

**NATIONAL MULTISECTORAL ACTION PLAN FOR
THE PREVENTION AND CONTROL
OF NONCOMMUNICABLE DISEASES
2016-2020**



**MINISTRY OF HEALTH, NUTRITION AND INDIGENOUS MEDICINE
SRI LANKA**

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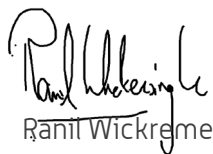
Message from the Prime Minister

I am pleased to provide a message of felicitations for the National Multi Sectorial Action Plan for The Prevention and Control of Noncommunicable Diseases 2016 - 2020. In today's technology driven environment, many changes have taken place in society.

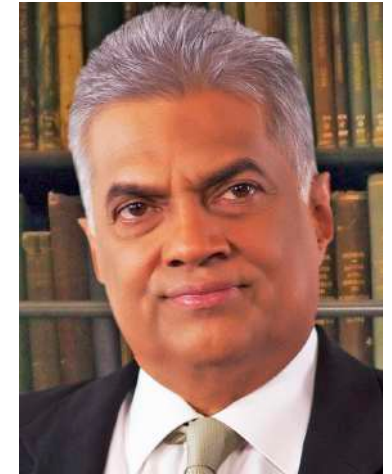
People are adopting a more sedentary lifestyle with less exercise outdoors. They are also more prone to stress. At the same time, food consumption patterns have changed, with more emphasis on processed food instead of fresh fruits and vegetables; accordingly, the intake of sugar and salt has increased. These variable risk factors have resulted in causing chronic Noncommunicable Diseases (NCDs-) such as high blood pressure, high blood lipid levels, high blood sugar and obesity.

The NCDs have been identified as a major cause of mortality in Sri Lanka. The efforts undertaken by the Ministry of Health to minimize the risks of NCDs are commendable and worthy of recognition. These measures, taken in conjunction with other Ministries, groups and civil organizations towards the upliftment of health for all, will undoubtedly decrease the cost of secondary care provided for NCDs, palliative care and rehabilitation. On the threshold of being classified as a middle income country, Sri Lanka will certainly benefit tremendously from this action plan which proposes specific direction mechanisms for the healthy sector.

I take this opportunity to wish the Ministry of Health and the Noncommunicable Disease Unit all the very best in their quest to achieve proposed targets.



Ranil Wickremesinghe
Prime Minister

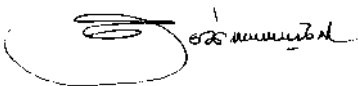


Message from the Minister of Health, Nutrition and Indigenous Medicine

Since independence, Sri Lanka has achieved much in the control of communicable diseases, virtually eliminating vaccine preventable diseases and became exemplary among South East Asian nations in its achievements in the arena of maternal and child health. Currently, non-communicable diseases are the dominant health problem and are presently the leading cause of mortality, morbidity and disability in the country.

Noncommunicable diseases are not just the most pressing health concerns in the country but also is a significant challenge for development. They are driven by underlying social, economic, political, environmental and cultural factors, broadly known as 'social determinants'. Sri Lanka needs to address the social determinants of non-communicable diseases through health promoting partnerships and coordinated actions of many sectors beyond the health sector, partnering with non-governmental sectors and civil society organizations where necessary.

This National, Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2016-2020 developed with the leadership of the Ministry of Health, Nutrition Indigenous Medicine, in consultation with all other partners, is the guiding tool for such coordinated actions, and will ensure that the country will successfully address the burden of NCDs in the years to come.



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



Message from the Director General of Health Services

Major noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases account for more than 36 million deaths at the global level. Smoking, alcohol, unhealthy diet and insufficient physical activity have identified as four main modifiable behavioural risk factors for NCDs.

Nearly 65% of the hospital deaths in Sri Lanka are due to NCDs. Cardiovascular diseases are the number one leading cause of death in Sri Lanka. Sri Lanka is experiencing an increase in trend of morbidity and mortality due to NCDs over the past few decades due to the changes in the life styles of the people. Considering the need of contributions by sectors outside the health in addressing the burden of NCD, the NCD Unit of the Ministry of Health, Nutrition and Indigenous Medicine developed this National Multi-sectoral Action Plan for Prevention and Control of NCD. Development of this plan was through a consultative process which ensured contributions of the academia, professional colleges and officials of the Ministry of Health and other relevant Ministries.

I hope that this action plan will generate collaboration between different ministries, authorities and departments to combat the burden incurred by NCDs in Sri Lanka.

Dr. P G Mahipala

Director General of Health Services

Ministry of Health, Nutrition and Indigenous Medicine



Message from the Country Representative for Sri Lanka, World Health Organization

The global burden and threat of noncommunicable diseases constitute a major public health challenge that undermines social and economic development of the countries throughout the world. Realizing the requirement of urgent and concerted action at the global and national levels to overcome the challenge of NCDs, at the 66th World Health Assembly in September 2011, the Heads of State of Governments committed themselves in the United Nations Political Declaration on the Prevention and Control of NCDs. The declaration pledges to establish and strengthen the multisectoral national policies and plans for the prevention and control of NCDs. The National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2020 is the result of this national commitment. It presents a road map for and calls for the support of whole of government, whole of United Nations and whole of society to achieve its stipulated national voluntary targets on NCDs.



Recognizing the role of international cooperation to support this important national effort, the World Health Organization has selected Sri Lanka as a fast-track country for NCDs. The selected fast-track countries are eligible to receive 'One-WHO' integrated technical support for implementation of the plan from the global, regional and national levels of WHO in a coordinated manner.

We are looking forward to working with the stakeholders to ensure that the country achieves its targets ensuring that the human and financial burden of NCDs does not undermine the development gains.

A handwritten signature in blue ink, appearing to read 'Jacob Kumaresan', written over a light blue circular background.

Dr Jacob Kumaresan
World Health Organization Representative to Sri Lanka

List of abbreviations and acronyms

BOI	Board of Investment	MoJ	Ministry of Justice
CEA	Central Environment Authority	MoNPEF	Ministry of National Policy and Economic Affairs
DDG	Deputy Director General	MoS	Ministry of Sports
DGH	District General Hospital	MoSRT	Ministry of Technology and Research
DoP	Department of Police	MRI	Medical Research Institute
E & OH	Environment and Occupational Health	MS I	Medical Services I
ET & R	Education, Training and Research	MSD	Medical Supplies Division
FAO	World Agriculture Organization	NATA	National Authority on Tobacco and Alcohol
HEB	Health Education Bureau	NCCP	National Cancer Control Programme
HITA	Health Intervention and Technology Assessments	NCD	Noncommunicable diseases
ITI	Industrial Technology Institute	NPTCCD	National Programme on Tuberculosis Control and Chest Diseases
MH	Mental Health	PDHS	Provincial Director Health Services
MoA	Ministry of Agriculture	PGIM	Postgraduate Institute of Medicine
MoC	Ministry of Cultural Affairs	PHC	Primary Health Care
MoE	Ministry of Education	PHI	Public Health Inspector
MoH	Ministry of Health, Nutrition and Indigenous Medicine	PHM	Public Health Midwife
Mol	Ministry of Industry and Commerce		

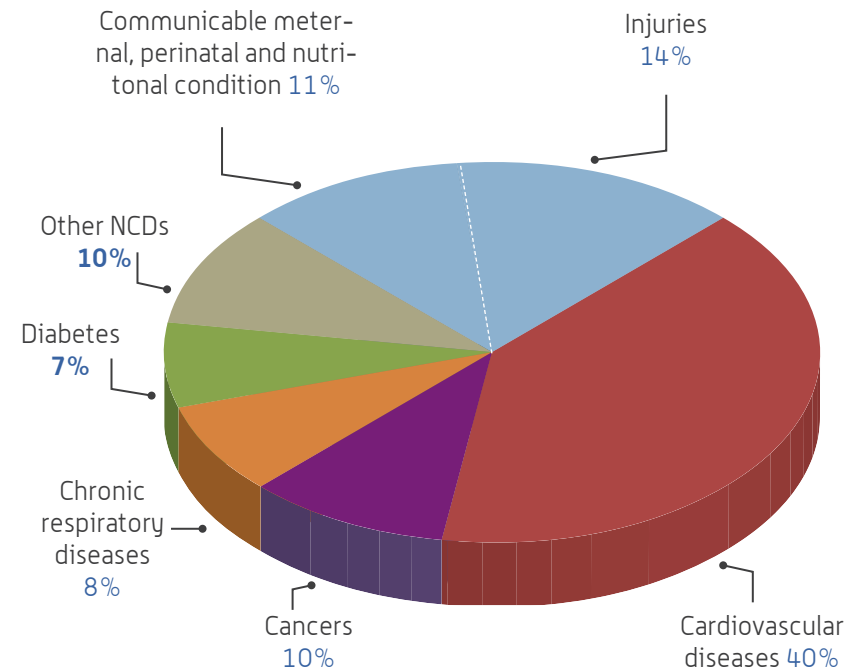
List of abbreviations and acronyms (Cont.)

PHNS	Public Health Nursing Sister
PMCU	Primary Medical Care Unit
RDHS	Regional Director Health Services
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Funds
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization

Introduction

Sri Lanka is often cited as an example in the world for achieving high health indices with low health expenditure and is moving towards an upper middle income country. A good political commitment in Sri Lanka throughout the period after independence from British ruling to maintain the free health services has contributed much towards improvements in health condition and the country is proud of its free health system which is accessible to all of its population.

Changes in life style in its population associated with improved economic conditions in an open economy have contributed towards epidemiological transition on demographic transition. Similar to global situation, the present burden due to non-communicable diseases (NCD) in Sri Lanka outweighs the burden due to communicable diseases and maternal and child health conditions. While contributing to a huge disease burden, chronic NCDs also have serious socio- economic consequences. NCDs incur a huge cost to individuals, families and the societies due to the need of a lifelong treatment, escalating health care cost and loss of productivity.



Total deaths: 138,000

NCDs are estimated to account for 75% of total deaths.

Source WHO - NCD Country Profiles, 2014.

Figure 1: Cause specific mortality Sri Lanka 2012



Source WHO country Health profile Sri Lanka 2015

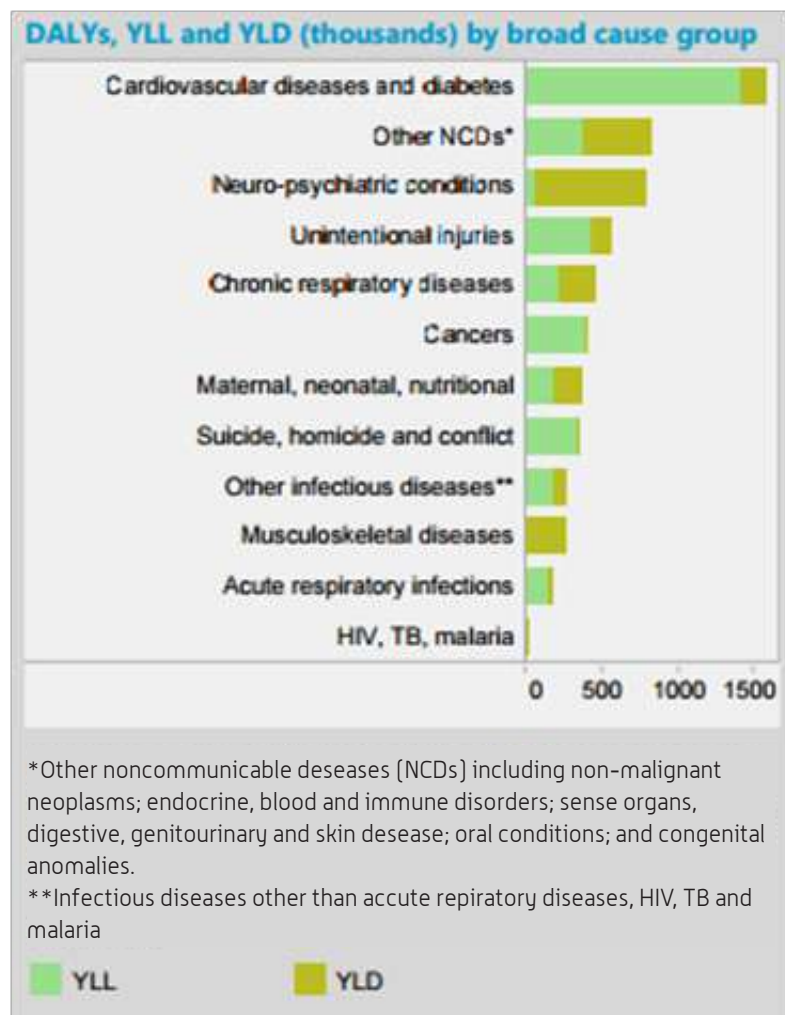
Figure 2: Top ten leading causes of deaths in Sri Lanka 2012

In keeping with the global pattern, cardio-vascular diseases, cancer, chronic pulmonary diseases and diabetes are known to be the major contributors to the NCD burden in the country. Of the annual total deaths of 138,000 in the country in 2012 75% of deaths were due to NCDs and 40% of deaths were due to cardiovascular diseases (Figure 1).

Top ten causes of deaths indicate that Ischemic heart disease was the leading cause of death, killing 32.6 thousand people in 2012 (Figure 2). The data on burden of diseases of Sri Lanka indicate that the burden due to cardiovascular diseases and diabetes is the highest (Figure 3).

Use of tobacco, consumption of alcohol, unhealthy dietary practices and physical inactivity are the leading behavioural risk factors for NCDs. Air pollution contributes to a great extent in causing chronic pulmonary diseases.

According to the STEPS survey (2008), to assess the NCD behavioural risk factors, 8.4% of males and 10.5% of females had systolic blood pressure more than 160 mmHg and diastolic blood pressure more than 100 mmHg or were on medication at the time of survey. Approximately one fourth of the populations were overweight or obese with the corresponding figures among males being 19.5% and among females being 30.5%. A great majority (82.4%) of the population consume less than



Source WHO country Health profile Sri Lanka 2015

Figure 3: Burden of diseases in Sri Lanka 2012

five servings of fruits and vegetables per day. Among the males, 9.4% reported to be consuming alcohol daily and around 22.8% of the males were daily smokers.

It is proven that primordial and primary prevention plays a major role in reduction in the prevalence of behavioural risk factors and NCDs. Secondary prevention measures to improve the secondary and tertiary care to NCD patients, play a major role in reducing premature mortality of the NCD patients. A programme on prevention and control of NCDs in any country needs a comprehensive approach and contributions of multiple sectors is essential to make it a success.

The National Multisectoral Action Plan for the Prevention and Control of NCDs

The National Multisectoral Action Plan for the Prevention and Control of Non-communicable diseases 2016- 2020 is a result of untiring efforts of the NCD unit of the Ministry of Health, Nutrition and indigenous Medicine which led the process of consultations with relevant units in the health sector and professional colleges along with the support of the World Health Organization and other stakeholders. This has been developed in order to achieve the ten voluntary targets adopted by Sri Lanka based on the nine

global targets and the specific regional target identified for the South East Asian region.

This plan is composed of four strategic areas, namely; Advocacy, partnership and leadership; health promotion and risk reduction; strengthen health system for early detection and management of NCDs and their risk factors and surveillance, monitoring, evaluation and research. The strategic area health promotion and risk reduction specifies the plans on reduction of tobacco use, reduction of use of alcohol, promotion of healthy diet high in fruit and vegetables and low in saturated fat/ trans-fat free sugar and salt, , promotion of physical activity and promote healthy behaviors and reduce household air pollution.

The plan provides a comprehensive description of the outcomes to be achieved, specific activities to be implemented, the multi-stakeholder partnership including civil society and the time frame by which the targets are to be achieved. Similar to the contribution in the process of preparation of the plan the maximum corporation of relevant departments of the Ministry of Health, Nutrition and Indigenous Medicine, other ministries, departments, professional colleges, civil societies and other relevant parties is vital in achieving the specified targets of NCD prevention and control in the plan.

Vision

A country free of the avoidable burden of noncommunicable diseases

Goal

To reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national level, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socio-economic development.

Overarching Principles

- Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest

- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action

Objectives

1. To raise the priority accorded to the prevention and control of noncommunicable diseases in national agenda through strengthened multisectoral cooperation and advocacy
2. To strengthen national capacity, leadership governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases
3. To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments

4. To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage

5. To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases

6. To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control

Sri Lanka aims to achieve the following targets by 2025

1. A 25% relative reduction in premature mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory diseases
2. A 10% relative reduction in the use of alcohol
3. A 10% relative reduction in prevalence of insufficient physical activity
4. A 30% relative reduction in mean population intake of salt/sodium
5. A 30% relative reduction in prevalence of current tobacco use in persons aged over 15 years
6. A 25% relative reduction in prevalence of raised blood pressure and or contain the prevalence of raised blood pressure
7. Halt the rise in obesity and diabetes
8. A 50% of eligible people receive drug therapy and counseling (including glycaemic control) to prevent heart attacks and strokes
9. An 80% availability of affordable basic technologies and essential medicines including generics, required to treat major noncommunicable diseases in both public and private facilities

Strategic Priority Action Areas of the National Multisectoral Action Plan for the Prevention and Control of NCD 2016-2020

Strategic action area 1: Advocacy, partnership and leadership

1.1 Advocacy

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
1.1.1 NCD recognized as a national priority in national agenda in the country	Availability of a National NCD council chaired by Hon. President / Prime Minister	1.1.1.a Establish A National NCD council and convene regular meetings bi annually	NCD unit	2016
	Availability of advocacy package for various stakeholders	1.1.1.b Develop advocacy packages on prevention and control of NCDs for politicians, each levels in the health sector and non- health sectors at national, provincial and district levels	HEB NCD unit	2016
1.1.2 NCD recognized as a priority in ministries, authorities and departments outside the Ministry of Health	No. of ministries/ authorities/ departments in which NCD included as a priority area in the policy	1.1.2.a Advocacy meetings for the upper level managers of the relevant ministries, authorities and departments at the national, provincial and district levels <ul style="list-style-type: none"> twice a year at the national level twice a year at the provincial level twice a year at the district level 	NCD Unit PDHS RDHS	2016-2020
1.1.3 NCD prioritized in national health action plan	No. of NCD related decisions/ actions taken by the political authorities	1.1.3.a Advocacy meeting for the political authorities <ul style="list-style-type: none"> Once a year at the national level -Once a year at the district level 	NCD Unit PDHS RDHS	2016-2020

1.2 Partnership

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
1.2.1 National and subnational mechanisms for multisectoral actions established and functioning	No. of workshops held at national, provincial and district levels to map stakeholders and to design health promotion activities	1.2.1.a Conduct workshops at National, provincial and district levels to map stakeholders and to design health promotion activities	NCD Unit PDHS RDHS	2016-2017
	No. of Ministries/ authorities/ departments implementing NCD prevention actions indicated in their policies at national and subnational levels	1.2.1.b Establish provincial and district level multi sectoral committees and monitor implementation of existing policies	NCD Unit PDHS RDHS	2016-2020
1.2.2 Place NCDs on broader health and development agenda	NCD related targets incorporated into the monitoring framework of the Sustainable Development Goals	1.2.2.a Integrate the prevention and control of NCDs in to national planning processes and broader development agendas	Department of National Planning DDG (NCD)	2016-2020
		1.2.2.b Share process indicators and global NCD targets with the national team working on Sustainable Development Goals	Department of National Planning DDG (NCD)	2016-2017

1.3 Leadership

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
1.3.1 Health Ministry effectively leading and coordinating the national NCD prevention and control programme	Availability of a coordinated mechanism within the Ministry of Health for NCD prevention and control	1.3.1.a Ensure activities relevant to different units of the MoH are coordinated to strengthen the linkages between different units of Ministry of Health for NCD prevention and control	DDG (NCD) NCD Unit	2016-2017
	Availability of adequate human resources at national, district and grass root levels to perform NCD related activities	1.3.1.b Initiate action to obtain the required human resources for NCD related work <ul style="list-style-type: none"> identify a healthcare worker at the grass root level to perform NCD activities proposal for cadre approval to be submitted provide facilities and staff for the NCD unit to facilitate the monitoring mechanism of the NCD action plan 	DDG (NCD) Organizational and Development Unit Salary and Cadre Commission	2016-2017
			DDG (NCD) Organizational and Development Unit Salary and Cadre Commission	2016
			DDG (NCD) NCD unit Organizational and Development Unit Salary and Cadre Commission	2016
	Adequate funds allocated for NCD activities from GOSL funds and funds from UN agencies	1.3.1.c Conduct advocacy meetings with the officers in the Ministry of Finance and UN agencies	NCD Unit Finance Ministry	2016-2020

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
1.3.1 Health Ministry effectively leading and coordinating the national NCD prevention and control programme Continued.	No. of trained health staff at national and district levels	<p>1.3.1.d Capacity building of relevant staff on NCD Prevention and Control</p> <ul style="list-style-type: none"> • capacity building of the national programme managers capacity building of the MO(NCD) • capacity building of the MO(NCD) 	DDG (NCD) NCD unit PDHS RDHS	2016-2020

Strategic action area 2: Health promotion and risk reduction

2.1 Reduce tobacco use

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.1.1 Prevalence of tobacco use reduced	Age standardized prevalence of current tobacco use among 18yrs and above Prevalence of tobacco use among adolescents No. of provisions of FCTC implemented	2.1.1.a Accelerate full implementation of FCTC <ul style="list-style-type: none"> implement pictorial warning (80%) prohibit illicit trade of tobacco products ban all forms of advertising ban point of sale display ban sponsoring community activities conduct trade seminars 	DDG (MS I) DDG (NCD) NATA NCD Unit PDHS RDHS	2016-2020
	Availability of an amended NATA Act	2.1.1.b Bring about amendments to NATA Act <ul style="list-style-type: none"> ban all forms of advertising ban point of sale display prohibiting smoking in outdoor/ public places (100% tobacco free outdoor environment) bring legislation on retail sales of cigarettes bring policies on smokeless tobacco use bring legislation on sales of smokeless tobacco products surveillance to prevent importation of e-cigarettes 	DDG (MS I) DDG (NCD) NATA NCD Unit	2016-2018
	% of tax increase in comparison to increase in GDP	2.1.1.c Advocate to raise tobacco tax <ul style="list-style-type: none"> advocate to raise taxes and inflation adjusted prices on tobacco 	DDG (MS I) DDG (NCD) NATA Ministry of Finance NCD Unit	2016-2018

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.1.1 Prevalence of tobacco use reduced continued.	No. of functioning community based tobacco cessation services available	<p>2.1.1.d Setup tobacco cessation services</p> <ul style="list-style-type: none"> review evidence and develop a national programme on tobacco cessation service development in Sri Lanka establish tobacco cessation clinics develop training module on smoking cessation develop tobacco cessation guidelines conduct International workshop on tobacco cessation capacity building of the health staff on tobacco cessation training the health staff on counseling initiation of community based tobacco cessation services 	DDG (MS) 1 DDG (NCD) NCD Unit NATA Professional Colleges	2016 -2020
	Proportion of smokers successfully quitting smoking No. of 24 hour hotlines for tobacco cessation available	<p>2.1.1.e Strengthen the services available for tobacco cessation</p> <ul style="list-style-type: none"> set up community based tobacco cessation services strengthen the tobacco cessation hotline display the tobacco cessation hot line number in cigarette packets display tobacco cessation hot line number to display at point of sale 	DDG (MS) 1 NCD Unit NATA Professional Colleges	2016-2020

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.1.1 Prevalence of tobacco use reduced continued.	Proportion of smokers successfully quitting smoking	<p>2.1.1.f Improve community awareness on tobacco use including the use of smokeless tobacco</p> <ul style="list-style-type: none"> conduct mass media and social media campaigns 	DDG (MS I) NCD Unit NATA Ministry of Mass Media	2016-2020
	No. of 24 hour hotlines for tobacco cessation available	<ul style="list-style-type: none"> conduct community awareness programmes for <ul style="list-style-type: none"> teachers school children youth for different community groups 	Ministry of Education National Youth Services Council NATA NCD unit NCCP	2016-2020
	No. of trade seminars conducted in view of establishing tobacco free zones	2.1.1.g Conduct trade seminars in view of establishing tobacco free zones	NCD Unit NATA Ministry of Trade and Commerce	2016-2020
	No. of media workshops conducted	<p>2.1.1.h Conduct awareness programmes for media personnel</p> <ul style="list-style-type: none"> conduct media workshop 	Ministry of Telecommunication and Digital Infrastructure NCD unit	2016-2020
	Availability of data on prevalence of use of tobacco and other details related to use	<p>2.1.1.i Conduct tobacco research</p> <ul style="list-style-type: none"> conduct tobacco use related surveys 	NCD Unit NATA	2018

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.1.1 Prevalence of tobacco use reduced continued	Availability of a mechanism for NATA to monitor ban on advertising including community activities, illegal tobacco products available in the country and point of sale display	2.1.1.j Strengthen NATA <ul style="list-style-type: none"> ensure continuous funds to NATA Increase the capacity of NATA 	MOH	2016-2020
		<ul style="list-style-type: none"> conduct once month meetings (multi stake holder)by district NATA cell 	RDHS	2016-2020
		<ul style="list-style-type: none"> strengthen the activities to detect and eliminate illegal tobacco products in airports and ports 	DDG (MS)1 DDG (NCD) Customs Department NCD unit NATA	2017-2020
		<ul style="list-style-type: none"> setup a mechanism at NATA to monitor ban on advertising including community activities , illegal tobacco products available in the country and point of sale display 	NATA	2017-2020
	No. of health staff trained on tobacco prevention and control	2.1.1.k Train the health staff on tobacco (including smokeless) prevention and control <ul style="list-style-type: none"> conduct training programme for health care workers 	NCD Unit	2016-2018

2.2 Reduce alcohol use

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.2.1 Prevalence of alcohol use and its harmful effects reduced	Availability of a national action plan to implement the policy on reduce alcohol use	<p>2.2.1.a Implement the National Alcohol Policy</p> <ul style="list-style-type: none"> develop a mechanism to monitor social media for on alcohol promotion establish a mechanism to report violations of laws in alcohol marketing & promotion enact regulations to eliminate all forms of tax concessions for alcohol production, import, retail and marketing initiate a system where the NATA Act is taken into consideration by the Ministry of Foreign Affairs when International Treaties are scrutinized establish a mechanism to monitor production, pricing and sale and income restrict selling of duty free alcohol 	Tele Communication Regulatory Commission	2017
			NATA	2017
	Total alcohol per capita (aged 15+ years old) consumption within a calendar year		Ministry of Finance Ministry of External Affairs Import & Export Control Commission	2016-2020
			NATA Ministry of Foreign Affairs	2018
			Department of Excise Ministry of Finance Department of Police NATA	2017
	Age standardized prevalence of heavy episodic drinking among adolescents and adults		Department of Customs BOI Ministry of Trade	2018

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame	
2.2.1 Prevalence of alcohol use and its harmful effects reduced continued.	continued.	<ul style="list-style-type: none"> review and revise the licensing system to control the availability of alcohol products 	Department of Excise Tourist Board	2020	
		<ul style="list-style-type: none"> advocate political leadership and other relevant stakeholders to get their support for law enforcement 	Mental Health Unit	2017-2020	
		<ul style="list-style-type: none"> strengthen life skills of school children to resist the influence on alcohol promotion 	Mental Health Unit Ministry of Education NYSC Ministry of Child Development	2017-2020	
	Production and sale of illicit alcohol	2.2.1.b Reduce production and sale of illicit alcohol	<ul style="list-style-type: none"> establish a mechanism receive information on availability of illicit alcohol products 	Department of Excise Department of Police	2017
			<ul style="list-style-type: none"> educate the community on harmful effects of these products and empower to act against illicit alcohol 	Public Administration Ministry Mental Health Unit Social Service Ministry Ministry of Women's Affairs District Secretariat	2017

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.2.1 Prevalence of alcohol use and its harmful effects reduced	Proportion of alcohol related violence and injuries	<p>2.2.1.c Reduce alcohol related violence and injuries</p> <ul style="list-style-type: none"> strengthen legal action for alcohol use and violence and accidents strengthen the service availability of detecting Blood Alcohol Concentration (BAC) including following accidents increase public awareness on harm due to alcohol, control direct and indirect promotion of alcohol use, and related laws empower the community to act 	NATA Ministry of Justice Min. of Social service	2017
			Department of Police Mental Health Unit	2017
			NATA Mental Health Unit Department of Police Ministry of Education Ministry of Social Services	2017-2020
			Department of Police MOH Ministry of Education	2017-2020
	Prevalence of alcohol among adults and harmful effects of alcohol	<p>2.2.1.d Monitor prevalence of alcohol among adults and harmful effects of alcohol in the country and share the findings</p> <ul style="list-style-type: none"> conduct alcohol prevalence surveys every 3 yrs establish a surveillance mechanism to report alcohol related violence, accidents and injuries promote alcohol related research establish a mechanism to disseminate the evidence 	Mental Health Unit Department of Police	2016-2020

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.2.1 Prevalence of alcohol use and its harmful effects reduced	Availability of treatment and rehabilitation services related to alcohol	<p>2.2.1.e Establish treatment and rehabilitation services related to alcohol</p> <ul style="list-style-type: none"> • build the capacity of PHC workers & other grass root level field officers in non health sector to screen and refer alcohol dependents & follow-up • establish a mechanism to report alcohol related services available in the government, NGOs and private sector for treatment and rehabilitation • establish alcohol rehabilitation units and Alcohol treatment clinics in all districts at institutional and community settings 	Mental Health Unit	2017
			NATA Mental Health Unit	2017
			Mental Health Unit	2017
	Availability of a mechanism to implement and monitor the alcohol policy	<p>2.2.1.f Establish a mechanism to implement, monitor and evaluate alcohol policy at national and district levels</p> <ul style="list-style-type: none"> • establish a sub-committee within National Mental Health Committee to review the implementation of alcohol policy • develop a strategic plan and guidelines for implementation • empower NATA to implement alcohol policy as this is its legitimate role • ensure availability of adequate funding for implementing activities at national and district levels • preparation of documentation for the periodically reporting of the progress to the Presidential Task Force on Prevention of Substance Use 	MOHD/MH RDHS District Psychiatrist MO/MH (Focal Point) Mental Health Unit	2017
			NATA Mental Health Unit	2017-2020
			NATA Mental Health Unit	2017-2020
			Mental Health Unit NATA	2017

2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans fat, free sugar and salt

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.3.1 Increased intake of healthy foods	<p>Availability of policies and mechanisms to increase intake of healthy foods</p> <p>Prevalence of persons (aged +18 years) consuming less than five total servings (400 g) of fruit and vegetables per day</p>	<p>2.3.1.a Accelerate the implementation of the diet component of the Global Strategy on Diet, Physical Activity and Health</p> <ul style="list-style-type: none"> • create a mechanism for monitoring of food and beverages advertisements and complains • develop national policies on marketing of food and non alcoholic beverages to children • develop policies to promote availability of healthy food • develop policies to increase the affordability of healthy food • set up a committee to review food advertisement before airing • conduct programme to increase the acceptability of healthy food • establish policies on taxes and subsidies to promote consumption of fruits and vegetables 	<p>E&OH Ministry of Trade Ministry of Consumer affairs Ministry of Agriculture Nutrition Division NCD unit</p>	2017-2020

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame	
2.3.2 Reduced consumption of saturated fats/ trans fats, sugar and salt	Availability of fruits and vegetables	<p>2.3.1.b Increase availability of fruits and vegetables</p> <ul style="list-style-type: none"> home gardening promotion programme provide plants and seeds free / low cost conduct home gardening competitions establish a mechanism to provide seasonal fruits and vegetables for low cost 	<p>Nutrition Coordination division</p> <p>Ministry of Agriculture</p>	2017-2020	
	Availability of policies and mechanisms to increase intake of healthy foods	<p>2.3.1.c Make available data and initiate policies to increase intake of healthy foods</p> <ul style="list-style-type: none"> nutrition profiling to define unhealthy food and drinks develop food composition tables draft a policies to increase intake of healthy foods 	<p>Nutrition Division</p> <p>MRI</p> <p>NCD unit</p> <p>Nutrition Division</p>	2017-2020	
	Availability of food composition tables and nutrition profiling				
	Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years		<p>2.3.1.d Develop and implement a national salt reduction strategy</p> <ul style="list-style-type: none"> advocate recommended salt consumption and define key components of the policy determine the main sources of sodium chloride in Sri Lanka (survey) conduct urinary salt surveys once in every 3 years Develop and implement a national salt reduction strategy evaluate locally tailored interventions adopted to reduce the salt consumption 	E& OH NCD Unit	2016-2017
				MRI	2016-2017
Nutrition division				2016-2017	
NCD Unit				2016-2017	
			MRI	2016-2017	

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.3.2 Reduced consumption of saturated fats/ trans fats, sugar and salt continued.	continued.	<ul style="list-style-type: none"> strengthen the laboratory facilities at MRI and to check salt, fat content in the diet and urinary sodium concentration develop the lab at MRI and in a selected hospital strengthen of MLT schools at MRI 	MOH	2018-2019
			MOH	2018-2019
			MOH	2018-2019
	Availability of food low in food low in salt, sugar and fats	<p>2.3.2.e. Increase the availability of healthy foods low in salt, sugar and fats</p> <ul style="list-style-type: none"> advocacy meeting with food producers, processors, retailers to lobby to change the composition of food lobby food industry to manufacture healthy food options motivate food industry to reformulate processed food conduct award programme for companies who prepare healthy food establish a mechanism to ensure voluntary reduction of salt, sugar and fat establish a mechanism to ensure mandatory reduction of salt, sugar and fat evaluate the effects of major interventions for reducing salt 	E & OH Nutrition Division NCD Unit Ministry of Trade and Consumer Affairs Food manufacturers Chamber of Commerce	2016-2019
			E&OH MRI	2017-2019
			E&OH MRI	2017-2019

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.3.2 Reduced consumption of saturated fats/ trans fats, sugar and salt continued.	Availability of processed foods with no trans fats	<p>2.3.2f Take measures to reduce trans fat in processed foods</p> <ul style="list-style-type: none"> conduct a survey to identify sources of trans fat and base line levels develop a national strategy to address trans fat develop a policy to limit use of trans fat and use of PHVO (partially hydrogenated vegetable oil) in all processed food and restaurants 	MRI ITI	2017
			NCD Unit	2017
			E&OH, Nutrition Division NCD unit Food manufacturers	2018
	Availability of food labeling with nutrition composition and traffic light system No. of food items certified by / given the certification on the contents of the food label	<p>2.3.2.g Introduce food labeling to indicate unhealthy foods</p> <ul style="list-style-type: none"> introduce traffic light system for salt, sugar and saturated fat, trans fat, energy content indicate the nutrition composition of the food in the labels strengthen laboratory network in the country to certify the contents in the food labels (one per 	E&OH, NCD Nutrition Division Food manufacturers	2017-2020
			E&OH NCD unit MoH Food manufacturers	2018-2020
			E&OH NCD unit	2018-2020
	Availability of policies on taxing unhealthy diet	<p>2.3.2.h Increase tax for unhealthy food</p> <ul style="list-style-type: none"> establish policies on taxes to discourage consumption of unhealthy food high in fat, sugar and salt impose taxes on un healthy food and beverages 	E&OH Ministry of Finance Food manufacturers Nutrition Division NCD Unit	2018-2020

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.3.2 Reduced consumption of saturated fats/ trans fats, sugar and salt continued.	Availability of a mechanism to monitor compliance of the private sector with reduction of salt, sugar and fat in processed food	2.3.2.i Establish a mechanism to monitor compliance of the private sector with reduction of salt, sugar and fat in processed food	E&OH	2016-2020
2.3.3 Reduced cardio metabolic risk of consuming unhealthy foods	Knowledge of the public on daily requirement of salt, sugar, fats and cardio metabolic risk of consuming unhealthy foods	2.3.3.a Improve awareness of the public on cardio metabolic risk of consuming unhealthy foods through a mass media campaign <ul style="list-style-type: none"> • develop IEC materials on salt, sugar, fat • telecast commercials on sugar , salt, fat reduction • develop IEC materials on BMI, obesity, overweight prevention • telecast commercials on fruits and vegetables consumption • publish newspaper advertisement on healthy foods and unhealthy food habits • conduct healthy dish competitions 	HEB Ministry of Mass communication NCD unit Professional Colleges	2017- 2019

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.3.3 Reduced cardio metabolic risk of consuming unhealthy foods continued.	% of infants receive complementary feeding after 6 months	2.3.3.b Promote maternal and child nutrition <ul style="list-style-type: none"> • promote exclusive breast feeding • implement breast feeding code • promote complementary feeding • ensure good maternal nutrition • improve nutrition in malnourished girl children 	FHB	2016- 2020
	% of mothers who exclusively breast feed for 6 months and appropriate complementary feeding			
	No. of schools practicing healthy canteen policy	2.3.3.c Improve availability of healthy foods <ul style="list-style-type: none"> • implement healthy canteen policy in schools • establish healthy canteens in work places according to the guidelines 	Ministry of Education FHB PDHS RDHS	2016- 2020
	Availability of locally relevant food based dietary guidelines	2.3.3.d Increase availability of food based dietary guidelines <ul style="list-style-type: none"> • revise the Sri Lankan food based dietary guidelines • disseminate the food based dietary guidelines 	Ministry of Education FHB PDHS RDHS	2018
			Nutrition division	2016

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.3.3 Reduced cardio metabolic risk of consuming unhealthy foods continued.	Knowledge of the public on healthy foods	<p>2.3.3.e Conduct awareness programmes on healthy foods and food based dietary guidelines</p> <ul style="list-style-type: none"> conduct programmes for pre school teachers, school children, teachers, parents, youth, university students, community groups on food based dietary guidelines 	Nutrition division NCD Unit PDHS RDHS	2016 - 2020
	No. of staff trained on food based dietary guidelines	<p>2.3.3.f capacity building of health workers on food based dietary guidelines</p> <ul style="list-style-type: none"> training programmes on healthy diet for healthcare workers based on food based dietary guidelines 	Nutrition division NCD Unit	2016
	Availability of obesity management guidelines and obesity management clinics	<p>2.3.3.g Improve obesity management</p> <ul style="list-style-type: none"> develop a teaching module on obesity management guidelines establish obesity management clinics 	NCD Unit Professional Colleges	2017-2018

2.4 Promote physical activity

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame	
2.4.1 Physical inactivity reduced	Availability of a physical activity guidelines for public Availability of environment conducive to promote physical activity	2.4.1. a Develop physical activity guidelines for public	NCD unit Ministry of Sports	2016	
		2.4.1.b Conduct advocacy meetings for town planners, politicians to improve environmental changes to promote physical activity	Ministry of Sports Ministry of Local Government	2016-2018	
		2.4.1.c Establish / Strengthen the PA programmes in work places <ul style="list-style-type: none"> develop policies on supportive environment for physical activity in workplaces 	Ministry of Sports E&OH NCD unit	2017-2020	
	Prevalence of physical inactivity in people 18 yrs and over	Availability of policy on doing physical activity during working hours	<ul style="list-style-type: none"> develop an action plan to promote physical activity through sports clubs , other community settings and schools develop guidelines for physical activity at work places 	Ministry of Sports E&OH	2016-2017
			<ul style="list-style-type: none"> introduce regulation to establish a place to do exercise in new office buildings 	Ministry of Sports NCD Unit	2018
			<ul style="list-style-type: none"> introduce a mechanism to provide membership at sport complexes for a subsidize prize for government workers 	E&OH Ministry of Sports	2018-2019
	Age standardized prevalence of overweight and obesity among the curative health staff		<ul style="list-style-type: none"> bring up policy decision on permitting exercise during working hours 	Ministry of Sports E&OH	2018
			<ul style="list-style-type: none"> establish a place to do physical activity in hospitals (as a pilot) 	NCD unit Sports ministry Ministry of Labour	2017
				E&OH NCD unit	2017 - 1018

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.4.1 Physical inactivity reduced	Prevalence of overweight and obesity in adolescents	<p>2.4.1.d Strengthen the PA programmes in the schools</p> <ul style="list-style-type: none"> • revise guidelines on physical activity in schools • develop policies on supportive environment for physical activity in schools • ensure mandatory exercise time in the school • establish a mechanism that all children engaged in one type of PA • increase the availability of sports equipment in the schools • increase the availability of spaces to do physical activity in schools • recruit adequate number of teachers for physical education • revise the school curriculum • make health science a compulsory subject 	Ministry of Education Ministry of Sports HB NCD unit Ministry of Local Government	2016-2020
	Venues available to do PA % of towns with a standard play area	<p>2.4.1.e Improve facilities for physical activity for the community</p> <ul style="list-style-type: none"> • increase venues for (people to do PA [swimming pools, sport fields/ complexes, gym facilities]) 	Ministry of Local Government Ministry of Sports	2018

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.4.1 Physical inactivity reduced continued.	continued.	<ul style="list-style-type: none"> introduce legislation to ensure safe walking paths / cycling paths/ facility to do PA in new town and housing development introduce legislation to ensure each town has at least one play area establish a play area in each town1-3 per 50,000 population] 	Ministry of Local Government	2018
			Ministry of Local Government Ministry of Sports	2018
			Ministry of Local Government Ministry of Sports	2020
	Prevalence of physical inactivity in people 18yrs and over	<p>2.4.1.f Improve public awareness on physical activity</p> <ul style="list-style-type: none"> conduct awareness programmes for pre-school teachers, teachers, parents, youth, university students, develop IEC materials on physical activity develop paper advertisements and TV commercials social marketing on physical activity 	NCD unit PDHS RDHS Ministry of Sports Ministry of Higher Education Ministry of Skills Development	2018
			HEB Ministry of Mass Media Ministry of Sports NCD Unit Professional Colleges	2017 - 2018
Knowledge of specific groups on the recommendations of physical activity,				

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.4.1 Physical inactivity reduced continued.	Availability of research findings on effective PA interventions	2.4.1.f Conduct a research on effectiveness of physical inactivity among adolescents	NCD unit Ministry of Sports	2019

2. 5 Promote healthy behaviours and reduce NCDs in key settings

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
2.5.1 Reduced risk of NCDs among school children/ university students/ students in vocational institutions and among the workforce	Availability of a revised NCD communication strategy promoting healthy behaviours	<p>2.5.1.a Design and launch a public education campaign on NCD</p> <ul style="list-style-type: none"> • revise the NCD communication strategy • conduct mass media campaign through electronic, print and online media 	HEB NCD Unit	2016-2017
			NCD Unit HEB	2016-2020
	No. of functioning healthy villages	<p>2.5.1. b Establish health promotion settings</p> <ul style="list-style-type: none"> • establish healthy villages • establish healthy promoting schools 	HEB NCD Unit PDHS RDHS	2016-2017
	No. of functioning healthy schools		Ministry of Education FHB NCD unit PDHS RDHS	2016-2020
	No. of functioning healthy work places		E & OH PDHS RDHS	2016-2020
	Availability of guidelines for a healthy village		HEB	2016
	Availability of guidelines for a healthy school		HEB NCD unit	2016-2020
	Availability of guidelines for a healthy workplace	<ul style="list-style-type: none"> • establish healthy workplaces 		
% of work places with inter sectoral working groups	<ul style="list-style-type: none"> • develop guidelines for a healthy village • conduct workshops at MoH level with other officials to map stakeholders and to design health promotion activities 			

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
	Continued.	<ul style="list-style-type: none"> develop guidelines for a healthy school 	Ministry of Education HEB FHB	2016
		<ul style="list-style-type: none"> develop guidelines for a healthy workplace 	E&OH NCD unit	2017-2018
		<ul style="list-style-type: none"> establishment of inter sectoral working groups in work places to promote healthy behavior 	Relevant Ministries	2016
		<ul style="list-style-type: none"> conduct experience sharing events: healthy dish exhibitions, PA competitions 	NCD unit	2016-2020

2.6 Reduce household air pollution

Desired outcome	Indicator	Activities	Responsibility	Time frame
2.6.1 Household air pollution due to solid fuel use for cooking is reduced	Proportion of households with solid fuel as primary source of cooking	2.6.1.a Advocate and introduce a policy to reduce air pollution <ul style="list-style-type: none"> advocacy meetings with all relevant stake holders to reduce air pollution introduce a policy to reduce air pollution advocacy with stakeholders to promote clean fuel for cooking 	Ministry of Environment Central Environmental Authority Department of Sustainable Energy NCD Unit NPTCCD E&OH	2016 – 2017
	Percentage of households using improved cook stoves			
	Percentage of households using LP gas for cooking	<ul style="list-style-type: none"> introduction of cleaner technologies and ovens with less fume, improved cook stoves 	Ministry of Environment Central Environmental Authority Department of Sustainable Energy	2016 – 2020
		2.6.1.b Conduct training programmes for Medical Officers and other health staff on reducing indoor air pollution	NCD Unit E&OH NPTCCD	2016- 2020
	Availability of indoor air quality guidelines	2.6.1.c Develop indoor air quality guidelines	Ministry of Environment Central Environmental Authority Department of Sustainable Energy	2016- 2020
	Availability of data on effective interventions to reduce air pollution in local context	2.6.1.d Conduct research on interventions to reduce indoor air pollution in local context	Ministry of Environment Central Environmental Authority	2016- 2020

Desired outcome	Indicator	Activities	Responsibility	Time frame
2.6.2 Passive smoking is reduced	Knowledge on passive smoking, its harm and how to prevent	<p>2.6.2.a Improve public awareness on passive smoking</p> <ul style="list-style-type: none"> • conduct awareness programmes on second hand smoking at home for School children and for community groups 	<p>NATA NCD unit NCCP Ministry of Environment Central Environmental Authority Department of Sustainable Energy</p>	2018 – 2020
		<ul style="list-style-type: none"> • conduct mass media campaign on passive smoking o telecast commercials on indoor air pollution o develop IEC materials o publish paper advertisements 	<p>HEB E&OH NPTCCD NCD Unit Ministry of Environment Central Environmental Authority Department of Sustainable Energy Professional Colleges</p>	2017-2020

Strategic Action Area 3: Health system strengthening for early detection and management of NCDs and their risk factors

3.1 Access to health services

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors	Proportion of eligible people screened for NCDs	<p>3.1.1a Increase availability and access to NCD screening services</p> <ul style="list-style-type: none"> change the service hours of HLCs revise the upper age limit for NCD screening revise the HLC guideline make available free downloadable application to assess cardiac risk (to be used in electronic devices) revise the basic package for NCD screening <ul style="list-style-type: none"> HLCs workplaces mobile clinics introduce health record for every one above 20 yrs develop criteria to screen persons 20yrs – 40yrs for diabetes facilities to perform OGT in screened people with FBG 100- 125 mg/dl 	NCD unit	2016
			NCD unit Professional Colleges	2016
			NCD unit	2017
			NCD unit	2016-2020
	Proportion of screened people assessed for cardiac risk		NCD unit	2017
			NCD unit	2017
			NCD unit Professional Colleges	2017
			NCD unit Professional Colleges	2018

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors	Percentage availability of essential NCD medicines, including generics, and basic technologies in both public and private facilities	<p>3.1.1.b improve availability and access to essential NCD medicine and technologies</p> <ul style="list-style-type: none"> revise the national essential NCD drug list monitor the availability of essential NCD drugs at central and district levels develop/ revise then basic essential technology list for management of NCDs identify the life saving technologies for managing NCD in initial phase of emergency response improve the Bio medical Engineering network make availability of services to do Fasting Lipid profile at BH and above advocacy to make the basic technologies and essential NCD drugs available in the private sector 	NCD unit MSD PDHS RDHS	2016
	Proportion of out of pocket expenditure		NCD unit MSD PDHS RDHS	2016
	Availability of national essential NCD drug list		NCD unit MSD Biomedical Engineering Dept (BMED)	2016
	Percentage of health institutions having technologies and investigation facilities for primary, secondary and tertiary prevention		NCD unit MSD Professional Colleges Biomedical Engineering Dept (BMED)	2017
	Availability of a national essential technology list		MoH	2018-2019
	Availability of low cost effective generic products to treat NCDs		NCD unit MSD	2016-2020
			MSD Director private health	2016

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors	Continued.	<ul style="list-style-type: none"> Promote procurement and use of generic medicine for prevention and control of NCDs o establish a mechanism to assure the quality of generic products o educate the prescribers o educate the consumers 	MSD National Medicine Regulatory Authority Professional Colleges	2016
		<ul style="list-style-type: none"> post marketing surveillance for essential NCD drugs 	National Medicine Regulatory Authority RDHS	2017
		<ul style="list-style-type: none"> develop MRI and lab facilities in other districts 	MRI PDHS RDHS	2017
	Availability of revised NCD management guidelines to be used in PHCs	3.1.1.c Improve NCD management at Primary Health Care level <ul style="list-style-type: none"> revise NCD management guidelines to be used in PHCs reduce risk threshold for starting statins integrate NCD management in to the PHC system and identify basic primary care package for NCD management at PHC establish a referral and back referral system at PMCU for NCDs 	NCD Unit PHC unit	2016
	Availability of a referral and back referral system		NCD Unit Professional colleges	2016
	Accredited quality assurance system is available		NCD Unit PHC unit	2016
	Availability of a training module on management of NCDs at the PMCU		NCD Unit PHC unit Quality Assurance Unit	2019

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors	No. of MOO practice NCD management guidelines at PMCU	<ul style="list-style-type: none"> establish a quality assurance system for PMCU to improve the quality of care with focus on clinical services quality standards , management systems and risk management 	NCD Unit PHC unit Quality Assurance Unit	2019
	Availability of guidelines on tools/ guidelines for self- care of major NCDs	<ul style="list-style-type: none"> develop a training module on management of NCDs at the PMCU training of the MOO on NCD management at PMCU develop tools/ guidelines for self- care of major NCDs 	Professional Colleges NCD Unit	2017
			NCD Unit	2016
			Professional Colleges NCD Unit	2017
	Availability of guidelines on the palliative care in NCDs No. trained on palliative care in NCDs	<p>3.1.1.d Improve availability and access to palliative care</p> <ul style="list-style-type: none"> develop guidelines on the palliative care in NCDs develop terminal and palliative care protocols for cancers , CVDs , COPDs, diabetes Training of the MOO on palliative care in NCDs 	Professional Colleges NCD Unit NCCP YED	2017
			Professional Colleges NCD Unit NCCP	2018
			Professional Colleges NCD Unit Cancer control unit	2016

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	No. of trained healthcare workers to manage NCDs	3.1.1.e Capacity building of healthcare workers to manage NCDs	NCD Unit	2016
	Availability of separate budget allocated for NCD	3.1.1.f Develop policies for sustainable health financing for NCD	NCD Unit Ministry of Finance	2017
	No. of TV commercials aired on screening No. of TV commercials aired on HLCs No. of paper advertisements published	3.1.1.g Publicize screening services through a mass media campaign <ul style="list-style-type: none"> • telecast commercials to promote screening • telecast commercials to promote utilizing HLCs • publish Paper advertisements on HLCs • conduct social media campaign on screening • develop IEC materials on screening and HLCs 	NCD unit Ministry of Mass Media Professional Colleges	2016-2017

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	Availability of a standardized and efficient system to produce clinical guidelines	3.1.1.h Establish a Council to produce clinical guidelines on NCDs	Professional Colleges Academia NCD unit	2019
	Availability of a well equipped PCI centre at NHSL	3.1.1.i Improve access to services to manage Cardiovascular Diseases <ul style="list-style-type: none"> provide dug therapy and counseling (including glycaemic control) for eligible people to prevent heart attack and stroke strengthen the PCI centre at NHSL with provision of equipment and human resources ensure provision of adequate human resources, technologies and other resources to function cardiac catheterization lab at NHSL for 24 hours in a phased out manner establish PCI (per cutaneous coronary intervention) centres one per province in a phased manner strengthen the transport system and train a team to manage AMI at provincial level improve availability of equipment to Cardiology Units in selected hospitals improvements to the cardiology units of selected hospitals construction of cardiac operation theatres, procurement of equipment, development and provision of equipment to cardiac ICUs in selected hospitals 	NCD unit MSD	2016
	% of trained staff available at PCI centres		MoH	2017 - 2019
	% of provinces with at least one PCI centre		MoH	2017 - 2020
	Availability of equipment for emergency management services		MoH	2017 - 2020
	Availability of emergency management services with ambulance facilities to manage AMI patients at cardiology unit, Colombo		MoH	2016
	Availability of emergency management services with ambulance facilities to manage AMI patients in other provinces		MoH	2018 - 2019
			MoH	2018 - 2019
			MoH	2018 - 2019

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	Availability of criteria to do HbA1C in medical clinics	3.1.1.j Improve access to services to manage Diabetes Mellitus <ul style="list-style-type: none"> develop criteria to do HbA1C in medical clinics provide facilities to do HbA1C in medical clinics develop / update the diabetes management guidelines services to perform monthly FBS or RBC in diabetes patients in medical clinics services to perform HbA1C once in three months until the target is achieved. Once a year after that services for yearly 24 urinary protein check in diabetes patients services yearly podiatry review of diabetes patients services for two yearly ophthalmology review of diabetes patients provisions for all diabetes patients to get statins screening of mothers who had gestational diabetes strengthen post natal programmes to target gestational diabetes women conduct programmes to reduce gestational diabetes- pre conception screening for overweight and obesity conduct programmes to reduce low birth weight 	Professional Colleges NCD unit	2017
	Availability of updated Diabetes management guidelines		MOH	2019
	% of diabetes patients investigated for HbA1C once in three months		Professional Colleges NCD unit	2016
	Availability of a updated / revised diabetes management guidelines		MOH	2017
	% of diabetes patients examined for yearly podiatry review		MOH	2018-2020
	% of diabetes patients examined for two yearly ophthalmology review		MOH	2017-2020
	% of diabetes patients on statin		MOH	2017
	% of gestational diabetes mothers screened for DM after the pregnancy		MOH	2016
			MOH	2018
			MOH	2017
	FHB	2016		
	NCD unit	2017		
	FHB	2016		

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame	
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	% school children screened for asthma	3.1.1.k Improve access to services to screen Chronic Respiratory Diseases (CRD) - Asthma and chronic obstructive Pulmonary Disease (COPD) <ul style="list-style-type: none"> screening for CRD in the schools screening for CRD in the workplaces 	NPTCCD NCD unit	2016	
	% of work places where workforce is screened for asthma		E&OH NPTCCD NCD unit	2017	
			NPTCCD NCD unit	2017	
		% of asthma patients managed according to asthma guidelines	3.1.1.l Improve access to services to manage CRD <ul style="list-style-type: none"> print and disseminate guidelines for the management of CRD improve the knowledge of the patients on asthma and using inhalers introduce self management plans for CRD patients 	NPTCCD NCD unit Professional College	2016
	% of asthma patients receiving essential drugs	Professional Colleges		2017	
	% of medical / chest clinics with essential equipment to manage asthma	Professional Colleges		2016	

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	% of asthma patients managed according to asthma guidelines % of asthma patients receiving essential drugs % of medical / chest clinics with essential equipment to manage asthma Continued.	<ul style="list-style-type: none"> • increase the availability of equipment for the diagnosis and assessment of CRD patients <ul style="list-style-type: none"> o Peak flow meters o Pulse oximeters o Spirometers 	MSD NPTCCD PDHS RDHS NCD unit	2016
		<ul style="list-style-type: none"> • establish community based palliative care for end stage COPD patients 	Professional Colleges	2019
		<ul style="list-style-type: none"> • develop guideline on management of COPD <ul style="list-style-type: none"> o Pneumococcal and influenza vaccination for COPD patients o referral of COPD patients 	Professional Colleges	2017
		<ul style="list-style-type: none"> • training of health staff on CRD <ul style="list-style-type: none"> o develop a training module o conduct training 	NPTCCD Professional Colleges	2017
		<ul style="list-style-type: none"> • improve services for recognizing and managing asthma in schools <ul style="list-style-type: none"> o training of teachers and students 	NPTCCD Professional Colleges	2017

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	Availability of a documentation procedure on asthma patients	3.1.1.m Improve availability of data on CRD <ul style="list-style-type: none"> establish a standardized documentation procedure for the CRD patients develop a data collection system of the CRD patients 	NPTCCD NCD unit Professional College	2018
	Availability of data collection system of the asthma patients		NPTCCD NCD unit Professional College	2017
	Knowledge of different community category on risk factors for asthma	3.1.1.n Increase public awareness on CRD <ul style="list-style-type: none"> develop IEC materials on CRD <ul style="list-style-type: none"> TV commercials on CRD paper advertisements on CRD conduct awareness programmes at the community, schools and work places on CRD 	NPTCCD NCD unit Professional College	2017
			NPTCCD NCD unit Professional College	2017
Availability of data on epidemiology of CRD in Sri Lanka and occupational hazards		3.1.1.o Conduct Research to identify epidemiology of CRD in Sri Lanka and occupational hazards	NPTCCD MSD NCD unit	2017

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.	No. of provinces having at least one comprehensive cancer screening service out of all provinces	3.1.1.p Improve Cancers screening services <ul style="list-style-type: none"> establish comprehensive cancer screening service at each province increase mammography capacity ensure colposcopy services are available at provincial level 	NCCP Hospital Directors of Teaching / Provincial General Hospitals	2016 - 2020
	No. of provinces having at least one mammography facility out of all provinces	<ul style="list-style-type: none"> expand the coverage of Well Women Clinic Services for cervical cancer screening & breast cancer early diagnosis at MoH level 	FHB NCCP NCD Unit PDHS	2016 - 2020
	No. of provinces having at least one colposcopy service out of all provinces	<ul style="list-style-type: none"> pilot HPV testing for cervical cancer screening 	FHB NCCP	2016 - 2017
		<ul style="list-style-type: none"> strengthen Oral potentially malignant disorders /Oral cancer screening at MoH level 	NCCP	2016
	Coverage of cervical cancer screening out of target population	<ul style="list-style-type: none"> introduction of HPV vaccination for cervical cancer prevention 	Epidemiology Unit	2017

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
<p>3.1.1. Improved access to services for early detection and management of NCDs and their risk factors Continued.</p>	Percentage of cancers detected at an early stage out of all cancers for breast, oral & cervical	<p>3.1.1.q Improve the diagnostic and treatment facilities for cancer</p> <ul style="list-style-type: none"> develop clinical management guideline for common cancers -Breast & Oral cancer 	NCCP Professional Colleges including College of Oncologists	2016-2018
		3.1.1.r Strengthen radiotherapy facilities at nine cancer treatment centres	MoH	2016-2020
	No. of cancer treatment centres having palliative care consult service out of all cancer centres	<p>3.1.1.s Improve palliative care for cancer patients</p> <ul style="list-style-type: none"> development of palliative care consult services at cancer treatment centres in phased out manner training of health staff on palliative care for cancer patients 	NCCP Hospital Directors of Teaching / Provincial General Hospitals	2016-2020
		3.1.1.t Improve public awareness on cancer	<ul style="list-style-type: none"> develop and disseminate audio / video campaigns develop & disseminate IEC materials 	NCCP Professional colleges
			NCCP	2016-2020

3.2 Health workforce

Desired outcome	Indicator	Proposed actions	Responsibility	Time Frame	
3.2.1 Availability of adequate competent health workforce for prevention, diagnosis and management of NCD	Availability of a healthcare worker in the field to do NCD activities	<p>3.2.1.a Improve availability of human resources</p> <ul style="list-style-type: none"> increase the No. of PHMM or identify a new cadre to perform NCD activities at the field level and project the required cadre 	MOH	2017	
	Availability of a training curriculum for other health staff in NCD No. of different staff categories trained on NCD		<p>3.2.1.b Capacity building of the health workers</p> <ul style="list-style-type: none"> development of a training curriculum for MO(NCD) in NCD conduct two weeks training programme for MOO(NCD), annually develop a training curriculum for other health staff in NCD introduce in service training programme on NCD of for all health category; PHNS,PHM,PHI revise the available NCD modules in basic training programme of health care workers training the paramedics attached to emergency care services 	NCD unit	2016
				NCD unit	2016-2020
				NCD unit	2017
				NCD unit	2016-20
				ET&R unit NCD unit	2016
				Academia Colleges NCD unit	2016-2020
				NCD unit	2018-2019
				NCD unit	2018 - 2019
		<p>3.2.1.c improve training facilities to train the health workers</p> <ul style="list-style-type: none"> Construction of new Provincial training centres Improvement of equipment in regional training centres 			

3.3 Community based approaches

Desired outcome	Indicator	Proposed actions	Responsibility	Time
3.3.1 Community is empowered for prevention and control of NCD	Availability of empowered community groups on NCD prevention	3.3.1.a Establish community groups to be involved in NCD activities	Provincial and district health staff HEB	2016
		3.3.1.b Formation of community/patient groups	HEB NCD unit	2017
		3.3.1.c Build the capacity of the patient groups	Professional Colleges	2016
		3.3.1.d Develop an effective model to care for patients who need long term care in NCDs	Professional Colleges	2016
		3.3.1.e. Develop guidelines to monitor community based approaches	HEB	2016
		3.3.1.f Monitor community based approaches	HEB	2017

Strategic action area 4: Surveillance, monitoring, evaluation and research

4.1 Strengthen surveillance

Desired outcome	Indicator (The section on Aligning National NCD MSAP with Global Monitoring Framework specifies the relevant global impact indicators)	Activities	Responsibility	Time frame
4.1.1 Availability of data on relationship of one risk factor and economical burden / year	Availability of timely and quality data on NCD and risk factors Availability of trained staff for data management Availability of timely and quality data on risk factors and economic burden	<p>4.1.1.a Improve staff and resources dedicated for data management in NCD</p> <ul style="list-style-type: none"> establish national surveillance and monitoring framework for NCD prevention and control provide adequate human resources to manage data at the medical Statistics Unit initiate a web based data collection system for morbidity data improve the quality of returns from HLCs obtain a software to monitor availability of drugs and equipment develop an IT system to capture the OPD data as a pilot project establish a web based data system in each HLC conduct STEP survey every 4- 5 yrs improve the quality of IMMR data (diagnosis and COD) improve the quality of Registrar General 's death data 	NCD unit	2016
			MOH	
			NCD unit Medical Statistics unit	
			NCD unit	2016
			MSD	2016
			NCD Unit Medical Statistics Unit	2016
			NCD unit	2016 - 2018
			NCD unit	2019
			Medical Statistics Unit	2016 - 2020
			Registrar General's dept Medical statistics unit	2016 - 2020

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
4.1.1 Availability of data on relationship of one risk factor and economical burden / year Continued.	Availability of timely and quality data on NCD and risk factors	<ul style="list-style-type: none"> • integrate surveillance of NCD in other national surveys <ul style="list-style-type: none"> o DHS o Census • training of MRO • training of pre intern doctors • conduct workshops to strengthen the vital registration system • conduct workshops to improve the medical cause of death reporting • carry out national school health survey • capacity building for data analysis • capacity building for data use • disseminate the results of surveillance • update cause specific mortality statistics by sex and age for the latest available year • review the current cancer registry and establish cancer registries in 2 regional referral hospitals 	Medical statistics unit	2016-2020
			Medical Statistics Unit	2016-2020
	PHC unit		2016-2020	
	Medical Statistics Unit PHC unit		2016-2020	
	Registrar General's Dept		2016-2020	
	NCD Unit		2018	
	Medical Statistics Unit		2016	
	Medical statistics unit		2016	
	Relevant units		2016	
	Medical Statistics Unit NCD unit		2016	
NCCP	2017			

4.2 Improve monitoring and evaluation

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
4.2.1 Timely reporting of information and timely review of the NCD programmes	Availability of a monitoring framework to assess progress towards the goal	4.2.1.a Develop a monitoring framework to assess progress towards the goal	NCD Unit	2016
	Reports of periodic NCD programme evaluation	4.2.1.b Conduct periodic NCD programme evaluation	NCD unit	2016
	Availability of an integrated NCD monitoring system into HMIS	4.2.1.c Integrate NCD monitoring into HMIS	Medical Statistic Unit	2017
		4.2.1.d Conduct national review meetings	NCD unit	2016
		4.2.1.e Conduct district review meetings	RDHS	2016
	Availability of a mechanism to disseminate results – Quarterly NCD Bulletin	4.2.1.f Develop a mechanism to disseminate results – Quarterly NCD Bulletin	NCD Unit	2016
	Annual report on NCD prevention and control	4.2.1.g Publish a yearly report	NCD unit	2017
	An improvea system to monitor activities in the MSAP at national, provincial and district level	4.2.1.h Monitoring and evaluation framework for health system intervention <ul style="list-style-type: none"> clinical audits to assess the adherence to guidelines 	NCD unit Academia	2018-2020
	Availability of a report on the health impact of policies in non-health sector	<ul style="list-style-type: none"> assess the health impact of policies in non-health sectors 	HITA team	2020
Availability of a capacity assessment survey report	<ul style="list-style-type: none"> conduct Capacity assessment survey 	NCD unit WHO	2016	

4.3 Strengthen research

Desired outcome	Indicator	Proposed actions	Responsibility	Time frame
4.3.1 Evidence generated and used for national policy and programmedevelopment	Availability of a mechanism to generate research evidence for NCD policy and programming	4.3.1 .a Establish a national multi -disciplinary research committee	Planning Unit NCD Unit Academia	2016-2017
		4.3.1.b Prepare a national research agenda for NCD		
		4.3.1.c Conduct priority research		
		4.3.1.d Capacity building of officers on research		
		4.3.1.e Establish a forum / committee to translate research in to policy action		
		4.3.1.f Identify the country / region specific cut - off points Eg: cut -off for the overweight and obesity, Total Cholesterol level		
		4.3.3.g Identify research questions to support the implementation, monitoring and evaluation of the NCD action plan	PGIM Academia	2016

Prioritized National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2016-2017

Strategic area 1: Advocacy, partnership and leadership 2016-2017

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
1.1 Advocacy			
NCD recognized as a priority in the national agenda	1.1.a Establish national NCD Council and convene regular meetings to coordinate and supervise, including twice a year meetings to review progress and to facilitate the implementation of the national NCD MSAP	<ul style="list-style-type: none"> MoH NCD Unit Department of National Planning 	Establishment of a National NCD Council
Advocacy to recognize NCD as a priority and to take up prevention and control of NCDs and its risk factors	1.1.b Develop advocacy packages on prevention and control of NCDs for politicians and for the health sector and non-health sectors at national, provincial and district levels.	<ul style="list-style-type: none"> HEB 	Availability of advocacy packages for various stakeholders, covering major NCDs and NCD risk factors
1.2. Partnership			
Strengthen national coordination for multisectoral actions on the prevention and Control of NCDs	1.2.a Establish provincial and district level a multi-sectoral committees to implement and monitor the policies and interventions.	<ul style="list-style-type: none"> NCD unit PDHS RDHS 	Committees established in all Districts
Place NCDs on broader health and development agenda	1.2.b Integrate the prevention and control of NCDs into national and provincial health planning processes and broader development agendas.	<ul style="list-style-type: none"> Department of National Planning NCD Unit 	Integration of NCDs as one of the criteria to assess new national and provincial level projects
	1.2.c Share global NCD targets and process indicators with the national and provincial team working on SDGs	<ul style="list-style-type: none"> Department of National Planning NCD unit 	National and provincial committee accepted the indicators identified by the NCD MSAP

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
1.3 Leadership			
Enhance the human resources at national, regional and grass root levels to perform NCD related activities	1.3.a Identify the cadre and fill the identified cadres of staff members at NCD Unit 1.3.b Capacity building of the relevant staff 1.3.c Provide infra structure facilities	<ul style="list-style-type: none"> Organizational and Development unit Planning unit 	Fully staffed NCD unit
	1.3.d Provide facilities and staff for the NCD unit to support and monitor the implementation of the NCD MSAP	<ul style="list-style-type: none"> Organizational and Development unit Planning Unit 	A mechanism to monitor and coordinate the NCD MSAP established

Strategic area 2: Health promotion and risk reduction 2016-2017

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
2.1 Reduce tobacco use			
Raise taxes and inflation adjusted prices on tobacco	2.1.a Establish a taxation mechanism for tobacco	<ul style="list-style-type: none"> NATA 	Establishment of a taxation mechanism for tobacco
Strengthen the governance and legal framework for tobacco control	2.1.b Ban of tobacco smoking in outdoor/public places 2.1.c Bring legislation on retail sales cigarettes 2.1.d Bring policies on smokeless tobacco use 2.1.e Surveillance to prevent importation e-cigarettes 2.1.f Set up a mechanism at NATA to monitor ban on advertising including community activities, illegal tobacco products available in the country and point of sale display	<ul style="list-style-type: none"> NATA 	Draft legislation available
Strengthen the services available for tobacco cessation	2.1 g Review evidence and prepare a technical report on tobacco cessation service development in SL	<ul style="list-style-type: none"> NATA 	Technical report on tobacco cessation service development
	2.1.h Strengthen and build the capacity of the tobacco cessation hotline	<ul style="list-style-type: none"> NATA 	Availability of an effective tobacco cessation hotline

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
2.2 Reduce alcohol use			
Update guidelines on drink driving and ensure enforcement	2.2.a Conduct workshop with relevant stakeholders to update the guidelines	<ul style="list-style-type: none"> NATA 	Guidelines on drink driving available
Taxation mechanism for alcohol	2.2.b Develop strategy with stakeholders for developing taxation mechanisms	<ul style="list-style-type: none"> NATA 	Relevant taxation strategy available
Implement national policy to reduce alcohol use	2.2.c Develop a national plan to implement the policy to reduce alcohol use	<ul style="list-style-type: none"> Mental Health Unit 	National implementation plan of policy on alcohol control available
2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans-fat, free sugar and salt			
Policy to promote healthy diets and to reduce exposure to unhealthy foods through mass media and all forms of advertising	2.3.a Develop policies and guidelines to reduce marketing of unhealthy foods to children	<ul style="list-style-type: none"> NCD Unit 	Guideline to reduce marketing of unhealthy food and drinks for children
	2.3.b Conduct nutrition profiling workshop to create a nutrition profile	<ul style="list-style-type: none"> Nutrition Division 	
	2.3.c Develop food composition tables	<ul style="list-style-type: none"> MRI 	Food composition tables available
	2.3.d Set up a committee to review food advertisement	<ul style="list-style-type: none"> E & OH 	

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans-fat, free sugar and salt			
Policy to promote healthy diets and to reduce exposure to unhealthy foods through mass media and all forms of advertising	2.3.e Create a mechanism for monitoring of unhealthy food and drink advertisements and complaints	<ul style="list-style-type: none"> E & OH 	Having a functional process in place to handle complaints
Develop and implement a national salt reduction strategy	2.3.f Conduct a national survey to identify common sources of salt in SL diet and salt intake levels	<ul style="list-style-type: none"> Nutrition Division 	Mean pop salt intake level available
	2.3.g Develop national salt reduction strategy and advocate recommended salt consumption	<ul style="list-style-type: none"> NCD Unit 	Draft national salt reduction strategy available
Nutrition labeling and information	2.3.h Introduce traffic light system for salt, sugar and saturated fat, trans fat, energy content	<ul style="list-style-type: none"> E & OH 	Nutrition labeling guideline available
Taxation mechanism to reduce unhealthy foods	2.3.i Establish policies on taxes to discourage consumption of unhealthy food high in fat, sugar and salt	<ul style="list-style-type: none"> E & OH 	Availability of the Sri Lankan taxation policy to discourage unhealthy foods
Subsidies for fruits and vegetables	2.3.j Measures to increase production, access and availability of fruits and vegetables	<ul style="list-style-type: none"> Ministry of Agriculture 	Economic subsidies are available to increase the availability and access to fruits and vegetables

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans-fat, free sugar and salt			
Develop a strategy to address trans-fats	2.3.k Conduct a survey to identify sources of trans-fat and baseline levels	<ul style="list-style-type: none"> MRI 	Report on sources of trans-fat and baseline levels
	2.3.l Develop a national strategy to address trans-fats	<ul style="list-style-type: none"> NCD Unit 	National strategy on trans fats available
2.4 Promote Physical activity			
Policies with local governments to include space for physical activity Facilities at schools, work-places, schools and communities for physical activity	2.4.a Develop policies , guidelines and provide facilities to do PA in workplaces	<ul style="list-style-type: none"> Ministry of Sports Local Governments E & OH 	Policies available
	2.4.b Improve availability of sports equipment in schools and availability of facilities to do PA in schools	<ul style="list-style-type: none"> Ministry of Education Ministry of Sports 	Facilities available in schools and work places
	2.4.c Improve awareness and availability of facilities to do PA in the community	<ul style="list-style-type: none"> Local Governments Ministry of Sports 	Availability of facilities to do PA in the community
Promote healthy lifestyle to control obesity among school children	2.4.d Develop a teaching module on obesity management guidelines and establish obesity management clinics	<ul style="list-style-type: none"> NCD Unit Professional Colleges 	Health-promoting School initiative addressing obesity among school children

Prioritized actions	Detailed activities	Lead agency	Milestones 2018
2.5 Promote healthy behaviors and reduce NCDs in key settings			
Mapping community based multisectoral interventions to promote healthy lifestyles	2.5.a Workshops at MOH level with other officials to map stakeholders and to design health promotion activities	<ul style="list-style-type: none"> • HEB 	Workshop report available
Community based multisectoral interventions to promote healthy lifestyles	2.5.b Establish health promotion settings <ul style="list-style-type: none"> • establish healthy villages • establish healthy promoting schools • establish healthy workplaces 	<ul style="list-style-type: none"> • HEB 	Guide on community based health promotion at village level.
Mass media campaign for NCD risk factors	2.5.c Revise the NCD communication strategy	<ul style="list-style-type: none"> • HEB 	Finalized NCD communication strategy
	2.5.d Conduct mass media campaign through electronic, print and online media	<ul style="list-style-type: none"> • NCD Unit • HEB • NCD Unit 	Evaluation report of the mass media campaign for first 2 years
2.6 Reduce Household air pollution			
Strategy to increase the uptake of improved cook stoves	2.6.a Develop a strategy to increase the uptake of improved cook stoves	<ul style="list-style-type: none"> • Ministry of Environment 	
Subsidize the clean fuel for cooking	2.6.b Advocacy with stakeholders to promote clean fuel for cooking	<ul style="list-style-type: none"> • Department of Sustainable Energy 	

Strategic area 3: Health system strengthening for early detection and management of NCDs and their risk factors 2016-2017

Prioritized actions	Activities	Lead agency	Milestones 2018
3.1 Access to health service			
Improve early detection of NCDs and risk factors and provide counseling	3.1.a Review the Healthy Lifestyle centre guidelines	<ul style="list-style-type: none"> NCD Unit 	Revised guidelines for NCD screening available
	3.1.b Revise the basic package for NCD screening <ul style="list-style-type: none"> HLCs Workplaces mobile clinics 	<ul style="list-style-type: none"> NCD Unit 	The basic package for NCD screening revised
	3.1.c Expand screening programme for cervical cancer, breast cancer, and oral cancer hepatitis B specific population groups	<ul style="list-style-type: none"> NCCP 	
Improve management of NCDs	3.1.d Revise NCD management guidelines to be used in PHCs	<ul style="list-style-type: none"> NCD Unit 	revised NCD management guidelines to be used in PHCs available
	3.1.e Provide drug therapy and counselling (including glycaemic control) for eligible people receive to prevent heart attacks and strokes	<ul style="list-style-type: none"> MSD 	60% eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	3.1.f Integrate the NCD management into the PHC system	<ul style="list-style-type: none"> PHC unit 	Plan for integration of NCD management into the PHC system available

Prioritized actions	Activities	Lead agency	Milestones 2018
3.1 Access to health service			
Improve management of NCDs	3.1.g Review and update guidelines for managing major NCDs	<ul style="list-style-type: none"> NCD Unit 	Guidelines for managing the major NCDs
	3.1.h Establish a referral and back referral system at PMCU for NCDs	<ul style="list-style-type: none"> PHC Unit 	Finalized guideline on referral system at PMCU for NCDs
Improve the quality of care and outcome of NCD management	3.1.i Establish a quality assurance system for PMCU to improve the quality of care with focus on clinical services quality standards, management systems and risk management	<ul style="list-style-type: none"> PHC Unit 	Establishment of a quality assurance system for PMCU
Improve palliative and terminal care for NCD	3.1.j Develop terminal and palliative care protocols for cancers, CVDs, COPDs, diabetes, and conduct trainings of multidisciplinary health care providers	<ul style="list-style-type: none"> NCCP 	Terminal and palliative care protocols for cancers, CVDs, COPDs, diabetes available
Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases	3.1.k Establish a mechanism to ensure availability of essential NCD drugs according the essential drug list at all levels, including provision of facilities for timely supply of drugs and equipment	<ul style="list-style-type: none"> MSD 	Essential medicines and equipments are available according to the list at all facilities
	3.1.l Revise the essential technologies and equipment list	<ul style="list-style-type: none"> NCD Unit 	Revised list on essential technologies and equipments for NCD care

Prioritized actions	Activities	Lead agency	Milestones 2018
3.1 Access to health service			
Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases	3.1.m Improve facilities to do Fasting Lipid profile at DGH and above facilities and develop criteria to do HBA1c in medical clinics	<ul style="list-style-type: none"> NCD Unit 	Facilities for NCD investigations are available at relevant facilities
	3.1.n Ensure colposcopy is available at all DGHs	<ul style="list-style-type: none"> NCCP 	
Improve Information system for NCD management	3.1.o Software to monitor availability of drugs and equipment	<ul style="list-style-type: none"> MSD 	Functioning IT system linking all the government institutions
	3.1.p Develop an IT system to capture the OPD data as a pilot project	<ul style="list-style-type: none"> NCD Unit 	
	3.1.q Introduce a personal health records system	<ul style="list-style-type: none"> NCD Unit 	Personal health record books available
3.2 Health Workforce			
Improve health workforce knowledge and skills on NCDs including addressing risk factors	3.2.a Identify required health workforce and project the required cadre	<ul style="list-style-type: none"> Organizational and Development Unit 	A document with a list of cadre required at each level and their duties
	3.2.b Revise the available NCD modules in basic training programme of health care workers	<ul style="list-style-type: none"> ET &R 	Availability of NCD training modules for basic training programme of health care workers

Strategic area 4: Surveillance, monitoring, evaluation and research 2016-2017

Prioritized actions	Activities	Lead agency	Milestones 2018
4.1 Strengthen surveillance			
Implement/strengthen the NCD surveillance framework	4.1.a Establish national surveillance and monitoring framework for NCD prevention and control	<ul style="list-style-type: none"> NCD Unit 	Establishment of the national surveillance and monitoring framework for NCD prevention and control
	4.1.b improve the quality of IMMR data (diagnosis and COD)	<ul style="list-style-type: none"> Medical Statistics Unit 	Available quality data on NCD and risk factors, including national statistical model available to project NCD mortality and estimate the prevalence data for target risk factors
	4.1.c Conduct the STEPS survey to provide follow up data	<ul style="list-style-type: none"> NCD Unit 	Report of STEPS survey available
	4.1.d Conduct National School Health survey	<ul style="list-style-type: none"> NCD Unit 	
	4.1.e Establish the online system to monitor the availability of essential NCD drugs and essential technologies at healthcare facilities	<ul style="list-style-type: none"> MSD 	A function system which provides weekly reports on essential drugs and technologies
	4.1.f Review the current cancer registry and establish cancer registries in two regional referral hospitals	<ul style="list-style-type: none"> NCCP 	Report of reviewing the current cancer registry available

Prioritized actions	Activities	Lead agency	Milestones 2018
4.2 Improving monitoring and evaluation			
Improve systems to monitor activities in the multisectoral action plan	4.2.a Develop a monitoring framework to assess progress towards the goal	<ul style="list-style-type: none"> NCD Unit 	Monitoring system in place with trained staff members at national, provincial and district level
	4.2.b Conduct baseline survey in health facilities and patients seeking care for NCD	<ul style="list-style-type: none"> NCD Unit 	
	4.2 c Clinical audits to assess adherence to guidelines	<ul style="list-style-type: none"> Planning Unit 	
4.3 Strengthen research			
Research agenda	4.3.a Identify research questions to support the implementation, monitoring and evaluation of the NCD action plan	<ul style="list-style-type: none"> NCD Unit 	A list of useful research questions available for researchers

Summary of targets and monitoring framework of the Prioritized National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases

Summary of targets and monitoring framework of the Prioritized National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases

	Baseline	Target 2020	Target 2025	Indicator	Measurement Technique
Premature mortality from NCD	17.6% [1]	10% relative reduction	25 % relative reduction	Mortality of NCD (Unconditional probability of dying)	Death registry
Physical inactivity	25% [2]	5% relative reduction	10% relative reduction	prevalence of insufficiently physically active among adults	STEPS survey
Salt/sodium intake	8.4 gram/day	10% relative reduction	30% relative reduction	mean population intake of salt in persons aged 18+ years	Appropriate method should be developed
Tobacco use (among males)	29.8% [3]	15% relative reduction	30% relative reduction	Prevalence of current tobacco use among adults	STEPS survey
Use of alcohol (among males)	26% [4]	5% relative reduction	10% relative reduction in the use of alcohol	Prevalence of current alcohol use among adults	STEPS survey
Raised blood Pressure	16.1% [5]	12.5% relative reduction	25% relative reduction	Prevalence of raised blood pressure among adults	STEPS survey
Diabetes and obesity	4.7% [6]	Halt the rise	Halt the raise in diabetes & obesity	Prevalence of raised blood glucose/diabetes among adults	STEPS survey

	Baseline	Target 2020	Target 2025	Indicator	Measurement Technique
Drug therapy to prevent CVD	Not available	At least 25% of eligible people to receive	At least 50% of eligible people to receive	Proportion of eligible persons receiving NCD care	Appropriate method should be developed
Essential NCDs medicines and basic technologies to treat major NCDs	43.4% [7]	80% available in 50% of the institutions	80% availability in all the relevant institutions	Availability of essential NCDs medicines,	Appropriate method should be developed
households using solid fuels as the primary source of cooking	not available	25% relative reduction	A 50% relative reduction in the proportion of households	proportion of households using solid fuels as the primary source of cooking	Appropriate method should be developed

- [1] Estimates 2012 WHO
- [2] Low level of total physical activity, STEPS Survey, 2008
- [3] Daily and non-daily smokers among males STEPS Survey, 2008
- [4] Current drinkers (past 30 days) among males STEPS Survey, 2008
- [5] Raised blood pressure excluding those on medication, STEPS Survey, 2008
- [6] Obesity (those with BMI>30), STEPS Survey, 2008
- [7] Primary Health Care Institutions having one month's buffer stock for 16 essential NCD, 2014, World Bank SHSDP data

Aligning the National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2020 with the Global Process Indicators and Monitoring Framework

Strategic area 1: Advocacy, partnership and leadership

Prioritized actions	Activities	Milestones 2018	Global Process Indicators[18]	Global Monitoring Indicators (25)
1.1 Advocacy				
NCD recognized as a priority in the national agenda	1.1.a Establish national NCD Council and convene regular meetings to coordinate and supervise, including twice a year meetings to review progress and to facilitate the implementation of the national NCD MSAP	Establishment of a National NCD Council		
Advocacy to recognize NCD as a priority and to take up prevention and control of NCDs and its risk factors	1.1.b. Develop advocacy packages on prevention and control of NCDs for politicians and for the health sector and non- health sectors at national, provincial and district levels.	Availability of advocacy packages for various stakeholders, covering major NCDs and NCD risk factors		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
1.2 Partnership				
Strengthen national coordination for multisectoral actions on the prevention and Control of NCDs	1.2.a Establish provincial and district level a multi-sectoral committees to implement and monitor the policies and interventions.	Committees established in all Districts	<ul style="list-style-type: none"> National NCD targets and indicators National NCD policy/strategy/action plan 	
Place NCDs on broader health and development agenda	1.2.b Integrate the prevention and control of NCDs into national and provincial health planning processes and broader development agendas.	Integration of NCDs as one of the criteria to assess new national and provincial level projects		
	1.2.c Share global NCD targets and process indicators with the national and provincial team working on SDGs	National and provincial committee accepted the indicators identified by the NCD MSAP		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
1.3 Leadership				
Enhance the human resources at national, regional and grass root levels to perform NCD related activities	1.3.a Identify the cadre and fill the identified cadres of staff members at NCD Unit 1.3.b Capacity building of the relevant staff 1.3.c Provide infra structure facilities	Fully staffed NCD unit		
	1.3.d Provide facilities and staff for the NCD unit to support and monitor the implementation of the NCD MSAP	A mechanism to monitor and coordinate the NCD MSAP established		

Strategic area 2: Health promotion and risk reduction

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.1 Reduce tobacco use				
Raise taxes and inflation adjusted prices on tobacco	2.1.a Establish a taxation mechanism for tobacco	Establishment of a taxation mechanism for tobacco	5.a. Tobacco taxation implemented 5b. Tobacco smoke-free policies	<ul style="list-style-type: none"> • Prevalence of current tobacco use among adolescents. • Age-standardized prevalence of current tobacco use among persons aged 18+ years.
Strengthen the governance and legal framework for tobacco control	2.1.b Ban of tobacco smoking in outdoor/public places 2.1.b Bring legislation on retail sales cigarettes 2.1.c Bring policies on smokeless tobacco use 2.1.d Surveillance to prevent importation e-cigarettes	Draft legislation available	5.c. Tobacco health warnings 5.d. Tobacco advertising bans]	
	2.1.e Set up a mechanism at NATA to monitor ban on advertising including community activities, illegal tobacco products available in the country and point of sale display			

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.1 Reduce tobacco use				
Strengthen the services available for tobacco cessation	2.1 g Review evidence and prepare a technical report on tobacco cessation service development in SL	Technical report on tobacco cessation service development		
	2.1.h Strengthen and build the capacity of the tobacco cessation hotline	Availability of an effective tobacco cessation hotline		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators[18]	Global Monitoring Indicators [25]
2.2 Reduce the use of alcohol				
Update guidelines on drink driving and ensure enforcement	2.2.a Conduct workshop with relevant stakeholders to update the guidelines	Guidelines on drink driving available	<ul style="list-style-type: none"> • 6a. Alcohol availability regulations, • 6.b. Alcohol advertising and promotion bans, • 6.c. Alcohol pricing policies, 	<ul style="list-style-type: none"> • Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context • Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate within the national context. • Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context.
Taxation mechanism for alcohol	2.2.b Develop strategy with stakeholders for developing taxation mechanisms	Relevant taxation strategy available		
Implement national policy to reduce alcohol use	2.2.c Develop a national plan to implement the policy to reduce alcohol use	National implementation plan of policy on alcohol control available		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans-fat, free sugar and salt				
Policy to promote healthy diets and to reduce exposure to unhealthy foods through mass media and all forms of advertising	2.3.a Develop policies and guidelines to reduce marketing of unhealthy foods to children	Guideline to reduce marketing of unhealthy food and drinks for children	<ul style="list-style-type: none"> • 7.c. Marketing to children restrictions • 7d. Marketing of breast-milk substitutes restrictions 	
	2.3.b Conduct nutrition profiling workshop to create a nutrition profile			
	2.3.c Develop food composition tables	Food composition tables available		
	2.3.d Set up a committee to review food advertisement			
	2.3.e Create a mechanism for monitoring of unhealthy food and drink advertisements and complaints	Having a functional process in place to handle complaints		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans-fat, free sugar and salt				
Develop and implement a national salt reduction strategy	2.3.f Conduct a national survey to identify common sources of salt in SL diet and salt intake levels	Mean pop salt intake level available	<ul style="list-style-type: none"> 7.a. Salt/sodium policies 	<ul style="list-style-type: none"> Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.
	2.3.g Develop national salt reduction strategy and advocate recommended salt consumption	Draft national salt reduction strategy available		
Nutrition labeling and information	2.3.h introduce traffic light system for salt, sugar and saturated fat, trans fat, energy content	Nutrition labeling using traffic light system available		
Taxation mechanism to reduce unhealthy foods	2.3.i Conduct a workshop for national multi-sectoral team with WHO to develop a taxation mechanism for unhealthy food establish policies on taxes to discourage consumption of unhealthy food high in fat, sugar and salt	Availability of the Sri Lankan taxation policy to discourage unhealthy foods		
Subsidies for fruits and vegetables	2.3.j Measures to increase production, access and availability of fruits and vegetables	Economic subsidies are available to increase the availability and access to fruits and vegetables		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.3 Promote healthy diet high in fruit and vegetables and low in saturated fat/trans-fat, free sugar and salt				
Develop a strategy to address trans-fats	2.3.i kConduct a survey to identify sources of trans-fat and baseline levels	Report on sources of trans-fat and baseline levels		
	2.3.l Develop a national strategy to address trans-fats	National strategy on trans fats available		
2.4 Promote physical activity				
Policies with local governments to include space for physical activity Facilities at schools, workplaces and communities for physical activity	2.4.a Develop policies , guidelines and provide facilities to do PA in workplaces	Policies available	<ul style="list-style-type: none"> 8. Public awareness on diet and/or physical activity 	<ul style="list-style-type: none"> Prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent).

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.4 Promote physical activity				
Policies with local governments to include space for physical activity Facilities at schools, workplaces and communities for physical activity	2.4.b Improve availability of sports equipment in schools and availability of facilities to do PA in schools	Facilities available in schools and work places	<ul style="list-style-type: none"> 8. Public awareness on diet and/or physical activity 	<ul style="list-style-type: none"> Prevalence of insufficiently physically active adolescents defined as less than 60 minutes of moderate to vigorous intensity activity daily. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent).
	2.4.c Improve awareness and availability of facilities to do PA in the community	Availability of facilities to do PA in the community		
Promote healthy lifestyle to control obesity among school children	2.4.d develop a teaching module on obesity management guidelines and establish obesity management clinics	Health-promoting School initiative addressing obesity among school children		
2.5 Health promotion and healthy settings				
Mapping community based multisectoral interventions to promote healthy lifestyles	2.5.a Workshops at MOH level with other officials to map stakeholders and to design health promotion activities	Workshop report available		
Community based multi-sectoral interventions to promote healthy lifestyles	2.5.b Integrate risk factor approach through community level health education and health promotion programmes	Guide on community based health promotion at village level.		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
2.5 Health promotion and healthy settings				
Mass media campaign for NCD risk factors	2.5.c Revise the NCD communication strategy	Finalized NCD communication strategy		
	2.5.d Conduct mass media campaign through electronic, print and online media	Evaluation report of the mass media campaign for first 2 years		
2.6 Reduce household air pollution				
Strategy to increase the uptake of improved cook stoves	2.6.a Develop a strategy to increase the uptake of improved cook stoves	A programme to promote improved cooked stoves		
Subsidize the clean fuel for cooking	2.6.b Advocacy with stakeholders to promote clean fuel for cooking	Subsidies for clean fuel for cooking		

Strategic area 3: Health system strengthening for early detection and management of NCDs and their risk factors

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
3.1 Access to health service				
Improve early detection of NCDs and risk factors, and provide counseling	3.1.a Review the Healthy Lifestyle centre guidelines	Revised guidelines for NCD screening available	<ul style="list-style-type: none"> Guidelines for the management of major NCDs Drug therapy/ counselling for high-risk persons 	<ul style="list-style-type: none"> Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory disease Proportion of eligible persons (defined as aged 40 years and over with a 10-year cardiovascular risk $\geq 30\%$, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	3.1.b Revise the basic package for NCD screening <ul style="list-style-type: none"> o HLCs o Workplaces o mobile clinics 	The basic package for NCD screening revised		
	3.1.c Expand screening programme for cervical cancer, breast cancer, and oral cancer hepatitis B specific population groups			
Improve management of NCDs	3.1.d Revise NCD management guidelines to be used in PHCs	revised NCD management guidelines to be used in PHCs available		
	3.1.e Provide drug therapy and counselling (including glycaemic control) for eligible people receive to prevent heart attacks and strokes	60% eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
3.1 Access to health service				
Improve management of NCDs	3.1.f Integrate the NCD management into the PHC system	Plan for integration of NCD management into the PHC system available	<ul style="list-style-type: none"> Guidelines for the management of major NCDs Drug therapy/ counselling for high-risk persons 	<ul style="list-style-type: none"> availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities
	3.1.g Review and update guidelines for managing major NCDs	Guidelines for managing the major NCDs available		
	3.1.h Establish a referral and back referral system at PMCU for NCDs	Finalized guideline on referral system at PMCU for NCDs		
Improve the quality of care and outcome of NCD management	3.1.i Establish a quality assurance system for PMCU to improve the quality of care with focus on clinical services quality standards, management systems and risk management	Establishment of a quality assurance system for PMCU		
Improve palliative and terminal care for NCD	3.1.j Develop terminal and palliative care protocols for cancers, CVDs, COPDs, diabetes, and conduct trainings of multidisciplinary health care providers	Terminal and palliative care protocols for cancers, CVDs, COPDs, diabetes available		

Prioritized actions	Activities	Milestones 2018	Global Process Indicators(18)	Global Monitoring Indicators (25)
3.1 Access to health service				
Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases	3.1.k Establish a mechanism to ensure availability of essential NCD drugs according to the essential drug list at all levels, including provision of facilities for timely supply of drugs and equipment	Essential medicines and equipment are available according to the list at all facilities		
	3.1.l Revise the essential technologies and equipment list	Revised list on essential technologies and equipment for NCD care		
	3.1.m Improve facilities to do Fasting Lipid profile at DGH and above facilities and develop criteria to do HBA1c in medical clinics	Facilities for NCD investigations are available at relevant facilities		
	3.1.n Ensure colposcopy is available at all DGHs			

Prioritized actions	Activities	Milestones 2018	Global Process Indicators (18)	Global Monitoring Indicators (25)
3.1 Access to health service				
Improve Information system for NCD management	3.1.o Software to monitor availability of drugs and equipments	Functioning IT system linking all the government institutions		
	3.1.p develop an IT system to capture the OPD data as a pilot project			
	3.1.q Introduce a personal health records system	Personal health record books available		
3.2 Health Workforce				
Improve health workforce knowledge and skills on NCDs including addressing risk factors	3.2.a Identify required health workforce and project the required cadre	A document with a list of carder required at each level and their duties		
	3.2.b Revise the available NCD modules in basic training programme of health care workers	Availability of NCD training modules for basic training programme of health care workers		

Strategic area 4: Surveillance, monitoring, evaluation and research

Prioritized actions	Activities (10)	Milestones 2018	Global Process indicators	Global Monitoring Indicators
4.1 Strengthen surveillance				
Implement/strengthen the WHO surveillance framework	4.1.a Establish national surveillance and monitoring framework for NCD prevention and control	Establishment of the national surveillance and monitoring framework for NCD prevention and control	<ul style="list-style-type: none"> • Mortality data • Risk factor surveys 	<ul style="list-style-type: none"> • Unconditional probability of dying between ages 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
	4.1.b Improve the quality of IMMR data (diagnosis and COD)	available quality data on NCD and risk factors, including national statistical model available to project NCD mortality and estimate the prevalence data for target risk factors		
	4.1.c Conduct the STEPS survey to provide follow up data	Report of STEPS survey available		
	4.1.d Conduct National School Health survey			

Prioritized actions	Activities (10)	Milestones 2018	Global Process indicators	Global Monitoring Indicators
4.1 Strengthen surveillance				
	4.1.e Establish the online system to monitor the availability of essential NCD drugs and essential technologies at healthcare facilities	A function system which provides weekly reports on essential drugs and technologies		
	4.1.f Review the current cancer registry and establish cancer registries in two regional referral hospitals	Report of reviewing the current cancer registry available		
4.2 Improving monitoring and evaluation				
Improve systems to monitor activities in the multisectoral action plan	4.2.a Develop a monitoring framework to assess progress towards the goal	Monitoring system in place with trained staff members at national, provincial and district level		
	4.2.b Conduct baseline survey in health facilities and patients seeking care for NCD			
	4.2.c Clinical audits to assess adherence to guidelines			

Prioritized actions	Activities (10)	Milestones 2018	Global Process indicators	Global Monitoring Indicators
4.3 Strengthen research				
Research agenda	4.3.a Identify research questions to support the implementation, monitoring and evaluation of the NCD action plan	A list of useful research questions available for researchers		

A Framework for Monitoring the progress in implementing National Multisectoral Action Plan for Prevention and Control of NCD 2016 - 2020

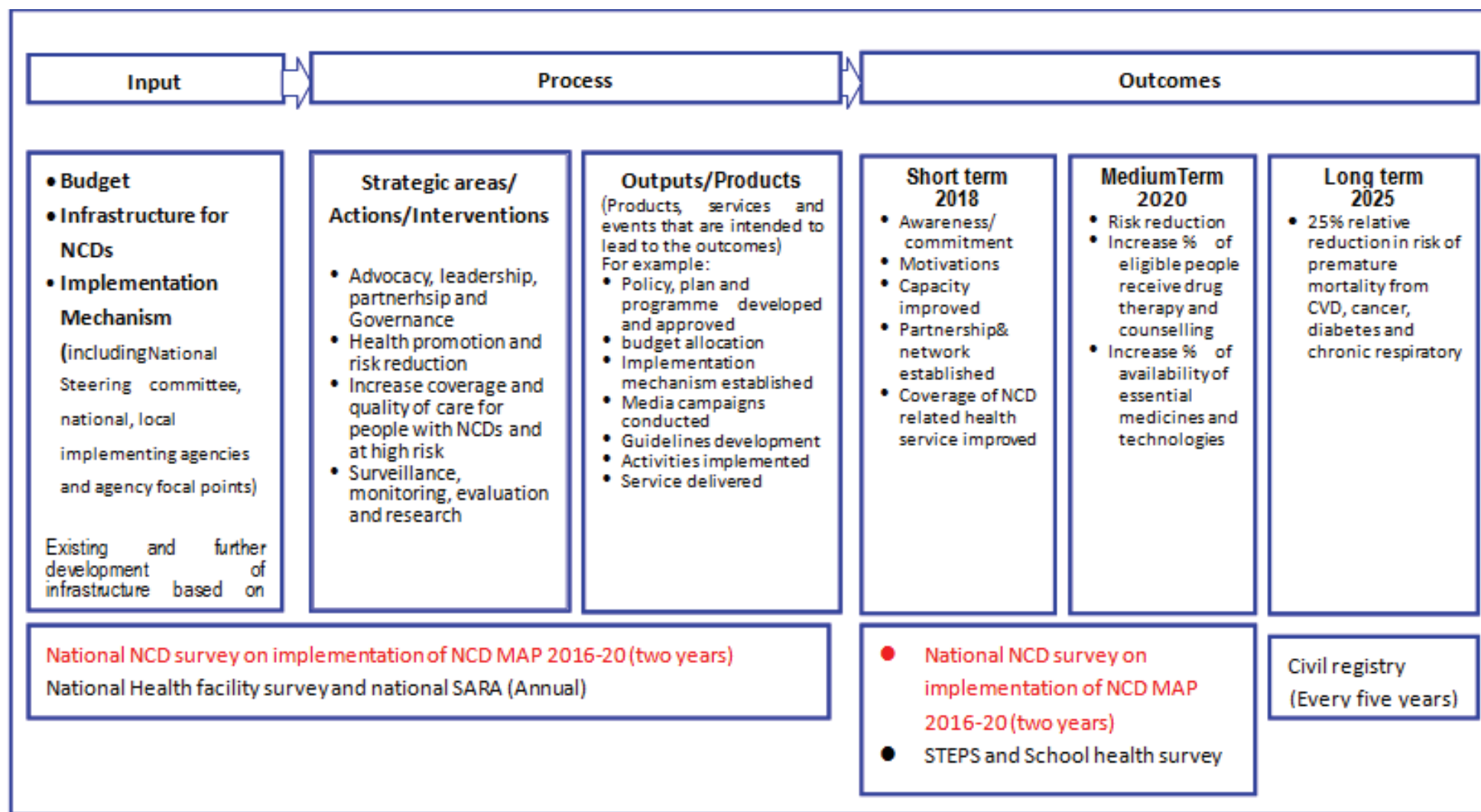


Figure 1: National Monitoring Framework of development and implementation of NCD MAP 2016 - 2020, Sri Lanka

Activities in the Prioritized National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2017

Monitoring of the progress

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator		Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 1: Advocacy, partnership and leadership													
1.1													
1.1.a	Establish national NCD Council and convene regular meetings to coordinate and supervise, including twice a year meetings to review progress and to facilitate the implementation of the national NCD MSAP												
1.1.b	Develop advocacy packages on prevention and control of NCDs for politicians and for the health sector and non- health sectors at national, provincial and district levels.												
1.2 Partnership													
1.2.a	Establish provincial and district level a multi-sectoral committees to implement and monitor the policies and interventions.												
1.2.b	Integrate the prevention and control of NCDs into national and provincial health planning processes and broader development agendas												
1.2.c	Share global NCD targets and process indicators with the national and provincial team working on SDGs	y											
1.2.c	Share global NCD targets and process indicators with the national and provincial team working on SDGs	y											
1.3 Leadership													
1.3.a	Identify the cadre and fill the identified cadres of staff members at NCD Unit												
1.3.b	Capacity building of the relevant staff												
1.3.c	Provide infra structure facilities												
1.3.d	Provide facilities and staff for the NCD unit to support and monitor the implementation of the NCD MSAP												

**Activities in the Prioritized National
Multisectoral Action Plan for the Prevention
and Control of NCDs 2016-2017**

Monitoring of the progress

	Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017			
	Global Process indicator	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 2: Health promotion and risk reduction													
2.1 Reduce tobacco use													
2.1.a	Establish a taxation mechanism for tobacco	Y											
2.1.b	Ban of tobacco smoking in outdoor/public places	Y											
2.1.c	Bring legislation on retail sales cigarettes												
2.1.d	Bring policies on smokeless tobacco use	Y											
2.1.e	Surveillance to prevent importation e-cigarettes												
2.1.f	Set up a mechanism at NATA to monitor ban on advertising including community activities, illegal tobacco products available in the country and point of sale display	Y											
2.1.g	Review evidence and prepare a technical report on tobacco cessation service development in SL												
2.1.h	Strengthen and build the capacity of the tobacco cessation hotline												
2.2 Reduce the use of alcohol													
2.2.a	Conduct workshop with relevant stakeholders to update the guidelines												
2.2.b	Develop strategy with stakeholders for developing taxation mechanisms	Y											
2.2.c	Develop a national plan to implement the policy to reduce alcohol use	Y											

Activities in the Prioritized National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2017

Monitoring of the progress

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator		Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 2: Health promotion and risk reduction													
2.3	Promote healthy diet high in fruit and vegetables and low in saturated fat/trans fat, free sugar and salt												
2.3.a	Develop policies and guidelines to reduce marketing of unhealthy foods to children	y											
2.3.b	Conduct nutrition profiling workshop to create a nutrition profile												
2.3.c	Develop food composition tables												
2.3.d	Set up a committee to review food advertisement												
2.3.e	Create a mechanism for monitoring of unhealthy food and drink advertisements and complaints												
2.3.f	Conduct a national survey to identify common sources of salt in SL diet and salt intake levels												
2.3.g	Develop national salt reduction strategy and advocate recommended salt consumption	y											

Activities in the Prioritized National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2017

Monitoring of the progress

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process Indicator		Not started	In progress	Completed	Not started	In progress	Completed	Not started	In progress	Completed	Not started	In progress	Completed
Strategic area 2: Health promotion and risk reduction													
2.3.h	introduce traffic light system for salt, sugar and saturated fat, trans fat, energy content												
2.3.i	Establish policies on taxes to discourage consumption of unhealthy food high in fat, sugar and salt												
2.3.j	Measures to increase production, access and availability of fruits and vegetables												
2.3.k	Conduct a survey to identify sources of trans-fat and baseline levels												
2.3.l	Develop a national strategy to address trans-fats	y											
2.4 Promote physical activity													
2.4.a	Develop policies , guidelines and provide facilities to do PA in workplaces												
2.4.b	Improve availability of sports equipment in schools and availability of facilities to do PA in schools												
2.4.c	Improve awareness and availability of facilities to do PA in the community	y											
2.4.d	Develop a teaching module on obesity management guidelines and establish obesity management clinics												

**Activities in the Prioritized National
Multisectoral Action Plan for the Prevention
and Control of NCDs 2016-2017**

Monitoring of the progress

	Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 2: Health promotion and risk reduction												
2.5 Health promotion and healthy settings												
2.5.a Workshops at MOH level with other officials to map stakeholders and to design health promotion activities												
2.5.b Integrate risk factor approach through community level health education and health promotion programmes												
2.5.c Revise the 2010 NCD communication strategy												
2.5.d Conduct mass media campaign through electronic, print and online media												
2.6 Reduce household air pollution												
2.6.a Develop a strategy to increase the uptake of improved cook stoves												
2.6.b Advocacy with stakeholders to promote clean fuel for cooking												

Activities in the Prioritized National
Multisectoral Action Plan for the
Prevention and Control of NCDs 2016-2017

Monitoring of the progress

	Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 3: Health system strengthening for early detection and management of NCDs and their risk factors												
3.1 Access to health service												
3.1.a Review the Healthy Lifestyle centre guidelines												
3.1.b Revise the basic package for NCD screening <ul style="list-style-type: none"> o HLCs o Workplaces o mobile clinics 												
3.1.c Expand screening programme for cervical cancer, breast cancer, and oral cancer hepatitis B specific population groups												
3.1.d Revise NCD management guidelines to be used in PHCs	y											
3.1.e Provide drug therapy and counselling (including glycaemic control) for eligible people receive to prevent heart attacks and strokes	y											
3.1.f Integrate the NCD management into the PHC system												

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017			
Strategic area 3: Health system strengthening for early detection and management of NCDs and their risk factors		Global Process indicator	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
3.1.g	Review and update guidelines for managing the major NCDs	Y												
3.1.h	Establish a referral and back referral system at PMCU for NCDs													
3.1.i	Establish a quality assurance system for PMCU to improve the quality of care with focus on clinical services quality standards, management systems and risk management													
3.1.j	Develop terminal and palliative care protocols for cancers, CVDs, COPDs, diabetes, and conduct trainings of multidisciplinary health care providers													
3.1.k	Establish a mechanism to ensure availability of essential NCD drugs according the essential drug list at all levels, including provision of facilities for timely supply of drugs and equipment													
3.1.l	Revise the essential technologies and equipment list for NCD care													
3.1.m	Improve facilities to do Fasting Lipid profile at DGH and above facilities and develop criteria to do HBA1c in medical clinics													

Activities in the Prioritized National
Multisectoral Action Plan for the
Prevention and Control of NCDs
2016-2017

Monitoring of the progress

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator		Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 3: Health system strengthening for early detection and management of NCDs and their risk factors													
3.1.l	Revise the essential technologies and equipment list for NCD care												
3.1.m	Improve facilities to do Fasting Lipid profile at DGH and above facilities and develop criteria to do HBA1c in medical clinics												
3.1.n	Ensure colposcopy is available at all DGHs												
3.1.o	Software to monitor availability of drugs and equipments												
3.1.p	develop an IT system to capture the OPD data as a pilot project												
3.1.q	Introduce a personal health records system												

Activities in the Prioritized
National Multisectoral Action
Plan for the Prevention and
Control of NCDs 2016-2017

Monitoring of the progress

	Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 3: Health system strengthening for early detection and management of NCDs and their risk factors												
3.2 Health workforce												
3.2.a Identify required health workforce and project the required cadre												
3.2.b revise the available NCD modules in basic training programme of health care workers												

Activities in the Prioritized National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2017

Monitoring of the progress

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Strategic area 4: Surveillance, monitoring, evaluation and research	Global Process indicator	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
4.1	Strengthen surveillance												
4.1.a	Establish national surveillance and monitoring framework for NCD prevention and control												
4.1.b	improve the quality of IMMR data (diagnosis and COD)	y											
4.1.c	Conduct the STEPS survey to provide follow up data	y											
4.1.d	Conduct National School Health survey												
4.1.e	Establish the online system to monitor the availability of essential NCD drugs and essential technologies at healthcare facilities												

Activities in the Prioritized National Multisectoral Action Plan for the Prevention and Control of NCDs 2016-2017

Monitoring of the progress

		Status June 2016			Status Dec 2016			Status June 2017			Status Dec 2017		
Global Process indicator		Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed	Not started	In progress	completed
Strategic area 4: Surveillance, monitoring, evaluation and research													
4.1.f	Review the current cancer registry and establish cancer registries in two regional referral hospitals												
4.2 Improving monitoring and evaluation													
4.2.a	Develop a monitoring framework to assess progress towards the goal												
4.2.b	Conduct baseline survey in health facilities and patients seeking care for NCD												
4.2.c	Clinical audits to assess adherence to guidelines												
4.3 Strengthen research													
4.3.a	Identify research questions to support the implementation, monitoring and evaluation of the NCD action plan												

Costs for the implementation of the Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2016–2020

Costs for the implementation of the Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2016-2020

The cost for the implementation of the Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2016-2020 has been estimated in consideration to the targets set and activities defined in the plan. Implementation costs are estimated for those activities which fall under the responsibility of Ministry of Health, Nutrition and Indigenous Medicine, although many other line ministries will also have their roles for the implementation of the Action Plan. Existing network and capacity of public health facilities including human resources profile are considered for the delivery of health services, current drugs consumption and fund allocation for routine services are not included in this document but taken as a reference while defining the new interventions and treatment inputs needed.

The approach used was built on estimating costs of implementing the priority actions using country specific data from reliable sources, and data from global database. Proposed interventions and program activities were clustered by the concerned Directorates/Units of the Ministry of Health, Nutrition and Indigenous Medicine and implementation costs were estimated through a consultative process in a series of workshops. Thus estimated costs were further refined following in-depth

discussions with key Directorates/Units. Different cost scenarios have been estimated for the years 2016-2020 considering the costs requirements for the nationwide implementation of the plan.

The results of the cost estimation of the implementation of the Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2016-2020 over the period of five years and the costs based on the four strategic action areas are presented below. Further analyses of costs based on the area of intervention as individual interventions and health services, population based interventions, monitoring and evaluation, program management and supportive activities and the analyses by level of implementation as national, provincial and district for each of the five years are presented in the detailed report of cost estimation.

Total cost of the implementation of the NCD Action Plan in Sri Lanka estimated to LKR 15.2 billion and presented below in Figure 1.

The estimates show that cost of implementation increases from LKR 1.1 billion in 2016 to LKR 5.8 billion in 2019 and down to LKR 2 billion in 2020.

The proposed sources of funds for the action plan are GOSL funds which includes the loan provided by the World Bank for health system improvement from 2013 -2018 and the proposed loan from

JICA for improvement of tertiary healthcare facilities and human resource development.

Table 1 below depicts the composition of the cost by different strategic action areas and provides the government and its development partners with financial information for the 5 years plan. Out of the total estimated cost of implementation for the next five years, over 72% is needed for the Strategic action area 3 on health system strengthening for early detection and management of NCDs and their risk factors and 26% for Strategic action area 2 on health promotion and risk reduction.

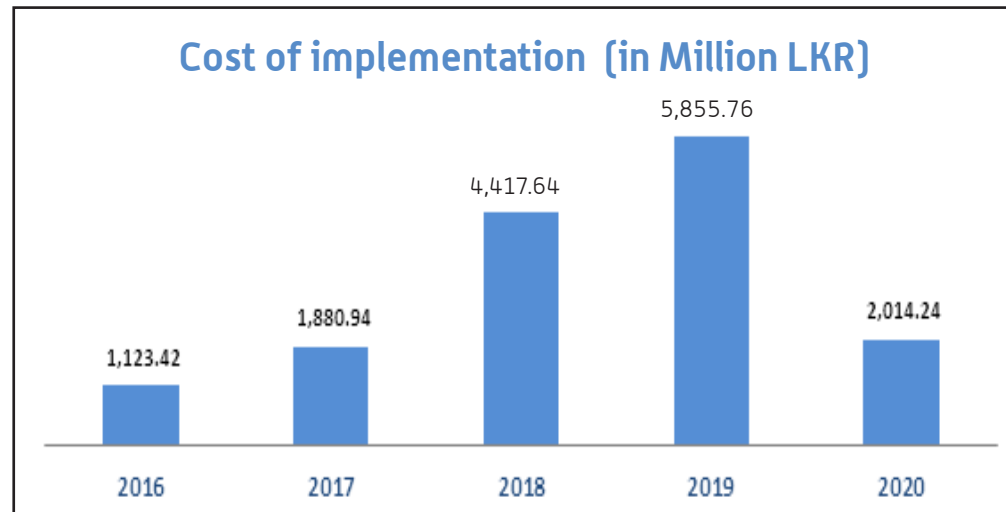


Figure 1: Composition and trend of cost over the years

Table 1: Estimates of cost by strategic action areas

Summary NCD costing strategy (In million LKR)	2016	2017	2018	2019	2020	Total 5 years Cost
Strategic action area 1: Advocacy, partnership and leadership	13.4	13.7	12.7	12.7	14.2	66.7
Strategic action area 2: Health promotion and risk reduction	374.5	519.3	1,388.0	1,368.2	344.6	3,994.6
Strategic action area 3: Health system strengthening for early detection and management of NCDs and their risk factors	727.2	1,312.8	2,979.9	4,415.1	1,626.5	1,1061.5
Strategic action area 4: Surveillance, monitoring, evaluation and research	8.3	35.1	37.0	59.7	28.9	169.1
TOTAL	1,123.4	1,880.9	4,417.6	5,855.7	2,014.2	15,291.9

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