sri Lanka. The unit coordinates and implements its activities through the provincial and regional health authorities (1).

The objective of the chronic NCD prevention programme is to reduce premature mortality (less than 65 years) due to NCDs by 2% annually over the next 10 years through expansion of evidence-based curative services and individual and community-wide health promotion measures to reduce risk factors. The National Policy on Prevention of NCDs addresses four major strategies for reduction of shared modifiable risk factors: smoking, alcohol, obesity, unhealthy diet and sedentary lifestyles. Programmes are implemented through the existing health network with the support of both government and non-governmental organizations in the country (1).

The National NCD Policy emphasizes health promotion and well-being of the population by preventing diseases and providing acute and integrated long-term care for people with NCDs. Primary health care facilities at field level have been strengthened by establishing sustainable screening programmes through Healthy Lifestyle Centers (HLCs), and initiating availability of essential generic drugs and technologies to manage NCDs and other NCD related risk factors (1).

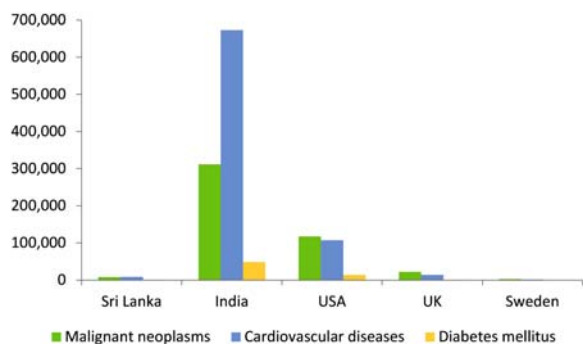
Figures 1 a-d give the total number of deaths and mortality rates in 2008 for selected NCDs by country (2). In 2008, mortality rates for the selected diseases in Sri Lanka in the 15-59 year age group were less than those of India except for cancers. The mortality rate for cancer in this age group was similar to that of USA and UK but greater than that of Sweden. The cardiovascular disease mortality rate in the 15-59 year age group in Sri Lanka was almost twice as much as in the UK and Sweden, but about two thirds the rate in India.

In the age group of 60 years and over, the mortality rate of malignant neoplasms and cardiovascular diseases in Sri Lanka is much less than the corresponding rates in the USA, UK and Sweden. However, the mortality rate for diabetes mellitus in India and Sri Lanka in the older age group is significantly higher than those of the selected developed countries.

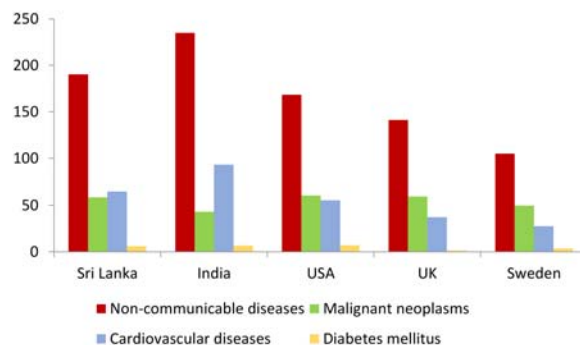
Figures 1 a-d. Deaths and mortality rates for selected diseases by country in 2008

15-59 year age group

a. Total no. of deaths



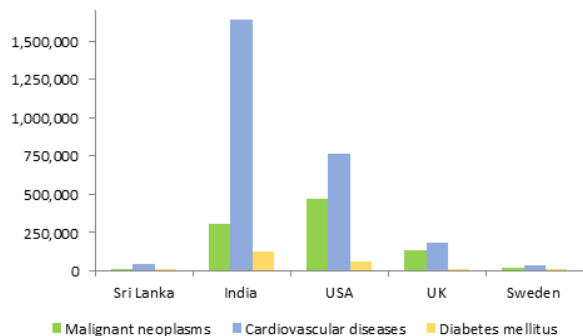
b. Death rate per 100,000 population



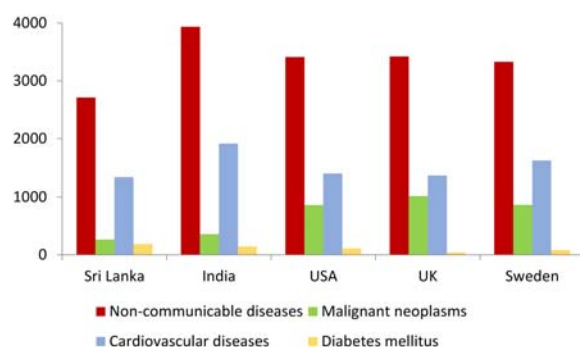
Source: Mortality and burden of disease estimates for WHO member states in 2008

60 years and above

c. Total no. of deaths



d. Death rate per 100,000 population



Source: Mortality and burden of disease estimates for WHO member states in 2008

NCDs are the leading causes of death even in developed countries. The policy framework of the NCD Unit is focusing on an integrated approach to reduce the number of premature deaths. A two percent reduction in mortality in the 15-59 year age group over a period of 10 years will prevent more than 25,000 premature deaths even after accounting for an increase in the population in this age group. The highest decrease will be in mortality due to cardiovascular diseases.

In the 60 years and over age group, it is likely that the mortality rates of NCDs in Sri Lanka will rise

gradually to those of developed countries. Furthermore, the rapid transit of the younger population to the older one will result in an exponential increase in deaths due to NCDs in the older population. This implies that even if we reduce premature deaths due to NCDs, it is unlikely that the absolute number of deaths due to NCDs will decrease in the future.

NCDs are the major causes of death in Sri Lanka and also in developed countries which is consistent with ageing populations. As the global population ages and with a limited lifespan ranging from about 70 to

85 years, the major cause of deaths has to be NCDs. The belief that NCD control will result in a reduction of mortality is only a myth; it will only reduce premature deaths.

But there are gains in terms of morbidity and disability adjusted life years (DALY's) that need to be highlighted. Decreasing the incidence of NCDs in the younger ages will reduce the prevalence of NCDs, the burden on health systems and out-of-pocket expenses in these age groups. There will be a reduction in DALY's as both the years of life lost (YLL) and years lived with disability (YLD), the main components in the calculation of DALY's, will decrease when premature deaths are averted.

The expected increase in the incidence of NCD's

with an increasing ageing population is likely to increase the absolute numbers of cases and the prevalence of NCDs in the future. There seems no respite in the near or distant future. Hence, the health system should gear itself to tackle this ever increasing burden in the future.

References

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