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THE NATIONAL POLICY & STRATEGIC FRAMEWORK FOR PREVENTION AND CONTROL OF CHRONIC NON-COMMUNICABLE DISEASES

2009

Ministry of Healthcare and Nutrition Sri Lanka

THE NATIONAL POLICY FOR PREVENTION AND CONTROL OF CHRONIC NON-COMMUNICABLE DISEASES

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1. Background

Since independence, Sri Lanka has come a long way from its focus on control of communicable diseases, in improving maternal and child health, and virtually eliminating vaccine preventable diseases. Currently, chronic non-communicable diseases (NCDs) are overtaking communicable diseases as the dominant health problem, and are now the leading causes of mortality, morbidity, and disability. It has led to an increase in use of health resources. Aging of the population, urbanization and lifestyle changes are the key factors behind this epidemiological transition.

1.1. Current situation of chronic NCDs in Sri Lanka

The following major chronic NCDs have a significant disease burden in Sri Lanka; cardiovascular diseases (including coronary heart diseases [CHD], cerebrovascular diseases [CeVD] and hypertension), diabetes mellitus, chronic respiratory diseases, chronic renal disease and cancers.

In 2001 chronic NCDs accounted for 71% of all deaths in Sri Lanka, compared with 18% due to injuries, and 11% due to communicable diseases, and maternal and prenatal conditions. Analysis of age- standardized data for 1991-2001 has shown that the chronic NCDs mortality is 20-30% higher in Sri Lanka than in many developed countries (WB ageing study 2008). Moreover, trend analysis suggests that NCD mortality rates have been rapidly increasing during the past decade (Register General, 2008).

Cardiovascular diseases (CVD)

Coronary Heart Diseases - When considering deaths due to coronary heart diseases (CHD), large proportion of deaths occurs due to myocardial infarction. Currently, ischemic heart disease (IHD) including myocardial infarction is the leading cause of mortality in hospitals in Sri Lanka. Sri Lanka has observed hospital admission rates due to IHD at 330 hospitals admissions per 100,000. These rates are comparable to those in OECD countries (330-1,200 per 100,000). Given that the Sri Lankan population is younger than that of OECD countries, this rate will be higher on an age-standardized basis than admission rates in many developed countries (WB 2008).

Cerebrovascular Diseases - Hospital admissions due to cerebrovascular diseases (CeVD) and related causes have increased by about 20% from 170,000 in 1999 to 210,000 in 2005. Similar or higher increase of hospital admissions due to major chronic NCDs could be expected in the next decade (Premarathna et al 2005).

Hypertension - Age standardized prevalence rate for hypertension was 19% in Sri Lanka, with little difference between men and women according to a study done in 1998 – 2002 (Wijewardene et al , 2005). Many studies that have been carried out in last decade at district and national levels showed similar results. Comparatively a higher figure of 25% prevalence of hypertension (unadjusted) was reported by Katulanda (Personal communication).

Diabetes

Prevalence of diabetes in Sri Lanka has gradually increased over the last two decades. This is evident from many studies conducted over the last 20 years. One in five adults in Sri Lanka has pre-diabetes or diabetes, and one third of them were found to be undiagnosed (Katulanda et al 2008). The same study indicated that age and sex standardised diabetes prevalence in those above 20 yrs was 10.3%. Higher overall prevalence (age standardized) of 13.9% and 14.1% for diabetes and pre-diabetes respectively was reported from a study that involved 6047 participants representing four provinces of Sri Lanka(Wijewardene et al 2005).

In Sri Lanka, mortality due to diabetes has increased over the past two decades (World Health Organisation 2006). Hospital admissions due to diabetes and related complications has shown a parallel rise from 86 to 226 per 100,000 over the last two decades (Ministry of Healthcare & Nutrition, 2002).

Chronic respiratory diseases

Chronic respiratory diseases include asthma, chronic obstructive pulmonary disease (COPD), respiratory allergies, occupational lung diseases and pulmonary hypertension. Prevalence of bronchial asthma among adults in Sri Lanka varies from 20% to 25% depending on the geographical region. Over the last two decades, hospital admissions and deaths due to bronchial asthma have increased significantly.

Chronic renal disease (CKD)

Chronic renal diseases of unknown aetiology are emerging public health issues which have been reported from the North Central and North Western provinces. The specific causes are still being investigated and appropriate specific interventions may be required in the future.

1.2. Major risk factors for chronic NCDs

There are few risk factors shared among all major chronic NCDs, namely smoking, unhealthy diet, physical inactivity and harmful alcohol use. Prevalence of these risk factors at population level has a major influence on morbidity and mortality due to NCDs. **Smoking**

The prevalence of (current) smokers among adult male is 22.8% while among female is less than 1 % (Ministry of Health, 2008). Although a declining trend is observed over the past few years, this is not reflected in drop of overall sales for tobacco related products.

Unhealthy diet

Unhealthy food could be defined as foods that contain high-salt content, high-sugar content, high trans-fatty acids and saturated fat. High consumption of fruits and vegetable is strongly associated with better health outcomes.

Although the traditional Sri Lankan diet is vegetable based, a large proportion of adults (82%) do not consume adequate amount of vegetables. Despite the availability of an abundance and variety of fruit in Sri Lanka, the average consumption is found to be inadequate.

Despite a modest consumption of fat (15%-18%) by the Sri Lankans, higher percentage of saturated fats is included in the diet compared to unsaturated fat. Higher saturated to unsaturated fat ratio is an important risk factor for development of cardiovascular diseases.

The daily intake of salt (10g /day) and added sugar (60g/day –based on food consumption data, 35 g/day based on individual dietary records) is also high in Sri Lankan diet when compared to WHO recommendations.

Physical inactivity

Moderate level physical activity is a protective factor against many NCDs. Majority of Sri Lankans (78 %) are engaged in moderate or higher level physical activities (> 600 Metabolic Min /Week). However, only a small proportion is engaged regularly in recreational activity. Female are significantly sedentary (30%) compared to males (19%) and this is also reflected in the higher mean BMI of the former.

Alcohol consumption

Percentage of current drinkers is significantly higher in males (26.0%) compared to females (1.2%). However, less than five percent of male population take alcohol more than 4 days per week.

Other risk factors-

Stress - stress is an imprecise term which has different scientific meanings and associated with several psychosocial conditions. An Australian Expert Working Group (2003) examined the association between stress and cardiovascular diseases , concluded that only certain conditions (depression , social isolation and acute life events) associated with “stress” are risk factors for cardiovascular diseases.

Air pollution - Air pollutants consist of gaseous pollutants, odours and suspended particulate matter. Air pollution has both acute and chronic health effects which is a known risk factor for chronic respiratory diseases and cardiovascular diseases. In Sri Lanka Industrial emissions and vehicular emissions are the main contributing factors for outdoor air pollution. Indoor air pollution is mainly identified in rural areas mainly in closed kitchens and in industries where air quality is not being maintained properly. (ref)

1.3. Scope of the current policy document

Considering the current burden of NCDs and resource requirements for their preventive measures, this policy document will address only the following diseases and their risk factors.

- Cardiovascular diseases (which include coronary heart diseases [CHD], cerebrovascular diseases [CVD] and hypertension),
- Diabetes mellitus
- Chronic respiratory diseases
- Chronic renal disease

Other NCDs including mental disorders, injuries and cancers will be referred to in separate policy documents.

The government of Sri Lanka acknowledges that the prevention and control of chronic NCDs is a priority issue in the national health agenda and the National Health Master Plan 2007-2016 as these diseases lower the quality of life, impair the economic growth of the country and place a heavy and rising demand on families and national budgets. It is recognized that a significant proportion of the NCD burden is preventable if evidence-based policies are in place and relevant programmes are implemented. A national policy and strategic framework is essential to give chronic NCDs an appropriate priority and to organise resources efficiently.

Considering these facts, the Ministry of Healthcare & Nutrition has formulated the National Policy for Prevention and Control of Chronic Non-communicable Diseases. The emphasis of the National NCD Policy is on promoting health and well being of the population by preventing chronic NCDs associated with shared modifiable risk factors, providing acute and integrated long-term care for people with NCDs, and maximizing their quality of life. The relevant strategic framework including nine key strategies is detailed in the latter half of this policy document. It is expected that these key strategies will thereafter be reflected in corresponding work plans of all stakeholders. The National NCD Policy will be reviewed in response to changing needs and updated in 5 years.

1.4. Reference to National Health Policy, national laws and international agreements

“Mahinda Chinthanaya” (2005), National Health Policy (1992) and Health Master Plan 2007-2016 of Sri Lanka has recognized prevention and control of NCDs as a priority area of work. These documents recognize that, with increasing expectancy of life, chronic NCDs such as cardiovascular diseases are on the increase. They also mention that changing lifestyles and environment have resulted in increase of unhealthy behaviours of the population including smoking and unhealthy diet. This policy document is also linked to National Mental Health policy, National Agriculture policy , National Transport policy and National Environmental policy where appropriate .

The Framework Convention on Tobacco Control (FCTC) is the first ever international public health treaty for which Sri Lanka is a party. Having ratified this important treaty as the first country in Asia and fourth in the world, Sri Lanka enacted legislations for tobacco and alcohol control, which was an obligation under the treaty.

A series of international policy guidance on NCDs developed by World Health Organisation (WHO) are also taken into consideration in formulating this policy document. It includes World Health Assembly Resolution (WHA 57.17) on WHO Global Strategy on Diet & Physical Activity, Health and Preventing Chronic Diseases - A Vital Investment (WHO 2005), and WHO Strategic Framework for NCD Control and Prevention 2008-2013.

2. Policy Vision

A country that is not burdened with chronic non-communicable diseases (NCDs), deaths and disabilities.

3. Policy Goal

The overall goal of the National NCD Policy of Sri Lanka is to reduce the burden due to chronic NCDs by promoting healthy lifestyles, reducing the prevalence of common risk factors, and providing integrated evidence-based treatment options for diagnosed NCD patients.

4. Policy Objective

To reduce premature mortality (less than 65 years) due to chronic NCDs by 2% annually over the next 10 years through expansion of evidence-based curative services, and individual and community-wide health promotion measures for reduction of risk factors.

5. Guiding principles

Sri Lanka provides free health care services at the point of use to its public. Accordingly, the principles that have guided the formulation of this policy include:

- Protection of the right to health
- Equity and social justice
- Affordability and sustainability to individuals and community
- Evidence-based interventions, giving equal importance of primary and secondary preventive measures, and covering the entire continuum of care
- Culturally sensitive strategies
- Community and family empowerment and participation
- Consideration of ethical aspects in individual and community-wide interventions
- Attitudes of care givers in being more responsive in providing individual care
- Multidisciplinary and multi-sectoral approaches
- Consistency with the National Health Policy and other existing/ relevant government polices
- Adoption of a life course approach
- Flexibility in adopting new strategies through a phased approach
- Integration into the health systems strengthening
-

6. Key Strategies

The following strategic areas are identified and prioritized for achieving the policy objective:

I) Support prevention of chronic NCDs by strengthening policy, regulatory and service delivery measures for reducing level of risk factors of NCDs in the population

II) Implement a cost-effective NCD screening program at community level with special emphasis on cardiovascular diseases

III) Facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level

IV) Empower the community for promotion of healthy lifestyle for NCD prevention and control

V) Enhance human resource development to facilitate NCD prevention and care

VI) Strengthen national health information system including disease and risk factor surveillance

VII) Promote research and utilisation of its findings for prevention and control of NCDs

VIII) Ensure sustainable financing mechanisms that support cost-effective health interventions at both preventive and curative sectors

IX) Raise priority and integrate prevention and control of NCDs into policies across all government ministries, and private sector organisations

I) Support prevention of chronic NCDs by strengthening policy, regulatory and service delivery measures for reducing level of risk factors of NCDs in the population

In addition to health related policies, policies and regulatory frameworks in other domains such as education, trade, food, agriculture, environment, urban development and taxation also have a major bearing on NCD risk factors. The following policy, regulatory and service delivery measures are suggested to reduce the level of exposure of individuals and populations to the common modifiable risk factors for chronic NCDs, namely tobacco and alcohol use, unhealthy diet, and physical inactivity.

Tobacco and alcohol use

- Implementation of the National Authority Act on Tobacco and Alcohol will be strengthened.
- Implementation of the Framework Convention of Tobacco Control will be ensured.
- Implementation of Alcohol Prevention Strategic Plan will be strengthened.
- A mechanism to coordinate tobacco alcohol preventive activities carried out by different stakeholder groups in line with the government policy statement of “MATHATA THITHA” will be established.

Unhealthy diet

- The coherence with National Nutritional Policy and WHO Global Strategy on Diet and Physical Activity, and the close collaboration with other sectors involved in nutrition related activities will be ensured.
- The existing food act and its effective implementation with the focus on NCD prevention and control measures including proper labelling, ethical advertisement, provision of correct information to consumers, legitimate health claims and responsible marketing will be strengthened.
- National strategies on promoting a healthy diet will be incorporated into national agriculture, education and trade policies.
- Steps will be taken to facilitate, promote and enhance availability of healthy food.

Physical inactivity

- A coordinated mechanism involving the education, sports and relevant stakeholders to develop a national physical activity guide will be established.
- National and local governments will be directed towards formulating policies in providing people with opportunities for safe walking, cycling, organised games and other forms of physical activities.
- Transport policies to encourage non-motorised modes of transportation will be formulated.
- Policies in promoting sports and recreation facilities embodying the concept of increasing the physical activity for all will be strengthened.

Air pollution

- Co-ordination with other relevant stake holders in minimizing air pollution.
- Implement programmes to minimize indoor and out door air pollution at community level
- Support and promote safe work environments to minimize occupational exposure to polluted air with the corporation of relevant stake holders.

  Strengthening and supporting the Implementation of environmental policies , laws and regulations which are related to out door and indoor air pollution .

Stress

- Support life-skills development among school children ,
- Provide supportive services for stress management programs at occupational settings
- Enhance health sector capacity to address stress and related health issues
- promote cultural, social and religious activities that promote mental and social wellbeing ,

II) Implement a cost-effective NCD screening program at community level with special emphasis on cardiovascular diseases

An NCD screening programme will be implemented for detection and management of people with NCDs and high risk individuals at community level with special emphasis on cardiovascular diseases. The following principles are applied in this regard.

- A cost effective high-risk-NCD screening programme linked with curative healthcare options and a health guidance programme for lifestyle modifications will be established for early detection and management of major chronic NCDs with a special focus on disadvantaged communities.

- NCD screening and subsequent health guidance will be implemented in parallel with measures to develop healthy settings and environment to support individuals undergoing lifestyle modifications.

- The private health sector and community-based organizations will be encouraged to participate in NCD screening programmes within a regulatory framework.

III) Facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level

NCD preventive, curative, rehabilitative and palliative services shall be evidence-based, cost effective, appropriate and equitable, and provided at all the service levels. The management and service delivery systems at each of the primary, secondary and tertiary levels will be strengthened and measures to ensure the standard of care to provide integrated NCD services will be in place.

Primary level

- Each divisional secretariat area will have a network of services that will ensure the coverage of the following:

  - Health promotional activities

  - Risk factor assessment

  - Individual focussed communication for risk modification

  - Early diagnosis

  - Treatment emphasising continuity of care, including palliative care

  - Basic emergency care

  - Appropriate referral and back referral system that efficiently links up with secondary care

- Primary care facilities will be made accessible and will be equipped with core-set of technologies and generic drugs to manage major NCDs, risk factors and common medical emergencies based on the WHO core package of interventions and evidence-based protocols.

- Efforts will be made to involve all first contact health care givers both in the allopathic and non-allopathic health systems (government and private sectors) as an integral part of the primary care delivery system for NCD prevention.

- Individuals and communities will be empowered to take responsibility to improve health seeking behaviour and to adopt healthy life styles.

Secondary level

- Evidence-based clinical management for NCDs with efficient laboratory support and other ancillary services will be made available at District General and Base hospitals.
- Emergency treatment units will be made available.
- Efforts will be made to ensure quality of care with emphasis on responsiveness.
- Availability of multi-disciplinary teams to provide comprehensive clinical care will be ensured.
- A referral and back referral system based on appropriate protocols will be implemented.
- Ambulatory care will be made more efficient and accessible to address referral from primary care.

Tertiary care and specialized institutions

- Each province will have at least one institution that provides comprehensive tertiary care services for chronic NCDs.
- Multi-disciplinary sub-speciality units (e.g. nephrology, cardiology, neurology, etc.) will be set up to support comprehensive tertiary care for chronic NCDs.
- Accessibility for referral to specialised services shall be ensured to secondary care institutions on an equitable manner.

Standard of care at all the service levels

- Evidence-based national guidelines shall be implemented for the prevention and management of major chronic NCDs at all levels of care.
- A mechanism will be developed to periodically review service needs at each level. An NCD morbidity and mortality review will be conducted periodically.
- Continuous professional development will be an inherent component in health system strengthening to ensure standard of care.

IV) Empower the community for promotion of healthy lifestyle for NCD prevention and control

Models and mechanisms will be developed to empower communities to ensure their participation in multi-sectoral activities related to health promotion, and NCD prevention and control. In order to develop healthy communities, the following measures will be taken.

- Efforts will be made to define local priorities, and to develop health policies in local communities.
- Mechanisms will be developed and implemented to empower communities for health promotion through settings approach (e.g. schools, workplaces, villages etc.). Inter-sectoral collaboration will be promoted to support local community actions.

- A communication strategy will be developed and implemented for advocacy, awareness creation and health education of the mass population in healthy lifestyles. The society will be advocated in engaging in multi-sectoral activities using electronic and print media.

- A community-based surveillance system to monitor trends in risk factors will be established.

V) Enhance human resource development to facilitate NCD prevention and care

The human resource development will be facilitated with the focus on strengthening the capacity in delivering effective curative services and preventive sector programs related to NCD prevention in line with the Health Sector Human Resource Development Policy Framework. The primary focus in this respect is the realignment of both pre-service and in-service training programmes, and the following measures will be taken.

- In collaboration with academic institutions and professional organizations, a comprehensive training package on NCDs will be developed and incorporated into basic and postgraduate curriculum of doctors, nurses and other health workers.

- In-service training and opportunities for continuing professional development, including training on the WHO core package of NCD interventions, will be provided for all health staff for delivery of evidence-based care.

VI) Strengthen national health information system including disease and risk factor surveillance

The present health information system will be strengthened and expanded to provide key information to guide and advocate decision makers at national, provincial, district and local levels. The following measures and principles are applied in strengthening and utilising the health information system.

- The information system strengthening and data collection will be oriented by objectives of assessing the effectiveness of policies and the impact of programmes, and tracking the trends of major risk factors and NCDs at national, provincial, district and local levels.

- The categories of core information to be collected will include:

    - Inpatient and outpatient (including clinic return) hospital morbidity and mortality data including those in the private sector

    - Mortality data from the vital registration system

    - National and provincial registries for selected diseases

- Data on standard indicators of the major risk factors and their determinants from sentinel surveillance sites
- Data on process, output and outcome indicators for monitoring and evaluation of all programmes related to prevention and control of major NCDs
- Data for monitoring standards of care
- Data generated from research and special studies on NCDs

VII) Promote research and utilisation of its findings for prevention and control of NCDs

Research will serve to guide policy makers in improving and strengthening policies and programmes for NCD prevention and control. In order to promote research and utilisation of its findings, the following measure will be implemented.

- Multi-disciplinary research committees will be established at national and provincial levels in collaboration with academia and professional organizations. These committees will look into the following areas:
  - Desk review of existing research
  - Promoting and supporting research, prioritized according to available data in areas of NCD prevention and control, including analytical, operational and behavioural studies
  - Identification of challenges, barriers and incentives to conduct research
  - Funding mechanism for NCD research activities
  - Networking of government agencies, NGOs and academic community to support research
  - Translation of research findings to action
  - Identification and promotion of evidence-based health interventions

VIII) Ensure sustainable financing mechanisms that support cost-effective health interventions at both preventive and curative sectors

Health care financing is requisite for translating policies and plans into real actions. Adequate financing for NCD prevention and control activities will be ensured by rational cost estimation and a specific annual budgetary allocation at national and provincial levels. These budgetary provisions will be estimated systematically in line with the NCD strategic plan and resource requirements at all healthcare institutions. The following measures are suggested to ensure sustainable financing mechanisms to support cost-effective and evidence-based interventions in NCD prevention and control.

- Costing NCD prevention and treatment services and forecasting required budget will be conducted in a systematic manner in order to suggest the overall burden imposed by NCDs.

- Given that NCD prevention is clearly cost-effective but likely to be costly, international support will be sought to launch primary and secondary prevention activities rapidly.

- An adjustment to maintain a separate budget category for NCD prevention and control will be made to allow for earmarking of funds for related activities.

- Institutional and organizational changes will be made to reduce the current high out–of-pocket burden through effective reorganisation at the primary health care level.

IX) Raise priority and integrate prevention and control of NCDs into policies across all government ministries, and private sector organisations

Taking account of the influence of other sectoral policies and strategies on the prevalence of NCDs and their risk factors, other sectors will be sensitised on the health consequences of their work when formulating and modifying their policies. The following measures are suggested to raise priority and integrate prevention and control of NCDs into policies across all government ministries, and private sector organisations.

- The importance of including health aspects relevant to the reduction of NCDs into policies of all government ministries and private sector organisations will be advocated.

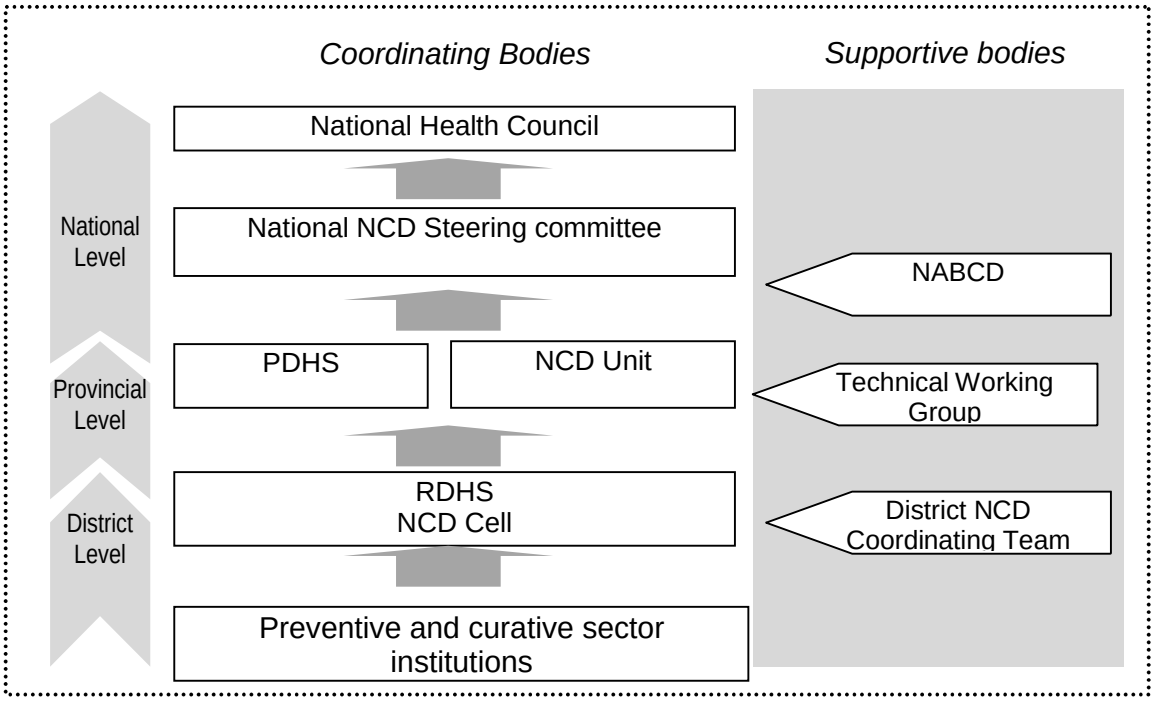
- Other sectors will be advocated to pay sufficient attention in addressing favourable health promotional environment with special reference to NCDs while implementing measures within their purview.

7. Implementation, monitoring and evaluation

Successful implementation of the National NCD Policy, proposed strategic approaches and Action Plan will be achieved through the development of appropriate coordination mechanisms at national, provincial and district levels. A mechanism to monitor and evaluate the policy implementation will also be established.

7.1. Coordination mechanisms

Appropriate coordination mechanisms will be established at the national, provincial and district levels. The NCD Prevention and Control Unit of the Ministry of Healthcare and Nutrition will serve as the operational and overall coordination body in implementing the National NCD Policy under the National Steering Committee for Non-communicable Diseases and National Health Council. At the provincial and district levels, the planning and coordination unit of PDHS office and the NCD cell of RDHS office will function as the coordinating bodies in planning and implementation of NCD programmes.



National Health Council (NHC)

National Health Council (NHC) functions as the supreme body for promoting inter-ministerial /inter-sectoral collaboration and multi-sectoral partnerships, and overseeing progress of implementation of the National NCD Policy for Sri Lanka as an integral part of the health system development. Decisions taken by the National Steering Committee for Non-Communicable Diseases regarding implementation of strategies involving multi-sectors will be discussed at the NHC.

The National NCD steering committee

The National NCD steering committee will functions as the national monitoring body on National NCD Policy implementation. It will be chaired by the Secretary of the Ministry of Healthcare and Nutrition, and constitute high level representation from all relevant government agencies and development partners including local and International NGOs. The membership will be comprised of Secretaries of Ministries of Finance, Trade, Agriculture, Urban Planning, Education, Justice, Poverty Alleviation, Social Welfare, any other relevant Ministries, Provincial Secretaries of Health Ministries, Provincial Health Directors, relevant Deputy Director Generals, Directors ,representatives from professional bodies and consultant community physicians from the NCD unit . The National NCD Steering Committee will meet every two months and be accountable to the Minister of Healthcare and Nutrition for policy implementation. A provincial advisory board for each province is also proposed.

The National NCD steering committee will undertake the following functions.

- Ensure financial resources for implementation of the National NCD Policy
- Approve and support inter-sectoral actions required for prevention and control of chronic NCDs
- Evaluate the impact of implementation of policy measures and advise on modifications of the National NCD Policy as necessity arises
- Monitor the implementation of the NCD policy measures across the sectors and provide yearly reports for the Parliament and Provincial Councils

National Advisory Board for Non-Communicable Diseases (NABNCD)

The NABNCD functions as the advisory body on National NCD Policy implementation. It will be chaired by the Director General of the Ministry of Healthcare and Nutrition, and constitute high level technical representation from relevant professional bodies. The NABNCD will undertake the following functions.

- Advice and support Ministry of Healthcare and Nutrition on technical matters related to prevention and control of chronic NCDs
- Scientifically evaluate the impact of implementation of policy measures on reducing the NCD burden and advise on modifications of the National NCD Policy as s appropriate.

NCD Prevention and Control Unit/ Ministry of Healthcare and Nutrition

The NCD prevention & Control Unit under the Director NCD will be the focal point in the Ministry of Healthcare and Nutrition for policy implementation, monitoring and evaluation. The NCD Prevention & Control unit will be supported by Technical Working Group (TWG) on NCDs. The NCD Prevention & Control Unit will undertake the following functions.

- Develop strategic targets and outcomes to be achieved at national, provincial and district levels
- Develop a routine management information system to identify resource needs in effective implementation of the National NCD Policy
- Coordinate with different sectors for proper implementation of the National NCD Policy
- Monitor and evaluate prevention and control activities of NCD programmes
- Advocate and ensure that the national strategic plan on NCDs is implemented through provincial health plans

The NCD Prevention & Control Unit will be managed by a relevant director under the leadership of a Deputy Director General. It will manage a separate budget for NCD prevention and control. The administrative and authoritative structure will, if necessary, be reformed to ensure effective implementation of the National NCD Policy.

Technical Working Group (TWG) on NCDs

The TWG will consist of 8-10 members and will function under the Director NCD. The membership can be expanded as per the working requirements where additional members will be co-opted from representation from the relevant stakeholders.

Provincial and regional coordination and implementation

The planning and coordination unit of PDHS office and the NCD cell of RDHS office will serve as the focal points at the provincial and district levels. Responding to local need and circumstances, Provincial and Regional Directorates of Health Services will develop integrated provincial and district plans that are consistent with the National NCD Policy of Sri Lanka after consulting relevant stakeholders. NCD prevention and control activities at the district level will be planned and implemented by district NCD coordinating teams headed by the relevant RDHSs.

Implementation of the NCD provincial and district plans will be coordinated by Consultant Community Physicians (or Medical Officers in NCD in the absence of a consultant community physician) with the support of other technical experts at district level under supervision of PDHSs or RDHSs.

7.2. Monitoring and evaluation

A results-based monitoring and evaluation system will be established to evaluate the implementation of the National NCD Policy, the strategic plan and district programs. Monitoring and evaluation of the national program will be done by Director NCD. The M&E report which includes the status of implementation of the NCD Strategic plan and the achievement of expected results shall be presented by the NCD Prevention & Control Unit to the National Steering Committee for NCD.

Monitoring and evaluation guidelines will be developed by the NCD Prevention & Control Unit in consultation with provincial authorities and used by the Provincial Health Administration where provincial and district health information systems function. Data collection and report generation will be done by relevant PDHSs/ RDHSs with assistance of Consultant Community Physicians.