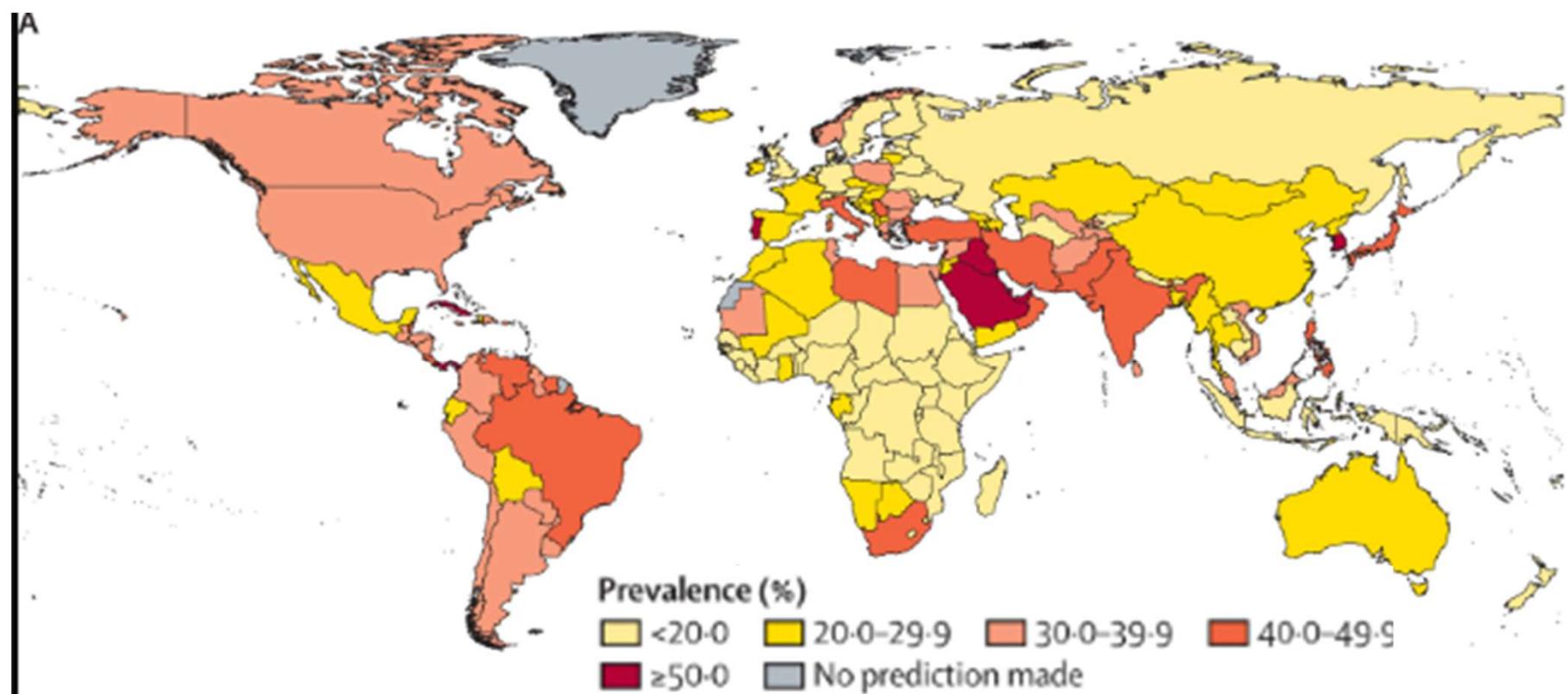




NATIONAL PROGRAM FOR NON-COMMUNICABLE DISEASES

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PREVALENCE OF PHYSICAL INACTIVITY IN THE WORLD



What will Happen if this trend of physical inactivity continues in the world?

Yes. Increased prevalence of Non Communicable diseases.

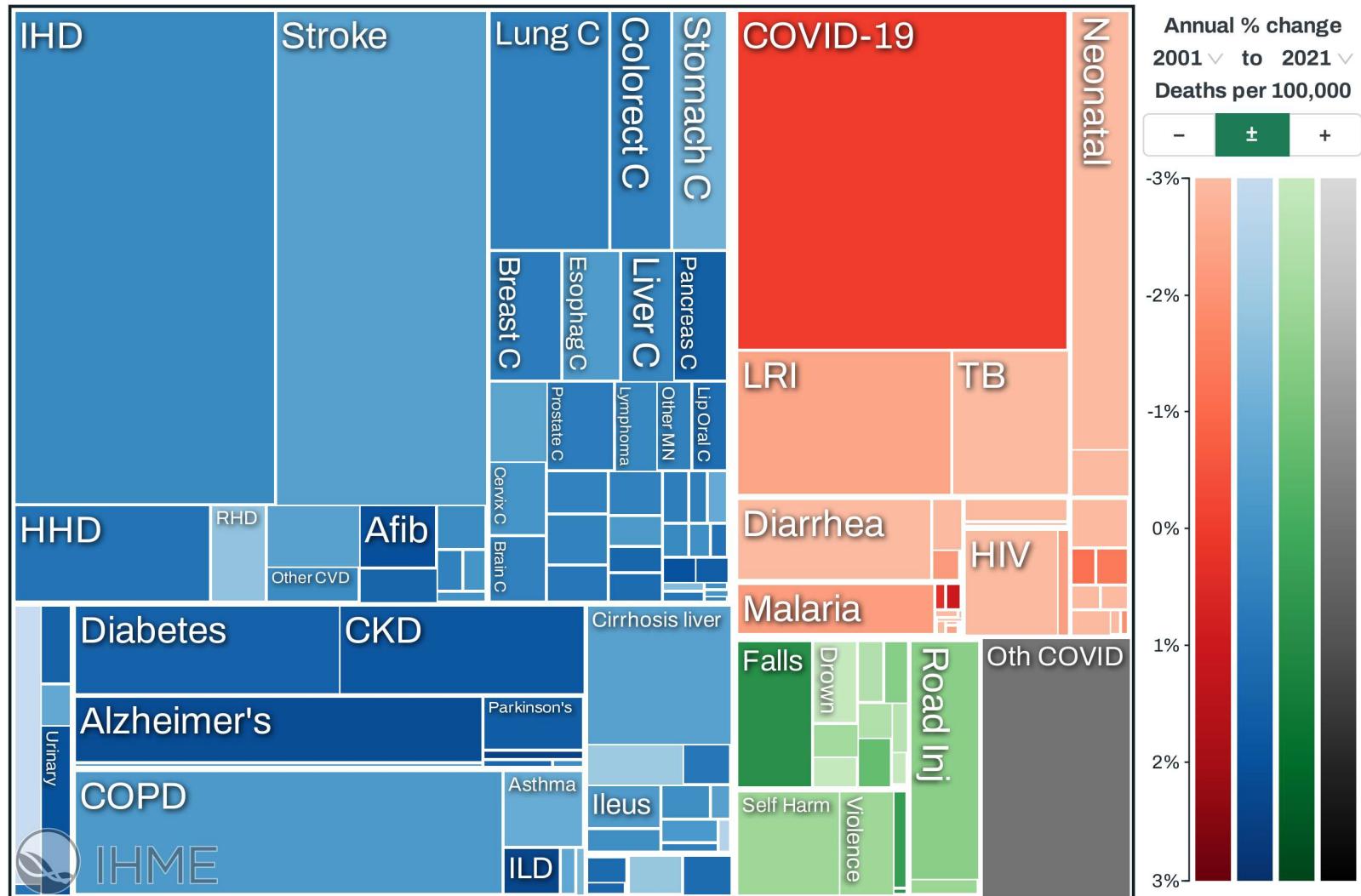
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- Introduction
- History
- Aim & Objectives
- Resources – Human, Money
- Strategies

INTRODUCTION

- Health profile transition/ Epidemiological transition in the world and in India
- India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases
- 60% of deaths in India are because of Non Communicable Diseases only
- NCDs cause considerable loss in potentially productive years of life.
- Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

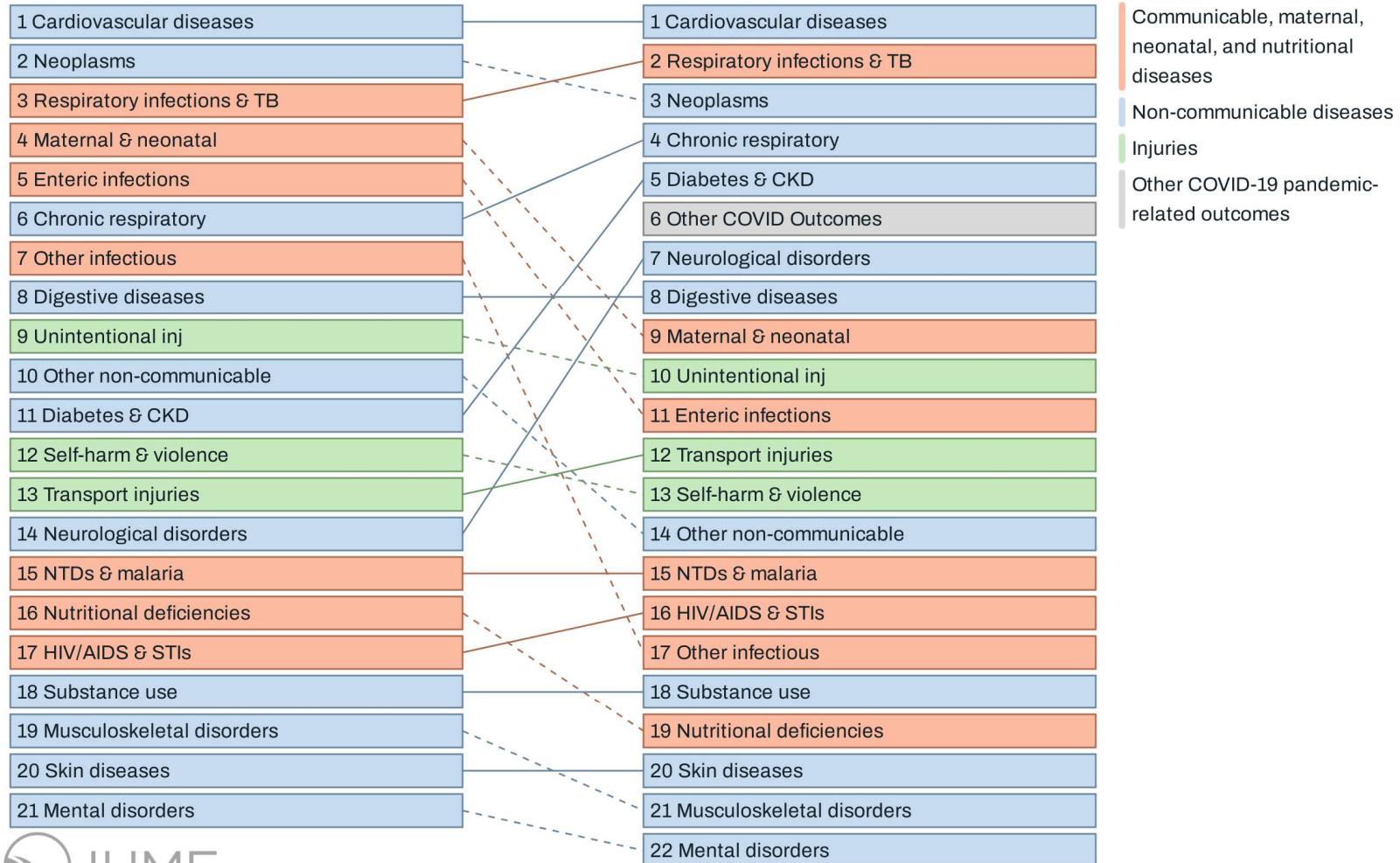
Global
Both sexes, All ages, 2021, Deaths



Global
Both sexes, All ages, Deaths per 100,000

1990 rank

2021 rank



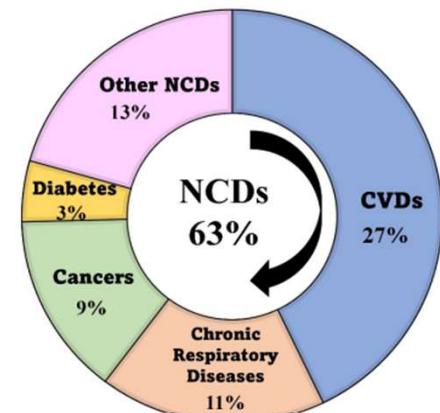
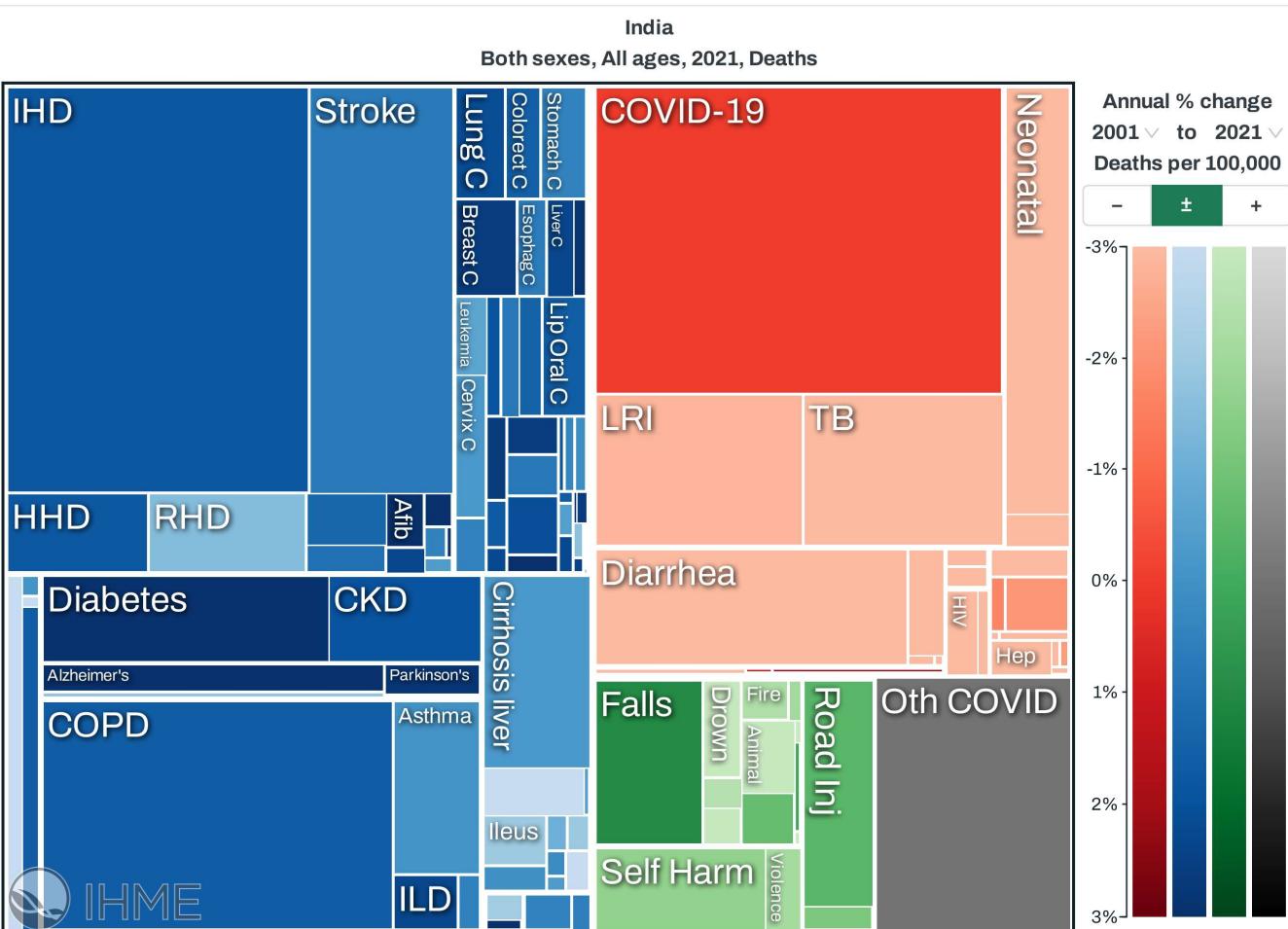
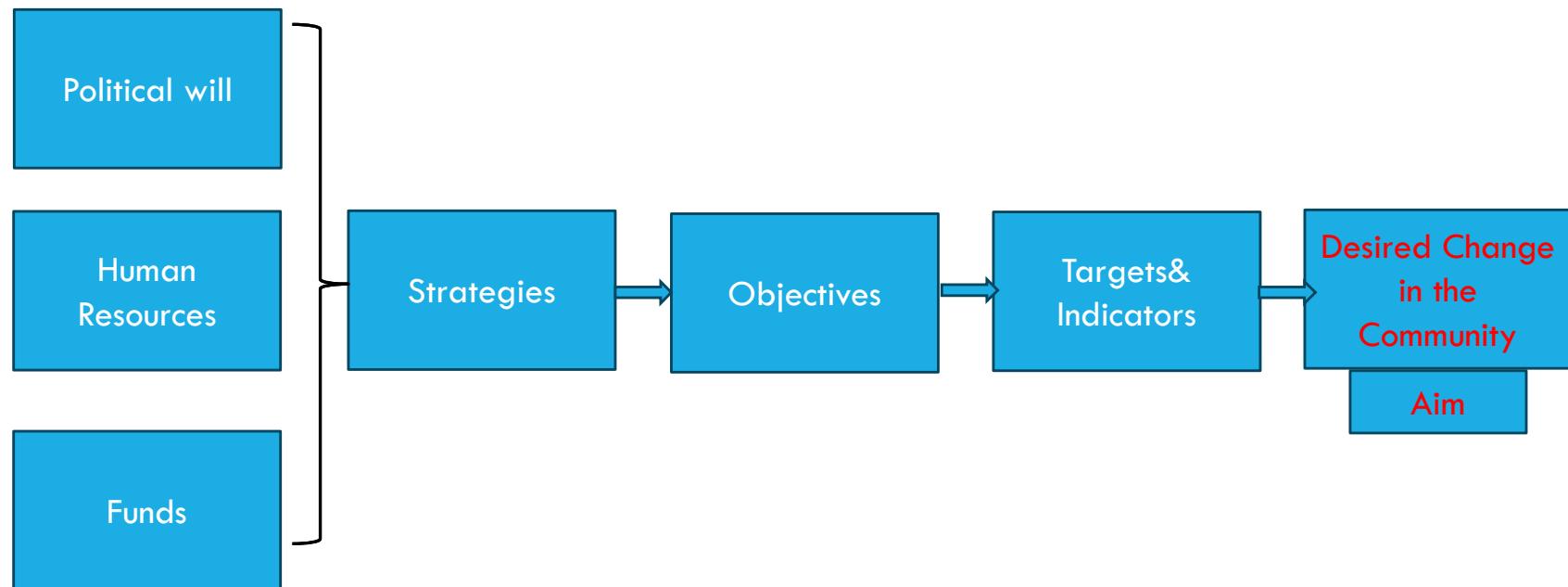


Figure 1: Mortality due to Non Communicable Diseases in India¹

PROGRAM OUTLINE



HISTORY OF NP-NCD

First Started
as
National Program for
Prevention and Control of
Cancer, Diabetes,
Cardiovascular diseases and
Stroke NPCDCS
in the year 2010



Renamed
as
National Program for Non
Communicable diseases
NPNCDs
in the year 2023

HISTORY OF NP-NCD

- NPCDCS was launched in 2010 in 100 districts across 21 states with an objective to prevent and control major NCDs.
- In order to expand the services and bring them closer to the community, Population Based Screening (PBS) for common NCDs was launched in year 2016.

HISTORY OF NP-NCD

- The PBS includes screening of individuals of 30 years and above age group for five common NCDs i.e., Hypertension, Diabetes, Cancers of the oral cavity, cervix and breast.
- Inclusion of guidelines for prevention and management of **Chronic Obstructive Pulmonary Disease (COPD) and Chronic Kidney Disease (CKD)** under NPCDCS, to prevent and manage the chronic respiratory and kidney diseases respectively, which are also major causes of death due to NCDs.

AIM OF NP-NCD

The aim of NP-NCD, formerly known as NPCDCS, is

to prevent and control major NCDs like
cancer, diabetes, cardiovascular
diseases, and stroke

through

- infrastructure strengthening,
- human resource development,
- health promotion,
- early diagnosis, and management.

TARGETS AND INDICATORS

- SDG target 3.4 is to reduce premature mortality (30 to 70 years) from NCDs by one-third.
- The National Health Policy, 2017 also emphasizes the need to halt and reverse the incidence of NCDs and seeks to focus on common NCDs.
- **30 to 70 years people are target population**

OBJECTIVES

1. Health promotion through behaviour change
2. Screening, Early diagnosis, Management, Referral and Follow-up
3. Build Capacity of Health care providers
4. Strengthen supply chain management
5. Monitoring, Supervision and evaluation of program
6. Co-ordination and collaboration with others

STRATEGIES

- Health promotion for prevention of NCDs and reduction of risk factors.
- Screening, early diagnosis, management, referral and follow up of common NCDs.
- Capacity building of health care providers.
- Evidence based standard treatment protocols.
- Uninterrupted drug and logistics supply.
- Task sharing and people-centered care.
- Information system for data entry, longitudinal patient records.

STRATEGIES

- Monitoring, supervision, evaluation and surveillance including technology enabled interventions
- Multi-sectoral coordination and linkages with other National Programmes.
- Implementation research and generation of evidences.

ACTIVITIES UNDER NPNCDs

1. Diabetes, cardio vascular Disease and Stroke Component
2. Cancer Component

DIABETES, CARDIO VASCULAR DISEASE AND STROKE COMPONENT ACTIVITIES

- ❖ **Activities at Sub Centre** – Health promotion, Screening and Referral
- ❖ **Activities at CHC** – Lab test, Early diagnosis and management, Referral of Complicated cases
- ❖ **Activities at District Hospital** – Detailed investigation, Treatment of complicated cases, Counselling
- ❖ **Urban Health Checkup scheme** – Screening Diabetes and Hypertension in Urban slums
- ❖ **Integration with other schemes like Rashtriya Bala Swasthya Karyakram, AYUSH, RNTCP, Rheumatic Heart disease prevention and control**

CANCER COMPONENT ACTIVITIES

- Establishment of Regional Cancer Centres
- Oncology wing development
- **Establishment of preventive oncology clinics**
- Decentralized NGO Scheme
- IEC activities
- Research and Training

RESOURCES

Human Resources

- Program managing personnel
- Program implementation personnel

Financial Resources

- Central funds
- State funds

HUMAN RESOURCES AT CENTRAL LEVEL

Human resources at National NCD Division:

At National level, Joint Secretary (NCD) will head the NP-NCD, who will be technically supported by Deputy Director General (NCD). Under DDG (NCD), the following officers will lead the program:

Sl. No.	Name of Post	No. of Posts
1.	Central NCD Division- Head (DDG Level)	1
2.	Deputy Program Manager (Diabetes, Hypertension, COPD and asthma, Stroke, STEMI, CKD, NAFLD, CVD) Addl. DDG/ADG Level	8
3.	Program Manager (Joint-Director Level)	16
4.	Assistant Program Manager (Deputy/Assistant Director Level)	16

HUMAN RESOURCES AT CENTRAL LEVEL

Sl. No.	Name of Position/Post	No. of Posts
1.	National Programme Coordinator	1
2.	Epidemiologist	1
3.	Consultant (Training)	1
4.	Consultant (Monitoring and Evaluation)	1
5.	Consultant (Public Health)	2
6.	Consultant (Health Promotion/IEC)	2
7.	Consultant (Management Information System/e-Health)	1

HUMAN RESOURCES AT CENTRAL LEVEL

8.	Consultant (Finance and Logistics)	1
9.	Accountant	1
10.	Logistics Manager	1
11.	Data Analyst	2
12.	Data Entry Operators	7
13.	Public Health Consultants (Regional/State based)	25

HUMAN RESOURCES AT STATE LEVEL

Human resources at State NCD Division

The staff positions supported at State NCD Division:

Sl. No.	Name of Post	No. of Posts
1.	State Programme Officer	1
2.	State Programme Coordinator/NCD Consultant	1
3.	Finance and Logistics Consultant	1
4.	Data Entry Officer	1

HUMAN RESOURCES AT DISTRICT LEVEL

Human Resources at District NCD Division:

Contractual staff positions supported at District NCD Division:

Sl. No.	Name of Post	No. of Posts
1.	District Programme Officer	1
2.	District Programme Coordinator/Senior Treatment Supervisor	1
3.	Finance and Logistics Consultant	1
4.	Data Entry Officer	1

HUMAN RESOURCES AT DISTRICT/ CHC NCD CLINIC

Human resources at District NCD Clinic:

Contractual staff positions supported at District NCD Clinic:

Sl. No.	Name of Post	No. of Posts
1.	Consultant (MD Medicine)	1
2.	GNM/Staff Nurse	1
3.	Physiotherapist	1
4.	Counsellor	1
5.	Data Entry Operator	1

Human resources at CHC NCD Clinic:

Contractual staff positions supported at CHC NCD Clinic

Sl. No.	Name of Post	No. of Posts
1.	MD Medicine/ Medical Officer (NCD)	1
2.	GNM / Staff Nurse (NCD)	1
3.	Counsellor	1
4.	Data Entry Operator	1

FUNDING

NP-NCD is funded under the common **NCD flexi-pool of NHM.**

The States/UTs, while formulating their interventions for NCDs, incorporate the budget for the same within the State NHM Programme Implementation Plan (PIP).

The '**flexi-pool**' allows States sufficient flexibility in providing funds to various components within the overall NCD allocation.

The **States are permitted to reassign funds among the various components** to a certain extent after obtaining approval from the Government of India, but within the broad framework of NP-NCD.

HEALTH PROMOTION

Ayushman Bharath Wellness centres started at subcentre level/ Village level

Training Health care providers at Village level about NCDs and their risk factors

Conducting rallies to create awareness

Example: November 14th World Diabetes Day

Installing out door Gyms in Parks

Establishing walking tracks in urban areas

Telemedicine for consultation and clearing the doubts

EARLY DIAGNOSIS AND TREATMENT

Conducting Population based surveys

Screening target population (30 years and above age group population)

Referral from subcentre to PHCs to CHCs and higher centres

Example: Preventive Oncology clinics

BUILD CAPACITY & STRENGTHEN SUPPLY CHAIN

Creating Training modules for each level Health care providers

Training all Health care providers in village level to detect the cases in early

One of the big problem in NCDs is to take treatment throughout life

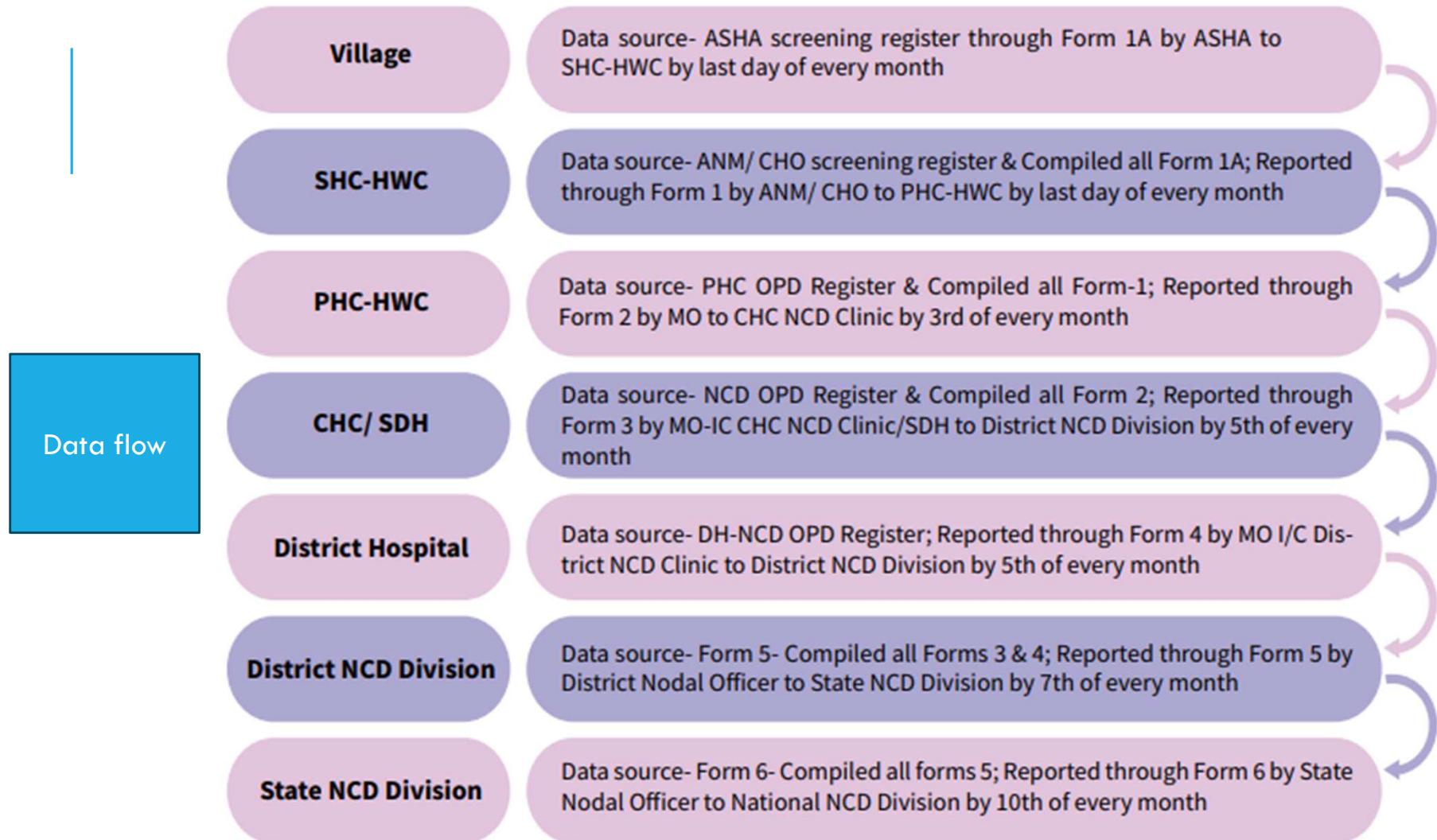
Thus uninterrupted drug supply is very crucial in managing NCDs

Thus treatment should be given for at least 30 days

For that supply chain should be strengthened

MONITORING AND EVALUATION

1. Regular analysis of programme data reports
2. Supervision
3. Programme review
4. Data quality assurance
5. Monitoring indicators
6. Surveillance





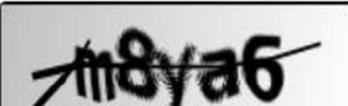
National Programme for prevention and control of NCDs (NP-NCD)

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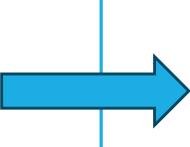
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NCD Portal

DATA FLOW FOR MONITORING

The National NCD Portal is a suite of 6 applications:

- 1) **ASHA Mobile App** - To capture Population enumeration and CBAC Assessment
- 2) **HWC App** - To screen the population for five common NCDs and enable referrals to PHC by ANM/CHO at the SHC, HWCS
- 3) **PHC Web Portal and App** - To validate patient screening, complete diagnosis/ manage/ refer to higher centres by MO in PHC and backward referrals for follow-ups. Mobile app version is about to be launched for the same.
- 4) **CHC/DH Portal and App** - To confirm diagnosis of patients referred from PHCs and initiate treatment and backward referrals.
- 5) **Admin Portal** - To manage the master data for facility and users at district and state levels.
- 6) **Health Officials Dashboard** - Dashboard for district, State and National NCD officials to monitor the status of programme implementation and NCD indicators.



NON COMMUNICABLE DISEASE CONTROL PROGRAMMES

Non Communicable Disease Control Programmes

National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)

National Programme For Control Of Blindness & Visual Impairment(NPCBVI)

National Mental Health Programme (NMHP)

National Programme for healthcare of Elderly(NPHCE)

National Programme for the Prevention & Control of Deafness (NPPCD)

National Tobacco Control Programme (NTCP)

National Oral Health Programme(NOHP)

National Programme for Palliative care (NPPC)

National Programme for Prevention & Management of Burn Injuries (NPPMBI)

Other Non Communicable disease Control Programmes

**Coordination
with other
National
Programmes**

CONCLUSION

- As Life expectancy increasing, new challenges are arising
- NP-NCD is working to address these challenges and improve life expectancy and quality of life with the aim to further by preventing and controlling major NCDs like cancer, diabetes, cardiovascular diseases, and stroke

Thank you

