

GOVERNMENT RESOLUTION OF MONGOLIA

14.12.05

Resolution No. 246

Ulaanbaatar city

Adoption of the “National Programme on Integrated Prevention and Control of Noncommunicable diseases”

The Government of Mongolia is annexed hereto:

1. ADOPTS, the “National Programme on Integrated Prevention and Control of Noncommunicable diseases” by annex 1 and the Plan of action for implementation of the programme, by annex 2.
2. ENDORSES, T. Gandhi, the Minister of Health, N. Altanhuyag, the Minister of Finance, D. Terbishdagva, the Minister of Food and Agriculture and the Governors of Capital City and provinces to involve some part of loans and assistance from international organizations and donor agencies in the measures, directed to implementation of the programme and include and provide funds from internal sources, necessary for activities implementation of the programme into the Guidelines on Economic and social development and annual state and local budget .
3. ENDORSES, T. Gandhi, the Minister of Health, to organize an implementation of the programme at the national level and to report its progress and achievements to the Government every second quarter of year.
4. In relation to adoption of this programme, RESERVES, the Government resolutions №5-“Adoption of National Programme on Health Education” dated 15 January, 1998, resolution №80 - “Adoption of National Programme on Fighting Against Cancer“ dated 26 March, 1997, resolution №139-“ Adoption of National Fitness Programme “ dated 4 July, 2002.

Prime Minister of Mongolia
Minister of Health

Ts. Elbegdorj
T. Gandi

NATIONAL PROGRAMME ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

ONE. JUSTIFICATION

The number of people affected by noncommunicable diseases, or NCDs have dramatically increased in relation to unhealthy diet, physical inactivity, alcohol and tobacco misuse which in turn is a result of changing social and cultural characteristics of our civilizations, and lifestyles. This imposes a double burden on economic development and health of the people worldwide including Mongolia thus becoming one of the priority public health problems which needs our full attention for future action.

According to the estimation of WHO, from a projected total deaths from all causes in 2005, it is estimated that chronic diseases such as cardiovascular diseases (CVD), stroke, type 2 diabetes, cancer and chronic respiratory diseases will account for 35 million or 60%, which is double the number of deaths from all infectious diseases (including HIV/AIDS, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies combined.

The primary risk factors accounting for the high disease burden for the world's population are unhealthy diet, physical inactivity, alcohol, and tobacco use. Intermediate risk factors are overweight, high blood pressure, high cholesterol and high blood glucose which are common causes of disease and death as reported by the WHO.

Conclusive evidence now exists to indicate that with individual efforts to change lifestyle factors, half of the chronic disease caused disability and deaths would be prevented. Furthermore, according to WHO estimation, at least 80% of cases of coronary heart diseases, 90% of type 2 diabetes and about one third of cancers would be prevented by keeping healthy behavior such as being on healthy diet, reducing alcohol and tobacco use, maintaining normal weight and being physically active throughout the life span.

According to the Report of Health Indicators, cardiovascular diseases and cancer were rated as second and third causes of death in 1990. Since 1993, cardiovascular diseases rate has sharply increased and become the leading cause of death. Cancer was rated second and injury/poisoning as third cause of death. According to the research findings, in recent years, there is notable tendency in the increase of prevalence for diabetes.

The high prevalence of NCD caused deaths has impact on life expectancy of Mongolians. In 1990, life expectancy of Mongolians was 63.7 and 62.8 in 1992. In 2003 life expectancy has reached to 63.6 and in 2004 64.5, however, overall there is no specific changes in the average life expectancy of Mongolians as compared to 1990.

There are several separate national programs were implemented in Mongolia to combat with the increasing number of NCDs over years. It was noted that but this has

been counterproductive due to poor use of a limited budget and capacity and indicates a lack of cooperation between agencies.

There are surveys and studies have been done on NCDs, however they were mainly risk-specific studies. Thus, there was a lack of activities directed towards establishing sustainable system on control and surveillance of risk factors.

Therefore, in line with WHO recommendations, there is a need to move from old risk/disease specific approaches towards cost-effective and integrated NCD risk factors prevention and control programme approach in order to challenge reduction of several risk factors.

TWO.GOAL, DURATION, PRINCIPLES AND FINANCING OF THE PROGRAMME

2.1. Goal

Reduce deaths caused by major NCDs through improving control and surveillance of NCDs and their risk factors and through effective health promotion action

2.2. Duration

The program will be implemented in two stages splitting into stage one as to be implemented during 2006-2009 and two as for 2010-2013

2.3. Principles to be directed for implementation of this programme

a/. be based in enabling healthy supportive environment in community to adopt healthy behavior and reduce NCD risk factors and multisectoral cooperation directed to reduce NCD risk factors

b/. provide comprehensive approaches towards reducing common risk factors of major NCDs including policy making, capacity building, partnership, information dissemination and implementation in all aspects

c/. ensure participation of individuals, families, communities, governmental and non-governmental organizations, economic entities/organizations and civil society

d/. provide comprehensive approaches towards patient-, people at risk- and population- oriented and impact of evidence based intervention

e/. provide health promotive and preventive actions and continued primary health care and clinical services based on current resources and infrastructure

f/. improve effectiveness of the programme implementation in interconnection with activities of other public health programmes

2.4. Financing of the programme

a/. in-country and local budget

- b/. budget from the Government Funds for Special Purposes such as Scientific and Technology Fund, Fund for Fighting against Alcoholism and Health Promotion Fund etc.;
- c/. support from national and foreign governmental and non-governmental organizations, economic entities and individual contributions and support;
- d/. contributions and support from international organizations and donor countries;
- e/. other sources

THIRD. OBJECTIVE, FRAMEWORK OF ACTIVITIES AND EXPECTED OUTCOMES

3.1. Objective 1. To create sustainable mechanism for coordination on prevention and control of major NCDs such as cardiovascular diseases, cancer and diabetes mellitus

3.1.1. To set up a sustainable professional and methodological management and coordination mechanism for the National NCD Prevention and Control Programme;

3.1.2. To strengthen health information system in order to control expenditures and reporting for morbidity and mortality of major NCDs on a regular basis;

3.1.3. To establish surveillance system for monitoring of risk factors for NCDs.

Expected outcomes: Established mechanism for management and coordination of the prevention and control activities on major NCDs and their common risk factors thus enabling a surveillance system for monitoring morbidity and mortality of those.

3.2. Objective 2. To reduce risk factors of major NCDs by promoting healthy lifestyles and supportive environment

3.2.1. provide intensive information, education and communication (IEC) activity towards acquiring healthy diet behavior among population through reducing consumption of animal fat, salt and sugar and increasing fruit and vegetables intake in the diet

3.2.2. take measures directed towards increasing physical activity of the population by improving accessibility and quality of sport related roads/areas, sport equipment/facilities and improving their safety and lighting

3.2.3. reduce tobacco use by establishing tobacco free environment through increasing constantly tax on tobacco, improving control on tobacco industry in sponsoring and supporting tobacco advertisement through all channels, cultural activities and sport competitions/activities and on tobacco trade

3.2.4. enhance adequate use of alcoholic beverages by increasing step by step taxes of alcoholic beverages rationally in accordance with their content and amount of

spirit and quality and improving control of all kind of advertising, promotion and sponsorship of alcoholic beverages and their production, trade and service and by establishing the alcohol free environment

3.2.5. support healthy lifestyle by improving capacity of organization and communities and increasing number of ‘healthy’ cities, khoroos, soums, bags, schools, workplaces, hospitals, communities and families to acquire healthy behavior;

3.2.6. take the following measures to enhance healthy lifestyle, healthy choices of food - healthy diet:

- 1/ to acquire skills to control calories of diet in accordance with age and occupation
- 2/ to reduce consumption of:
 - a/ animal fat/oil
 - b/ salt
 - c/ sugar and candy
- 3/ to increase consumption of:
 - a/ fruit and vegetables intake
 - b/ grains rich in dietary fiber
- 4/ to ensure adequate serving size:
 - a/ do not over eat
 - b/ avoid regular use of fatty food
- 5/ to use of appropriate food technology:
 - a/ reduce consumption of fried, grilled and canned food
 - b/ avoid use of too hot drinks and meals

3.2.7. to take the following measures to promote physical activity:

- 1/ every individual needs walking/bicycling at least 30 min a day
- 2/ to do fitness exercise 3 times a week at least 20 minutes for children and youth
- 3/ to do moderate exercise at least 1 hour a day in order to keep body weight
- 4/ to do active movement or exercise during the lunch break at kinder garden, school and workplaces regularly

3.2.8. to take the following measures to enhance healthy lifestyle – reduce tobacco consumption:

- 1/ to avoid use of any form of tobacco products, due to their harmful effects for health ;
- 2/ nicotine, contained in tobacco products is addictive substance, therefore to avoid to test tobacco products;
- 3/ prevent from second hand smoking;
- 4/ not to smoke in presence of other persons
- 5/ in order to improve health, to quit smoking

3.2.9. to take the following measures to enhance healthy lifestyle – reduce alcohol consumption

- 1/ children and youth - not to start drinking of alcoholic beverage
- 2/ adults - moderate use of alcoholic beverage
- 3/ drinkers - in order to improve health, stop drinking

Expected outcomes: To be improved capacity for establishment of health promotion environment, increased number of ‘health promotion’ settings, production and services and enhanced healthy life style among population and reduced NCD risk factors

3. Objective 3. To make reorientation of health services (towards community-based, appropriate, accessible and effective) for major NCD-s

3.3.1. to introduce effective method of early detection, screening and control of major NCD-s

3.3.2. to develop and implement evidence based clinical guideline and standard of cardiovascular diseases, diabetes and cancer, which considered primary health care, build a capacity at the secondary and tertiary level of care

3.3.3. to expand system of registration, monitoring, auditing of clinical service for major NCD-s

3.3.4. to develop and implement treatment-training program for the people at risk including smoking cessation, reduction of high blood pressure and overweight, to determine and treat causes of obesity etc

3.3.5. to improve capacity and resources of the palliative care for persons with terminal stages of NCD-s.

Expected outcomes: To be introduced community based health service for prevention and control of major NCD’s and improved its continuity, quality and accessibility.

FOUR. PROGRAMME MANAGEMENT STRUCTURE

4.1 In order to improve participation of other sectors, the National Council of Public Health shall be responsible for overall coordination and management of collaboration and cooperation of economic entities, organizations and international organizations in implementation of the programme.

4.2. The State Central Administrative Body in Charge of Health Matters in collaboration with other professional Agencies (Public Health Institute, Center for Health Development, National committee for Physical Culture and Sport, National Cancer Center etc) shall be responsible for professional management, coordination, information and monitoring of implementation of the programme. There, under the State Central Administrative Body in Charge of Health Matters, will be operated NCD Technical Working Group, in order to provide organization, coordination of inter-sectoral activities for implementation of the programme and submit a report on the implementation and executive unit for dealing with its every day activities.

4.3. Local Sub-council of Public Health headed by the local Governors shall be responsible for management, coordination and monitoring of the programme at the local level in collaboration with professional organizations. There, under the Governors office at aimag, city, soum and district level will be established inter-sectoral working group for organization of implementation of the programme and reporting its outcomes. Local Sub-council of Public Health will be submitted progress report and outcomes of implementation of the programme to the State Central Administrative Body in Charge of Health Matters whiting the I quarter of every year.

4.4. The State Central Administrative Body in Charge of Health Matters will be responsible for summarizing and making a progress report on the implementation and outcome of the activities conducted at the national and local levels and submit to the National Council of Public Health and Government Cabinet of Mongolia whiting the II quarter of every year.

4.5. Participation of organizations, economic entities and individuals in implementation of the programme.

4.5.1. The State Central Administrative Body in Charge of Health Matters:

- 1/ to make necessary change in policy and strategy by conducting a survey and establishing the surveillance system for on-going tracking of NCD risk factors;
- 2/ to explore and appoint an institution, responsible for integrated management and organization of NCD prevention and control measures at the professional level;
- 3/ to establish an Information Databasa and review and update NCD related indicator;
- 4/ to increase funding for NCD prevention and control and mobilize resources;
- 5/ to promote participation and initiative of organizations, economic entities and individuals in implementation of the programme and provide management and methodological advise;
- 6/ to improve effectiveness of the programme through the collaboration of its activities with activities of other national programmes;
- 7/to develop and enforce training program of informal and distance learning, manual, guideline and recommendation oriented to provide knowledge and skills on importance of proper diet, physical activity, tobacco and alcohol free lifestyle to the population in collaboration with concerned ministries and organizations;
- 8/ to improve proportion of preventive measures in the care and service for major NCD-s, establish legislative environment for financial and other support for health promotive and preventive measures;
- 9/ to train human resources at the local and international level in NCD prevention and management and health promotion and updating their qualifications;

- 10/ to develop and enforce standards and guidelines for diagnosis and treatment of major NCD-s;
- 11/ to develop and enforce mechanism for integration and evaluation of an integrated prevention and control measures of major NCD-s with primary health care , provided at the soum and family clinics (FGPs);
- 12/ to take measures, directed to improve community participation in prevention of complication of NCD-s such as conduct training for individuals in control of blood pressure, blood cholesterol, blood glucose and weight control themselves, to improve supply of available apparatus for control of NCD risk factors on their own, to involve family members in programs for patient, to whom needs behavior change etc;
- 13/ to plan and conduct a study on NCD prevention and control policy and measures, undertaken, effectiveness of programs and projects, behavioral and environmental change and monitoring;
- 14/ to provide evidence based advocacy for policy makers and decision makers on the importance of reduction of risk factors;
- 15/ to develop sub-program on reduction of NCD risk factors and conduct training for the people with high risk;
- 16/to develop guideline and standard of active movement, appropriate to the different age and profession of the population and provide professional and methodological advise to promotional measures of physical culture and active movement;
- 17/ to take in to consideration the licensing of economic entities and centers, which provide an activities, directed to reduction of overweight of the people;

4.5.2. The State Central Administrative Body in Charge of Foreign Affair Matters

- 1/ to collaborate actively with international agencies and donor countries in implementation of the national programme;
- 2/ to reflect national policy on NCD prevention and control in contract and protocol, will be made with foreign countries and international organizations and provide monitoring for them;

4.5.3. The State Central Administrative Body in Charge of Justice Matters

- 1/ to provide support to make reorientation of legislation, related to implementation of the programme;
- 2/ to intensify implementation of the National Alcohol Prevention and Control Programme;

4.5.4. The State Central Administrative Body in Charge of Finance Matters

- 1/ to take the tax measures and market incentives directed towards promotion of proper and healthy diet, active movement and reduction of alcohol and tobacco consumption;

- 2/ to review and make decisions on funding of the running costs of the program, based on request of State Central Administrative Body in Charge of Health Matters, reflect it into the economic and social development guideline as well as into the state budget and provide financing every year;
- 3/ to establish opportunity for sustainable financing for NCD prevention and health promotion;
- 4/ to provide financial support for some activities of the programme through loan and assistance of foreign countries;

4.5.5. The State Central Administrative Body in Charge of Education, Culture and Science Matters:

- 1/ to make a reorientation of the secondary school health curriculum and programs directed to improve basic knowledge of students on the importance of the proper and healthy diet, active movement and harmful effects of alcohol and tobacco consumption;
- 2/ to make opportunity to provide service by ‘healthy’ and warm meal and drinking water at all levels of educational organization, in order to do this make an agreement with the community kitchen and food factory;
- 3/ to implement “day meal” program at the secondary school;
- 4/ to change kitchen equipments of secondary schools and school dormitories, improve knowledge and skills of cooks on the daily nutrition requirement and calories of children;
- 5/ to establish supportive environment for students in order to prevent them from physical inactivity and give opportunity to do active movement;
- 6/ to take the measures, directed to establish alcohol and tobacco free environment
- 7/ to take measures for training specialists in NCD prevention and control and health promotion and updating their qualifications;
- 8/ to review and update training curriculum of medical and nursing schools on NCD prevention and control and health promotion;
- 9/ to make selection of a research work on NCD prevention and control policy and measures, undertaken, effectiveness of programs and projects, behavioral and environmental changes and provide financial support;

4.5.6. The State Central Administrative Body in Charge of Food and Agricultural Matters:

- 1/ to review and update labeling of food in order to give opportunity to provide clear information on nutrition fact and to make healthy choice in accordance with “The Recommendation of Committee on Food Legislation and Regulation” and “Guid- Law on Food Labeling”;
- 2/ to take the measures, directed to promote healthy diet by reviewing and updating of food standard in order to reduce salt, sugar and fat content;
- 3/ to disseminate international and national food based dietary guidelines and make reorientation of legislation, directed to support the production of

new kind of food which will be promoted healthy & proper diet and their advertising;

4/ to keep appropriate technology of food storage and protect food from aflatoxin;

5/ to intensify implementation of the National Programme on Food Supply and Safety and Nutrition;

4.5.7. The State Central Administrative Body in Charge of Trade and Industry Matters:

1/ to provide policy regulation which will be promoted export and import of food with low content of salt, sugar and fat and monitoring of its implementation;

2/ to provide support to the measures and programs on active movement;

3/ to take policy measures to increase the production of salt which meets standard for population usage;

4.5.8. The State Central Administrative Body in Charge of Social welfare and Labour Matters:

1/ to provide medical examination of employee not less than once a year and take necessary measures and reflect it in Labour law and legislation on duties and responsibilities of employer and employee;

2/ to conduct training and information on sanitary requirement of workplaces and safety and healthy environment in collaboration with related organizations and participation of civil society;

3/ to coordinate activities of the program with the activities of the national and local committee for population development and reflect in yearly plan and enforce;

4/ to implement measures to reduce NCD risk factors among vulnerable group of the people in collaboration with related organizations and participation of NGOs which is supportive to different group of population.

4.5.9. The State Central Administrative Body in Charge of Construction and Urban Development Matters:

1/ to take measures, directed to increase number of road and square appropriate to walking and cycling and possible to do other kind of movement;

2/ to make opportunities create an environment appropriate to walking and cycling and possible to do other kind of movement when making a plan for construction of new building, road and square.

4.5.10. The State Central Administrative Body in Charge of Road, Transportation and Tourism Matters:

1/ to expand public transport service, improve service culture and disseminate an information on importance of public transport;
2/ to take measures directed to promote active movement of the population and establish supportive environment.

4.5.11. The State Central Administrative Body in Charge of Defense Matters:

1/ to conduct training and information on prevention of NCD risk factors (unhealthy diet, physical inactivity, tobacco and alcohol use) among army service man and soldiers and establish health promoting environment;

4.5.12. The State Central Administrative Body in Charge of Professional Inspection Matters:

1/ to control on measures for prevention of NCD risk factors and creation of health promoting environment and an implementation of law and legislation and take a necessary measure;

2/ to improve the sanitary control for imported food with the international standards by solving the issues related to passing food and products through the state border which meet the requirements of quality, safety standards and sanitary norms step by step;

3/ to control regularly on the process of manufacturing and environment of the business entities that handle radioactive and carcinogenic substances, harmful for health;

4/ to control on the implementation of the diagnostic and treatment standard and guidelines of major NCD-s.

4.5.13. The State Administrative Body in Charge of Standardization and Measurelogy Matters:

1/ to update and enforce a food standard in order to reduce their salt, sugar and fat contents;

4.5.14. Aimag, city, soum and district Governors:

1/ to facilitate the implementation and monitoring of the programme at the local level;

2/ to develop and implement sub-program on NCD prevention and control based on local needs in compliance with National programme;

3/ to take measures on promoting activities aimed at enhancing healthy lifestyle and prevention of NCD-s conducted by organizations and communities and to provide them with support and incentives;

4/ to consider the activities on enhancing healthy lifestyle and prevention of NCD-s undertaken by organizations and employers as one of the indicators for the performance assessment process;

5/to allocate annual budget for financing the activities aimed at providing free of charge medicine to the patients with cancer and diabetes based on estimation and proposal of local health authority.

4.5.15. Mass media organizations:

1/ To introduce in the policy on program and publication and implement the issues related to NCD risk factor prevention by creation of health promoting environment and healthy lifestyle and importance of self control by the patient themselves;

2/ to transmit simple and clear message, aimed at promotion of healthy diet, physical activity and reduction of tobacco and alcohol consumption and to support and cooperate with other organizations;

4.5.16. Business entities and organizations:

1/ to estimate and allocate expenditures to be spent for health promotion, NCD risk factor prevention, to estimate their health and economic cost-effectiveness;

2/ to improve knowledge and skills of employee on healthy lifestyle and NCD risk factor prevention through education and training, to facilitate medical examination for employee 1-2 times a year and take necessary measures;

3/ to plan and provide service for employee by hot meal, boiled and fresh drinking water and create an environment possible to do physical activity, involve in fitness program and alcohol and tobacco free environment;

4/ to make policy on production and service activities compliant with the objectives and activity directions of the National program;

5/ to follow relevant safety standards and sanitary norms by the organizations and business entities that handle specific activities with carcinogenic and other substances, harmful for health;

6/ to carry out regular control on the environmental safety by the organizations and business entities that handle radioactive substances and facilitate regular usage of mass and individual protective items by the employee and take other necessary measures.

4.5.17. Food factory, food market and all types of kitchen:

1/ to provide user friendly food production and service directed to reduction of NCD risk factors such as reduction of consumption of the animal fat, salt, sugar, alcohol and tobacco and increase consumption of fruit and vegetables;

2/ to give simple and clear messages to customers about food commodity and its content and give an opportunity make healthy choice.

4.5.18. Customer’s right protection and other nongovernmental organization:

1/ to control on wrong information on food consumption (encourage consumption of sweet, salty, conserved, fatty food and carbonated soft drink) and provide counter advertising or correct information for the public and carry out necessary measures in collaboration with professional organization;

2/ to participate in monitoring of implementation of the programme.

4.5.19. Individual and community participation:

1/ to learn about guideline, manual and advise of professional organization, aimed at promoting of healthy diet, physical activity and reduction of tobacco and alcohol consumption and quit smoking to acquire healthy lifestyle and give an information to others;

2/ to learn to keep body weight through proper & healthy diet and active movement and control blood pressure and blood glucose on your own, implement an information, instruction and advise of professional organization and participate to the related activities;

3/ to inform about wrong information on food consumption (encourage consumption of sweet, salty, conserved, fatty food and carbonated soft drink) to the related organization;

FIVE. MONITORING, EVALUATION OF THE PROGRAMME IMPLEMENTATION AND INDICATOR

5.1 The State Central Administrative Body in Charge of Health Matters in collaboration with other State Administrative Bodies and nongovernmental organizations shall be responsible for monitoring and evaluation of the programme implementation at the national level, at the local level, the Governors office shall be responsible for it.

5.2. An implementation of the programme will be evaluated by the following criteria:

	Indicators	Data Source	Reference Value (2005)	Planned Change	
				2009	2013
I. Primary risk factors indicators					
1.	Prevalence of current tobacco smoking	*	25.9	23.4	20.4

	(by percentage)				
2.	Percentage of users of alcoholic beverages (last one month)	*	30.5	29.0	27.0
3.	Average daily salt intake (gr /day)	*	10.1	9.6	9.1
4.	Average number of day, used fruits (a week)	*	1.6	2.0	2.5
5.	Percentage of people , used vegetables more than 2 units a day	*	44.4	49.4	55.0
6.	Percentage of people with active movement at least 30 min in most of the day a week	*	15.4	18.4	23.4
II. Intermediate risk factors indicators					
7.	Prevalence of people with overweight (Body mass index BMI> 25 kg/m ²)	*	39.3	38.3	37.0
8.	Average mean blood (arterial) pressure a/ systolic b/ diastolic	*	a/ 128.5 b/ 79.4	a/ 128.0 b/ 78.9	a/ 127.5 b/ 78.4
9.	Prevalence of people with high cholestrol (>200 mg/dl or 5.2 mmol/l) (by percentage)	*	12.4	12.2	11.7
10.	Prevalence of people with high blood glucose (>5.6 - <6.1 mmol/l)	*	10.2	10.0	9.8
III. Early detection rate of cancers					
11.	Percentage of people with 5 years survival rate of the cervical cancer	**	33.1	34.0	35.0
12.	Percentage of people with 5 years survival rate of the breast cancer	**	29.1	30.0	31.0
IV. Death rates of NCD-s					
13.	Death due to cardial infarction (per 10 000)	***	2.7	3.5	3.0-3.4
14.	Death due to stroke (per 10 000)	***	9.7	15.1	12.5-14.0
15.	Death due to cancer (per 10 000)	***	12.1	11.8	11.5-11.7

Notes:

- Data Sources: * National integrated NCD risk factors survey (NINCDRFS) 2005
** National Cancer Center records, 2004
*** National Health Statistics, 2004
- One unit of vegetable – one cup of fresh vegetable or half cup of boiled vegetable;

- Every year death rate due to cardiac infarction is increasing by 0.3. But as a result of intervention estimated to decrease by 0.1 and in 2009 death rate will be increased up to 3.5. But after that estimated to decrease.
- Every year death rate due to stroke is increasing by 1.5. But as a result of intervention estimated to decrease by 0.8 and in 2009 death rate will be increased to 15.1. But after that estimated to decrease.